# 2018 South Carolina Advance Care Planning (ACP) Documents

(These are used only when a person is unable to speak for himself/herself.)

<table>
<thead>
<tr>
<th><strong>SC Health Care Power of Attorney (HCPOA)</strong></th>
<th><strong>SC Death with Dignity Act (SC Living Will or Declaration of a Desire for a Nature Death)</strong></th>
<th><strong>Five Wishes</strong></th>
<th><strong>EMS DNR Order</strong></th>
<th><strong>If no ACP document, Adult Health Care Consent Act takes effect</strong></th>
<th><strong>Proposed POST Legislation</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited to terminal illness and/or permanent unconscious states?</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Limited to terminal condition.</td>
<td>No</td>
</tr>
<tr>
<td>Covers a broad range of situations?</td>
<td>Yes</td>
<td>No</td>
<td>Yes, but conditions should be specified.</td>
<td>No. Applies only to EMS.</td>
<td>Yes</td>
</tr>
<tr>
<td>Covers what you do and do not want?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No. Only allows EMS to withhold or withdraw resuscitative measures.</td>
<td>No</td>
</tr>
<tr>
<td>Requires witness designated by State Ombudsman if in a hospital or nursing care facility?</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Witness required?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Notary Required</td>
<td>Optional. Not Required.</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Is it a physician’s order?</td>
<td>No. It is an advance directive.</td>
<td>No. It is an advance directive</td>
<td>No</td>
<td>Yes. Physician must sign.</td>
<td>Yes. Physician must sign.</td>
</tr>
</tbody>
</table>

**Advantages and Limitations**

- This is typically the preferred ACP document since it covers most situations and is the most flexible.
- If a person has both a HCPOA and Living Will, and if they conflict, the Living Will takes precedence.
- Physician must review, consider clinical condition, and then issue medical treatment orders.

- Cannot be executed in hospital unless witnessed by ombudsman designated by State Ombudsman.
- Physician must review, consider clinical condition, and then issue medical treatment orders.

- Costs
  - $5 per form (1-24 copies)
  - $1 per form (25 or more)
- 12 pages long
- Physician must review, consider clinical condition, and then issue medical treatment orders
- It is not a legal document as defined by state law. However, if notarized and witnessed, it meets the legal requirement as an advance directive in SC.

- Applies only when a patient is experiencing cardiac arrest.
- Very limited
- Applies only when patient is under the care of EMS personnel.
- Since it is a physician’s order, it can be followed.

- Priority of proxy decision maker set by statute and may be unclear.
- Physician should locate proxy, discuss with proxy, consider clinical condition, and then issue orders. If there is no proxy or if no proxy is available, the physician can issue medical orders in keeping with the Act.

- Intended for patients with serious illnesses or frailty for whom their health care professionals would not be surprised if they died within a year. For these patients, their current health status indicates the need for standing medical orders for emergent medical care.
- Also signed by patient, giving healthcare workers actual knowledge of patient's wishes.
- Very flexible and, can be followed right away since it’s a physician’s order.