



*Addressing Relevant Issues Affecting Seniors and Ones who Love Them.*

## Who are Not Making Advance Directives? and Why Not?

Of people who are receiving long-term care, which ones are and which ones are not using advance directives to express their preferences for health care and end-of-life care?

A recent study looks at the prevalence of advance directives among home health, hospice care, and nursing home residents, and finds significant differences.

Twenty years ago the U. S. Congress enacted the Patient Self-Determination Act, which requires most health care facilities to give patients information about health care decision making, advance directives, and to honor patient wishes about end-of-life care.

The National Center for Health Care Statistics analyzed data from the 200 National Nursing Home Survey and the 2007 National Home and Hospice Care survey to determine the prevalence of use of six common advance directives -- living will, DNR order, do not hospitalize, feeding restrictions, medical restrictions, and organ donation -- among home health, hospice care, and nursing home residents.

The NCHS discovered that the type of care provided may bear most significantly on which patients or residents who have made an advance directive. For instance, a discharged hospice patient is three times more likely to have an advance directive than a home health care patient.

### Key Findings

- Overall, 28% of home health care patients, 65% of nursing home residents, and 88% of

discharged hospice care patients had at least one advance directive on record.

- The most common types of advance directives among home health care patients, nursing home residents, and discharged hospice care patients were living wills and do not resuscitate orders.

- Care recipients under age 65 were less likely to have any advance directive than those aged 85 years and over; black care recipients were less likely than white care recipients to have any advance directive in all three populations. These age and racial differences were larger in the home health care and nursing home populations than in the hospice care population.

Moreover, the older the patient, the more likely he or she will have made an advance directive. Among home health care and nursing home populations, those aged 85 years and over were more than twice as likely as those under age 65 to have an advance directive -- 41% compared with 17% for home health care patients and 77% compared with 36% for nursing home residents.

Cultural and racial differences also showed up in the data analysis. Black care recipients were half as likely to have an advance directive when compared with white care recipients in the home health care (13% compared with 32%) and nursing home (35% compared with 70%) populations.

Researchers have speculated that use of advance directives by minority populations in the United States is affected (at least in part) by lack of trust in health care professionals, lower levels of awareness of advance directives among these populations, greater preferences for life-sustaining treatment and less comfort in discussing death among African-Americans.

“By presenting the first national look at racial differences in use of advance directives across long-term care populations,” the study’s authors write, “this report highlights the importance of research to give long-term care providers the information needed to implement the Patient Self-Determination Act in culturally sensitive ways.”