

BRIDGING DIVIDES

The MLPB Blog

On the Record? New Podcast Highlights Ease of Documenting One's Care Planning Wishes

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August 3, 2021



Last month I had the pleasure of joining a conversation about care planning and how relatively easy it is to take charge of one's care-related decisionmaking. Here's [the podcast](#), which was moderated by **Caroline Gangji** of [Age-Friendly Rhode Island](#) and featured **Ellen DiPaola**, President and CEO of [Honoring Choices Massachusetts](#) (HCM). (MLPB is a member of HCM's [New England Healthy Living Collective](#) and our Law & Policy Director Jeannine Casselman helped to develop HCM's [Rhode Island Care Planning Toolkit](#). This tool was released in April 2021 and features templates in English and Spanish.)

Individual care plans are a way to document your goals and wishes so that they can be honored by family members and the health care system. HCM describes care planning as:

“an active process to get good care that honors . . . goals, values and choices over your lifetime. [It] is both: Everyday care planning with [care team members] . . . about your care goals and treatment options to stay healthy and live well; and . . . Advance care planning to write down your instructions and care preferences . . . in case you are not able to make decisions yourself, even for a short while.”

Unlike many other areas of legal planning and problem-solving, advance care planning is relatively simple to accomplish on one's own, without a lawyer. In Rhode Island, any person 18 or older can fill out a legal document called a “durable power of attorney for healthcare.” Memorializing whom you'd like to speak for you – if you are temporarily unable to speak for yourself – is a powerful legal tool to have in place to protect your autonomy.

Highlights from the podcast:

- Advance care planning forms – like the ones referenced in the RI Care Planning Toolkit – are simpler and easier to fill out than many other legal forms.
- In most instances, a person can complete this kind of form without needing help from an attorney. (That's a big deal from an access to justice perspective!)
- Getting your health care proxy (or similar form) into the hands of your physician is ideal – and getting it into your medical record is even better.
- Thinking about, let alone talking about, a future – scary - change in health status can be uncomfortable for many people. But in our COVID-19 pandemic landscape, there is greater awareness that one's health can take a rapid turn and that planning ahead might be stress-reducing.
- Planning for future healthcare-related contingencies doesn't occur in a vacuum. People live, and plan, in broader social, economic and environmental contexts. Care team members committed to Whole Person Care are welcome to check out **MLPB's Digital Digest**, which spotlights key *Know People's Rights!* and *Know Your Role!* information in [RI](#), [MA](#) and at the [federal](#) level.

Notably, this podcast was recorded less than a week before Annie Lowrey's new article, [The Time Tax: Why is so much American bureaucracy left to average citizens?](#), was published in *The Atlantic* on July 27. The piece frames the "time tax" as "a levy of paperwork, aggravation, and mental effort imposed on citizens in exchange for benefits that putatively exist to help them. . . . [it mediates] every American's relationship with the government and wasting countless precious hours of people's time." Lowrey goes on to detail how the time tax is regressive, impacting lower-wealth people much more than higher-wealth people:

"Programs for the wealthy tend to be easy, automatic, and guaranteed. You do not need to prostrate yourself before a caseworker to get the benefits of a 529 college-savings plan. You do not need to urinate in a cup to get a tax write-off for your home, boat, or plane. You do not need to find a former partner to get a child-support determination as a prerequisite for profiting from a 401(k). The difference is so significant that . . . many high-income people, unlike poor folks, never even realize they are benefiting from government programs."

Wonder if the health-promoting government programs spotlighted in Lowrey's article might take lessons from advanced care planning tool design?