

# Health care directives shine light on tough decisions

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Some dates are indelible in Elaine Helmin's mind.

Like June 23, 2013. That was the day her sister, Carol Scapanski, suffered a heart attack and went into the hospital. Then there was March 24. After multiple heart attacks, skin and bone infections, kidney failure and diabetes, Scapanski died at 64.

In between was another important date — for her sister, herself and the entire family. On Aug. 25, 2013, they collaborated to create a health care directive.

"We were really close," said Helmin, 63. "I knew a lot of her wishes but it was so important to have something on paper that she'd signed so you know what she really wanted — not just a lot of different opinions."

There could've been many. They grew up two of five sisters and two brothers on a dairy farm near Hillman. Carol and Elaine milked cows together, picked rocks together, and each married shortly after graduating high school. They had children and grandchildren and remained close, both living in Foley. Carol's husband died four years ago after a 14-month stay in a nursing home following a debilitating stroke. Left alone, her health began to slide.

"She always said she didn't want to be in a hospital or nursing home if there was no hope of going home," Helmin said. "By the end, she was more and more confused and couldn't process a lot of what was going on around her. That left it up to me and her daughter to make decisions."

Fortunately, Scapanski had spelled out her wishes. And, as the eighth annual National Healthcare Decisions Day approaches Thursday, her efforts remain in the minority.

"In our experience, only about 35 percent of the people 65 and older have one," said Dr. Merryn Jolkovsky, a member of the palliative care team at CentraCare Health and St. Cloud

Hospital. "We would like everyone to have one. Anyone who's 18 and older can fill one out. We tell people it's a gift they can give to their loved ones. It's hard to understand and hard to get the conversation started with an aging family member, but it can make a big difference when you're facing end-of-life issues."



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Palliative care physician Merryn Jolkovsky, left, holds a blank advance health care directive form Thursday as she talks about some of the guidance the document can provide in making decisions for someone's care. (Photo: Kimm Anderson, [kanderson@stcloudtimes.com](mailto:kanderson@stcloudtimes.com))

Dr. Paula Lindhorst, a colleague of Jolkovsky, met Carol and Elaine in August 2013 to consult about palliative and hospice care options.

"Carol was challenged with pain control and wounds and she was grieving of the losses of not being able to walk and go home," Lindhorst said. "We try to be that extra support for families facing those issues."

Jolkovsky said she and her contemporaries have focused on promoting "the conversation," in the last few years.

"Living wills used to be a document people filled out that addressed some of these things, but it was very basic compared to a health care directive and it didn't get those wishes across very well," Jolkovsky said.

St. Cloud Hospital uses two different documents — an eight-page version and a short form that is two. The long version details your designated health care agent, your instructions regarding

cardiopulmonary resuscitation, treatment choices for specific health conditions, options on treatments to prolong life, and your wishes on organ donation and autopsy. It offers suggestions to let your loved ones know what makes life most worth living, beliefs about when life would no longer be worth living, and a preference as to how and where you would want to die. The document needs to be witnessed and notarized.

The short version is a simpler form with some of the same information.

Health care directives also differ from a so-called POLST form. That stands for provider orders for life-sustaining treatment. It's a document filled out by physicians and providers that communicates a care strategy.



Carol Scapanski (Photo: Courtesy of Elaine Helmin)

Scapanski's health care directive explained that she wanted no CPR or other extreme measures such as tube-feeding to keep her alive.

"She fought a long battle — she didn't give up easy," Helmin said. "It was in March when the doctors said there wasn't much more they could do for her. She was in hospice care for eight days before she died.

"It was hard but we met some amazing people during this process. Once you've been through it, you understand the importance of having a plan. Otherwise, you can't imagine what it's like," she said.

"It changes you, but you learn there are people who can help and you're not alone."

*Follow Kevin Allenspach on Twitter @KevinAllenspach. Call him at 255-8745.*

**Health care directive information session Thursday**

There will be a free health care directive information session from 10 a.m. to noon Thursday in Hoppe Auditorium at St. Cloud Hospital. The program will be in conjunction with Light the Legacy. For more information, call 259-9375 or visit [www.centracare.com](http://www.centracare.com). Additional sessions will be from 3-5 p.m. April 29 at CentraCare Health Paynesville and 2-4 p.m. May 1 at CentraCare Health Monticello. For more about advance care planning, visit [www.lightthelegacy.org](http://www.lightthelegacy.org).