The following is an adaptation of a summary report on the recent changes in Connecticut laws that affect end-of-life care. The full report, written by Kate McEvoy, Esq., Deputy Director of the Agency on Aging of South Central Connecticut, is available here. Ms McEvoy is also Chair of the Elder Law Section of the Connecticut Bar Association and a member of the Board of Directors of the Connecticut Coalition to Improve End-of-Life Care (CTEOL).

Several Connecticut laws that affect end-of-life care and decision-making were changed in 2006 and 2007. Some affect individuals and their caregivers, while others affect organizations, such as hospice. All are designed to protect the health and rights of Connecticut residents, especially those with advanced illnesses and those who are incapacitated.

**Hospice**

- Hospices licensed after January 1, 2008 must have the staffing capacity to offer services on a 24-hour basis in a range of care settings, including private homes, nursing facilities, and residential care homes.
- The use of the term “hospice” is now limited to entities that are licensed by the Department of Public Health and certified by Medicare.

**Advance Directives**

Prior to 2006 the legal provisions for advanced directives were confusing and unnecessarily complicated. CTEOL initiated a process of reform that included many other concerned organizations and state agencies. New legislation was drafted, with the active assistance of the Assistant Attorney General. Changes in the law have now clarified, simplified, and strengthened the protections of advanced directives.

- The new law supporting advance directives became effective October 1, 2006. However, the law explicitly states that any power of attorney for health care decisions or appointment of health care agent that was executed prior to that date remains valid.
- The Living Will form was expanded to permit individuals to indicate their wishes concerning both life support and any other aspect of health care.
- An individual may appoint a person to make health care decisions for them if s/he becomes unable to make those decisions for her/himself. That proxy is now called a “health care representative.” The health care representative communicates the individual’s wishes and makes decisions about care on their behalf, based on that individual’s Living Will and/or other instructions made to the health care representative at a time when the individual still had the ability to do so.
- Valid advance directives from other states and foreign countries are recognized in Connecticut, as long as they are not contrary to Connecticut public policy.
- Connecticut law continues to require that comfort care and pain alleviation must always be provided; that care cannot be conditioned on whether or not an individual has completed advance directives; and that facilities that are unable to comply with an advance directive must...
arrange for transfer of patients to facilities that can do so.

- Connecticut Advance Directive forms may be downloaded from the website for the Connecticut Office of the Attorney General by clicking on the “Health” tab on the left margin of the home page.

Conservatorship

Significant protections were also added to the conservatorship law. A conservator is someone appointed by the Probate Court when the Court finds that a person is incapable of caring for himself/herself including the inability to make decisions about his or her medical care. An individual may choose a conservator in advance. If desired, the conservator and the health care representative can be the same person.

- Unless a court authorizes otherwise, conservators must comply with the health care instructions and other wishes of the conserved person (“ward”); conservators may not revoke a conserved person’s advance directives.
- With only limited exceptions, decisions of health care representatives take precedence over those made by conservators.

Work in progress

Connecticut is one of a handful of states for which hospice is not a Medicaid-covered service. Legislative proposals to correct this gap in care have been introduced, but as yet, no action has been taken.

Additional resources:
- American Bar Association: Toolkit for Advance Health Planning.

News

The Connecticut Challenge has contributed $560,000 to Yale Cancer Center’s Survivorship Clinic and (pediatric) HERO’S Clinic. A total of $1.35 million has been contributed over the past 3 years. The 2008 Connecticut Challenge will be held Saturday July 26, with registration beginning in January 2008.

Journal Watch

- The Burden of Mucositis—Supplement to Journal of Supportive Oncology Oct 2007;5(9-Supp4)
  - When Treatment Fails: How Medicine Cares for Dying Children
  - A Practical Guide to Palliative Care

Resources on the Web

Best resources for palliative care books:
- Growthhouse
- International Association for Hospice and Palliative Care
- Palliativebooks.com (a subsidiary of palliativedrugs.com)

Palliative Care Calendar & CE Yale

- End-of-Life Issues Studies Group (Interdisciplinary Center for Bioethics) monthly meeting. Institution for Social & Policy Studies (ISPS), 77 Prospect Street. All meetings start at 5:30pm.
  - Dec 4 Norm Fost: Whatever Happened To Baby Doe? The Transformation From Under Treatment To Over Treatment
  - Jan 8 Pauline W. Chen: Being there.
- Program in Palliative Care Education and Practice—the premier multidisciplinary palliative care education program for educators & leaders. Apr 29 - May 6 & Nov 11-18, 2008 (must attend both sessions). Application deadline: 15 Jan 08

Elsewhere

- Online
  - Dec 11, 1:30-2:30 PM. Running the Successful Family Meeting. Center to Advance Palliative Care audio conference.
  - Perspectives in Oncology Supportive Care. Webcast of an Aug 2007 nursing conference offering 12 CNE contact hours. M. Tish Knopf of Yale School of Nursing is one of the faculty.