Advance Directives Available

in South Carolina as of 12/2015

	SC Health Care Power of Attorney (HCPOA)	SC Death with Dignity Act (SC Living Will or "Declaration of a Desire for a Natural Death")	Five Wishes	EMS DNR Order	POLST/POST Pilot	If no Advance Directive: Adult Health Care Consent
Limited to terminal illness and/or permanent unconscious states?	No	Yes	No	Limited to terminal condition.	No	No
Covers a broad range of situations?	Yes	No	Yes. But conditions should be specified.	No. Applies only to EMS personnel.	Yes	Yes
Covers what you do and do not want?	Yes	Yes	Yes	No. Only allows EMS to withhold or withdraw resuscitative measures.	Yes	No
Requires witness designated by State Ombudsman if in a hospital or nursing care facility?	No	Yes	No	No	No	No
Witness required?	Yes	Yes	Yes	No	No	No
Notary required?	Optional. Not required.	Yes	Yes	No	No	No
Is it a physician's order?	No. It is an advance directive.	No. It is an advance directive.	No	Yes. Physician must sign.	Yes. Physician must sign.	No
Advantages and Limitations COALITION OR THE CARE the Seriously III	 Only invoked when a person is unable to make decisions. Most flexible, but if HCPOA & Living Will conflict, Living Will takes precedence. Physician must review, consider clinical condition, then issue medical treatment orders. 	 Cannot be executed in hospital unless witnessed by ombudsman designated by State Ombudsman. Physician must review, consider clinical condition, then issue medical treatment orders. 	 Costs \$5 per form for one. \$1 per copy for orders of 25 or more. 12 pages long. Physician must review, consider clinical condition, 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. 	 Also signed by patient, giving healthcare workers actual knowledge of patient's wishes. Very flexible and since it is a physician's order it can be followed right away. Charleston & Greenville counties are currently piloting POST, and it should be available statewide by 2017. 	 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.