

2019 South Carolina Advance Care Planning Documents and Laws

These are only used when a person is unable to speak for himself/herself.

	SC Health Care Power of Attorney (HCPOA) S.C. Code § 62-5-500, et. Seq.	SC Death with Dignity Act (SC Living Will or Declaration of a Desire for a Nature Death) S.C. Code § 44-77-10, et. seq.	EMS DNR Order S.C. Code § 44-78-10, et. seq.	Proposed POST Legislation (based on POLST Paradigm http://polst.org/)	If no ACP document, Adult Health Care Consent Act takes effect S.C. Code § 44-66-10, et. seq.
Limited to terminal illness and/or permanent unconscious states?	No	Yes	Limited to a terminal condition.	No	No
Covers a broad range of situations?	Yes	No	No. Applies only to EMS.	Yes	Yes
Covers what you do and do not want?	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
Witness required?	Yes	Yes	No	No	No
Notary Required?	Optional. Not Required.	Yes	No	No	No
Is it a physician's order?	No. It is an advance directive.	No. It is an advance directive	Yes. Physician must sign.	Yes. Physician must sign.	No
Advantages and Limitations	<ul style="list-style-type: none"> • This is typically the preferred ACP document since it covers most situations and is the most flexible. • If a person has both a Living Will and an HCPOA, and if they conflict, the Living Will takes precedence. This causes confusion, so attorneys generally recommend only the HCPOA, not both. • Physician must review, consider clinical condition, and then issue medical treatment orders. 	<ul style="list-style-type: none"> • Cannot be executed in a hospital or LTC facility unless witnessed by an Ombudsman, as designated by the State Ombudsman, Office of the Governor. • Physician must review, consider clinical condition, and then issue medical treatment orders. 	<ul style="list-style-type: none"> • This is a physician's order for EMS to implement. • Applies only when a patient is experiencing cardiac arrest while under the direct care of EMS personnel. • Very limited. 	<ul style="list-style-type: none"> • Very flexible, and it is an actionable medical order. Hospitals should have a process in place if the signing physician is not on staff. • Intended for patients with serious illnesses or frailty for whom their health care professionals would not be surprised if they died within a year. • Also signed by patient, giving health care workers actual knowledge of patient's wishes. • Currently, in the legislative process. 	<ul style="list-style-type: none"> • Priority of proxy decision maker is set by this 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. • In SC, individuals can use Five Wishes® documents (\$12 for one copy) to express ACP wishes, if the 12-page document is notarized and witnessed. This tool can help individuals discuss their wishes with loved ones, but it is very difficult for clinical staff to translate it into actionable medical orders.