



Cape Cod Currents



Cape Cod Chapter Military Officers Association of America

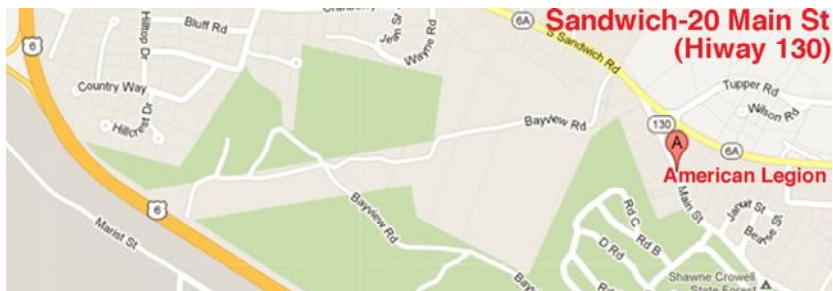
OFFICIAL NOTICE – ANNUAL MEETING JUNE 11, 2013

Location: American Legion Clark Haddad Post 188

Route 130 – 20 Main St., Sandwich, MA 02563-2102 508-888-9832 web - [//post188.net](http://post188.net)

Registration
1130

Meal service
1200



Cost per
person:
\$ 27.00

Reservation
deadline:
June 5, 2013

NOTICE TO MEMBERS – AGENDA ITEMS FOR ANNUAL MEETING

(1) Treasurer's & other reports; (2) decision on Bylaws revision proposed by Board of Directors; (3) election of Officers & Directors for two year terms; (4) setting dues for 2014

Note: the proposed Bylaws revision is a separate section for members only emailed to those who receive the electronic newsletter and sent by USPS to those receiving paper newsletters

Event Menu – buffet service

cash bar – salad bar – entrée choices: (1) chicken – gravy-topped baked breast stuffed with sausage, herb & dried cranberry dressing; (2) Newburg sauce-topped haddock on seafood dressing; both include choice of rice or potato plus vegetable – dessert: select from 3 cupcakes



U. S. Coast Guard Air Station Cape Cod tour April 9, 2013

Upcoming Events

June 12, 2013 (Wed.) 1000 – Chapter Officers meeting, Hyannis VFW

July 9, 2013 (Tue.) Lunch event, Falcon Golf Course Clubhouse, Mass. Military Reservation speaker – COL Patrick J. Cobb USAF, Commanding Officer, 102nd Intelligence Wing, MA Air NG

July 10, 2013 (Wed.) Chapter Officers meeting, Hyannis VFW

Sep. 10, 2013 (Tue.) Lunch event to be announced

Sep. 11, 2013 (Wed.) Chapter Officers meeting, Hyannis VFW

CHAPTER ITEMS

Annual Meeting Ballot – The slate adopted by the Board of Directors on April 10, 2013 includes the following: President – Don Lynde; Vice-President – Hank Bertsch; Secretary – Charles Sands; Treasurer – John Martins. If the proposed Bylaws revision is adopted, the following names will be included on the ballot: Director (elect two) – Doris Condon, Bill Reade.

Officers Meeting April 10, 2013 - President Don Lynde appointed to the Nominating Committee Hank Bertsch, Lee Clark, Doris Condon, John Martins, Bill Reade. This group then determined the slate of nominees for the annual meeting election.

Thanks are due Gene Tierney who did the bulk of the work on the proposed Bylaws revision.

Treasurer Hank Bertsch reported on May 1, 2013, the following balances.

Charity Fund 04/30/13	\$ 327.41	Scholarship Fund 04/30/13	\$ 5,640.60
Operating Fund 04/30/13	\$ 2,623.20		

We still need people to serve on the program committee, perhaps year-round local residents. **The need continues** for people on other committees.

Please inform Doris Condon, CCC Personal Affairs 508.349.7599, or any officer, of your illness or of a family or CCC member. The Chapter sends appropriate greetings at such times.

View Photos Go to the Chapter's internet web site – the URL (web address) is shown at the bottom of all but page one of *Cape Cod Currents*. Click on the links to see pictures from events.

Change of Command – CAPT David Throop USCG, Commanding Officer of Air Station Cape Cod since April 22, 2010, will be relieved by CAPT Stephen Torpey USCG on June 3, 2013.

No More Auto Stickers – As of March 2013 the 102nd Air National Guard security office is no longer issuing vehicle base pass stickers. Naval Station Newport does issue them.

MMR Falmouth gate correction – open 0545-1930 Monday-Friday (including holidays), and **0545-0730, 1345-1630 only** on 102nd UTA drill weekends: June 1-2, July n/a, Aug. 24-25.

Warren 'Bud' Ernest Loring (former CCC member) Bud Loring passed away at the Tremont Center, Wareham, April 1, 2013, after struggling with dementia for several years. He was the husband of Thelma Rowe Loring and formerly the late Helen Elaine Loring, to whom he was married for 47 years. He was born in Brockton, brought to Sagamore Highlands at age two weeks, moved to Monument Beach at age three, graduated from Bourne High School in 1941.

Loring enlisted in the US Army Air Corps in May 1942, then was commissioned 2d Lt in Dec. 1942 as a twin-engine fighter pilot. A member of the 343rd Squadron, 55th Fighter Group, he was shot down over occupied France on his fifth mission. He evaded the enemy with the help of the French Resistance and escaped after two months of being hidden by various families. He was awarded the Purple Heart Medal for injuries received. His active duty included service with

the Air Defense Artillery. He retired as a LtCol in 1968 after 26 years and three wars: WW II, Korea, Vietnam. He retired from his second career as a plant operator with Colonial Gas Company in 1989 after 19 years.

He was a life member of the Air Force Escape and Evasion Society, serving on its Board of Directors as the Recording Secretary for 12 years. He was also a life member of the 8th Air Force Historical Society and its Mass. Chapter; Military Officers Association of America; P-38 National Assn.; Bourne High School Alumni Assn.; Veterans of Foreign Wars, Post 5988, Bourne; and the Bourne Society for Historic Preservation. He was a member of the Bourne Fire Dept., Company 2 Associates for 53 years.

A graveside service with military honors was conducted April 5, 2013, at the Mass. National Cemetery, Bourne, after which the family greeted friends at the Weary Travelers, Monument Beach, as Bud and Thelma met there in July 1991 at the annual dinner/meeting of the Bourne High School Alumni Assn. [adapted from *Cape Cod Times* April 3, 2013]

Advanced Directives and Medical Orders: A Three Part Series [parts 1 & 2 here]
by CCC member LtCol Bill Yates USMC (Retired) April 19, 2013

McNamara & Yates, P.C. Box 1196, 128 Route 6A, Sandwich, MA 02563 508-888-8100 www.cape-law.com

Note: save this article – one more will follow – all are needed for clarity on these issues
If you want a single document with all three, contact the *Currents* editor – info at end of the issue

Part 1 of 3: Advanced Directives and Medical Orders – see below for Part 2 of 3

There is much confusion and misunderstanding about the various types of Advanced Directives, Medical Orders and when each can or cannot be used. This series attempts to identify and define the various types of Advanced Directives currently in use in Massachusetts and help the reader understand their options when considering advance directives for themselves or loved ones.

1. Do not resuscitate (DNR) orders – in-hospital (in Part 1)
2. Comfort Care DNR verification form – out-of-hospital (in Part 1)
3. Health Care Proxy (HCP) and Living Wills (in Part 2)
4. Medical Orders for Life-Sustaining Treatment (MOLST) (in Part 3)

DNR Orders

1. Do not resuscitate (DNR) orders are medical orders issued by an attending physician in a hospital setting after the doctor consults with the patient to ensure the patient (or his guardian/HCP) is aware of the consequences of the order.
2. DNR orders address the use of extra-ordinary efforts, cardiopulmonary resuscitation (CPR), intubation, artificial ventilation, cardiac resuscitation with drugs and defibrillation, in order to keep patients alive when they experience life threatening medical conditions.
3. DNR orders are only valid in the facility where they are issued.
4. Once the person leaves the facility, the DNR order is no longer valid.

When a patient is in a non-hospital setting, Emergency Medical Technicians (EMTs) are required to provide emergency medical care and to transport patients to appropriate health care facilities. Emergency Medical Services (EMS) personnel are required by law to provide treatment to the fullest extent possible, subject to their level of training.

Comfort Care DNR Order Verification Protocol (Comfort and Care DNR) – out of hospital

1. The Comfort Care DNR is designed to allow EMTs and first responders to honor a DNR order in an out-of-hospital setting.
2. Before 1999, when Massachusetts implemented its Comfort Care DNR protocol, there

was no mechanism to enable EMTs and other first responders to recognize DNR orders in a non-hospital setting. So EMT personnel were always obligated to perform full resuscitation measures when they encountered a patient unable to convey directions regarding medical treatment.

3. The Comfort Care DNR protocol provides for a statewide, uniform DNR verification protocol.
4. The purpose of the Comfort Care DNR is to: (a) provide a verification of DNR orders to enable EMTs and first responders to honor DNR orders, (b) clarify the role and responsibilities of EMTs and first responders at the scene and/or during transport of patients who have a valid current DNR order, (c) avoid resuscitation of patients who have a current and valid DNR, (d) provide for palliative/comfort care measures for patients with a current Comfort Care DNR order verification form.
5. Comfort Care DNR order verification forms must be completed and signed by the patient's physician, authorized Physician's Assistant or Nurse Practitioner.
6. The patient must post the Comfort Care DNR where any EMT or first responder can easily find it. (Usually the patient's refrigerator, or taped to the patients bedroom door. The Department of Public Health stopped issuing Comfort Care DNR bracelets in 2007, but the Department's approved form contains bracelet inserts that can be used in generic wrist bracelets.
7. The Comfort Care DNR Order Verification form can be accessed by anyone, in downloadable format from the Massachusetts Department of Public Health/Office of Emergency Medical Services website, at www.mass.gov/eohhs/gov/departments/dph/programs/hcq/oems/comfort-care/public-health-oems-comfort-care-verification.html. But the form must be fully completed and signed by the attending physician, authorized nurse practitioner or authorized physician assistant as proscribed by the regulations.

Upon confirmation of a current/valid Comfort Care DNR Order Verification Form,

If the patient's heartbeat and breathing are adequate, but there is some other emergency illness or injury, the EMS personnel shall provide full treatment and transport as appropriate.

If the patient is in full cardiac or respiratory arrest, the EMS **shall not resuscitate**, which means they **will not**:

- | | |
|---------------------------------------|--|
| - Initiate CPR; | - administer cardiac resuscitation drugs; |
| - insert an oropharyngeal airway; | - defibrillate; |
| - provide ventilator assistance; | - initiate advance airway measures such as intubation. |
| - artificially ventilate the patient; | |
| - administer chest compressions; | |

If the patient is not in full respiratory or cardiac arrest, but the patient's heart beat or breathing is inadequate, EMS personnel **shall not resuscitate but shall provide**:

- | | |
|-----------------------------------|--|
| - emotional support; | - splint; |
| - suction airway; | - position for comfort' |
| - administer oxygen; | - initiate IV line; and |
| - application of cardiac monitor; | - contact Medical Control for further orders including medication. |
| - control bleeding; | |

If EMS personnel have any question regarding the validity or applicability of the Comfort Care DNR, the EMS personnel shall:

- verify with the patient, if the patient is able to respond;

- provide full treatment; or
- contact Medical Control for further orders.

EMS personnel are not to honor any Comfort Care DNR where the form is void or not intact.

A patient may revoke their valid Comfort Care DNR at any time, regardless of mental or physical condition by the destruction or affirmative revocation of the Comfort Care DNR.

If an individual identifying him/herself as the health care agent or guardian revokes the Comfort Care DNR, EMS personnel shall resuscitate, since this raises an issue of doubt as to the validity of the form.

If there is any indication that the patient has revoked the Comfort Care DNR or if the EMS personnel have a good faith basis to doubt the validity of the Comfort Care DNR, they are required to provide treatment to the fullest extent possible, subject to their level of training.

Part 2 of 3: Health Care Proxy and Living Wills

As part of a complete estate plan, attorneys will provide forms such as a “Durable Power of Attorney” and a “Healthcare Proxy.” These forms dovetail well with a last will and testament because they are documents that aim to carry out your wishes in the event you are unable to do so. In fact, in some cases they can be more important than an actual will in terms of what you deem to be important.

Your Spouse has no authority over your medical care

Many couples assume that if something happens to one of them, the other automatically has the authority to direct the attending doctor on treatment or to obtain access to medical records. This is untrue. Most doctors will certainly take a spouse’s input under consideration when weighing treatment options, but they are under no obligation to follow that input. Moreover, a doctor is bound by HIPAA standards that severely restrict the sharing of information on a patient’s condition or any other medical information. In Massachusetts, a doctor is only required to share information with and receive direction from the spouse if the spouse has been appointed the patient’s health care agent. The same is true regarding children over the age of 18.

Doctors can be overly careful, fearing malpractice suits

Many doctors are very careful to act conservatively when faced with potentially risky consequences. Imagine, for example, that one spouse is badly injured and a certain treatment could make the difference between disability and full recovery. Also imagine, however, that administering that treatment has a 10% chance of causing more severe injury or worse, death. If the patient did not have a health care proxy, a doctor’s hands would be effectively tied in that situation, even if that patient’s entire family wanted the treatment, because if anything goes wrong, the doctor knows his license and his assets would be on the line.

Massachusetts does not recognize a Living Will as an enforceable document

Some states allow for the creation of a “Living Will” as a means to direct your health care providers how to act in the event you are unable to communicate your wishes when medical care/treatment is necessary. In those jurisdictions, your doctor and other caretakers must adhere to the letter of the directions in your Living Will. Massachusetts, recognizing the potential damage such a binding document might cause if it is outdated or if a family undergoes even minor changes, prefers the Health Care Proxy model. The Health Care Proxy document can also provide directions, but leaves the ultimate decision to an individual you name as your “agent.” You can name alternates, in the event the primary agent is unavailable or unable to act when the time comes.

Failing to draft a Health Care Proxy can result in unnecessary expense

Even if non-emergency medical treatment were needed, the process to legally obtain

treatment authority, by petitioning for a guardianship, is extremely costly and time consuming. Especially under the new UPC rules adopted by Massachusetts in 2012, the entire guardianship process can last months, accruing a significant amount of legal fees in the process. And while certain situations requiring a guardianship (e.g. taking care of a minor) cannot be avoided, unplanned medical emergencies are not one of them. Draft your Health Care Proxy to avoid these unfortunate situations.

Additional Considerations

Having a Health Care Proxy and/or a Living Will, will not replace the Comfort Care DNR Order Verification form. Your Health Care Agent does not have the authority to stop EMS personnel from initiating full resuscitation efforts when they arrive. Your Health Care Agent can, however, challenge the validity of your Comfort Care DNR.

So it is critical that you discuss your wishes with your Health Care Agent and then have a valid current Comfort Care DNR Order Verification form prepared and signed by your doctor.

Reservation – Tue. June 11, 2013 Annual Meeting American Legion Post, Sandwich MA

Name _____ entrée: haddock ☐ chicken ☐

Guest _____ entrée: haddock ☐ chicken ☐

Guest _____ entrée: haddock ☐ chicken ☐

Guest _____ entrée: haddock ☐ chicken ☐

Cost: \$27.00 per person – checks to CCC MOAA – **responses due not later than June 5, 2013**

check # _____ date _____ in the amount of \$ _____ is enclosed

Mail to COL John Martins USAF, 137 Curley Blvd, North Falmouth MA 02556-2725

email – john.martins@Comcast.net

CCC MOAA Scholarship and Charity Fund contribution Chapter members and any others who would like to make a federal tax deductible donation to either our Charity or Scholarship Fund may do so by providing the requested information and mailing a check or money order.

The Chapter thanks you very much for your generosity.

I/we, _____, contribute to the CCC MOAA

[please print name(s) legibly]

Scholarship Fund the amount of \$50 ☐ \$100 ☐ \$200 ☐ Other \$ _____ ☐

Charity Fund the amount of \$50 ☐ \$100 ☐ \$200 ☐ Other \$ _____ ☐

Make instruments payable to CCC MOAA with a “memo” indicating the fund name.

Mail to CCC MOAA, PO Box 1553, Mashpee MA 02649-1553.

Signature _____ Date _____ check # _____

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