Advance Healthcare Directives

You have the right to give instructions about your own healthcare.

Follow these steps to let others know your healthcare preferences.

1. Select a Healthcare Decision Maker
2. Express your Wishes and Values
3. Share your preferences using the enclosed Advance Healthcare Directives form

Getting Started

An advance directive is a legal document about healthcare choices. It has two important parts. The first part lets you choose a Healthcare Decision Maker who can speak for you if you become unable to voice your wishes. The second lets you explain what medical support you want or do not want if you become seriously ill.

Your healthcare decisions are important. Presbyterian Healthcare Services believes that your medical care should reflect your wishes as much as possible. We strongly encourage you to talk about your choices with your medical provider(s) and your family and friends.

When thinking about Advance Healthcare Planning:

- Remember, you do not have to complete the enclosed form. If you use this form you may cross out, complete or change any part of it. You are also free to use a different form.

Helpful information if you do use this form:

- Part I of the form allows you to choose a Healthcare Decision Maker and two alternates, or backups.
- Part II of the form asks specific questions about the type of care you may or may not want.
- Be sure to sign and date your Advance Healthcare Directive form.
- If you have questions about this form, your medical provider will be able to answer your questions.

There are no “right” or “wrong” answers to an advance healthcare directive. Each person will make choices that are right for them based on their beliefs, faith and personal values.

1

Select a Healthcare Decision Maker

A Healthcare Decision Maker is a person or persons that you choose to make medical decisions for you if you cannot make your own decisions. They are required to make decisions that are consistent with your known wishes.

Your Healthcare Decision Maker *will not* have permission to make decisions for you or have access to your medical records unless:

- You are not able to make your own decisions. This would be determined by your physician and other medical team members.
- You grant them that right immediately. This means that you choose to allow your Healthcare Decision Maker to begin making decisions for you while you still have capacity.

When your Healthcare Decision Maker's decision-making permission is activated, they will be able to make all healthcare decisions for you *unless* you limit their authority.

- If you want to limit what decisions your Healthcare Decision Maker can make, the form includes a place for you to do so.

You may change or cancel your Healthcare Decision Maker at any time.

- To do this, destroy any old forms or revoke in writing any previous instructions. Then fill out a new form with the current date and identify the new person or persons you have chosen as your Healthcare Decision Maker.

Important things to know when you choose a Healthcare Decision Maker:

- Choose someone over 18 years of age who is willing and able to serve in this role.
- Choose the person or people who will support the choices you have made.
- Choose someone who lives in your area, if possible, so they will be available to help you.
- Choose backup Healthcare Decision Makers in case your first choice is not available.
- DO NOT choose a specific person (like a family member) just because it seems like the right thing to do. For some people, family members are the best choice. For others, family members may be too emotionally involved.
- DO NOT choose your medical provider, an employee of the healthcare institution where you receive care, or the owner, operator or employee of a health or residential facility, unless they are a member of your family.

It's very important to let your family, friends, and your medical provider(s) know who your Healthcare Decision Maker is.

2

Express your Wishes and Values

Quality of Life

Giving specific instructions about your healthcare choices helps those close to you know what type of care you want or do not want. All medical treatment can come with benefits and burdens; only you can decide what treatment is right for you. When you complete Part II of the advance healthcare directive document, it is important to consider your personal values and your current health condition. It's also important to think about what the term "quality of life" means to you.

Your advance healthcare directive can have as much or as little detail as you want.

Many people who have an advance healthcare directive record their wishes about:

Cardiopulmonary resuscitation (CPR) – If your heart stops beating suddenly, doctors might be able to restart it by pumping your chest and putting in a breathing tube. They could also give you an electric shock, called "defibrillation," and give you special medicines. Some people recover completely after CPR. However, there are situations when people do not recover from CPR and suffer from a complication, such as permanent brain damage, if they do survive. This is most common in people who have an advanced, serious illness. You should talk with your medical provider about the potential complications of CPR and decide what is right for you. **If you decide that CPR should not be performed, talk to your doctor so they can fill out a Do Not Resuscitate (DNR) form for you.**

Breathing tubes – If you stop breathing or have a very hard time breathing, you can be attached to a machine that will breathe for you. When this happens, you will have a tube put in that goes down your throat and into your lungs. The tube is then connected to a "ventilator" or breathing machine. While the tube is in place you will not be able to eat and you will require medications to make you sleep. Sometimes breathing tubes are needed for a short time, for example after a lung infection. When deciding about breathing tubes, consider what is right for you. You may decide to allow for breathing tubes when the treatment is expected to be short term, but decide against their long-term use. Your medical provider can help answer any questions you might have about breathing tubes.

Feeding tubes – Feeding tubes can either be temporary or long-term. A temporary feeding tube, called an N-G tube, can be inserted through the nose into the stomach. Surgery is needed to put in a long-term feeding tube. Feeding tubes can help keep a person's body going while they heal from an illness and help the body get stronger. But they can also keep a person alive for a long time even if there is no chance that the person will recover. It is also important to note that when the body begins to shut down, it may not be able to use the nutrients supplied by the feeding tube. This can cause bloating and discomfort. Your medical provider can help answer any questions you might have about feeding tubes.

3

Share your preferences using the enclosed Advance Healthcare Directive form

Fill out the enclosed Advance Healthcare Directive. Remember to sign and date the form.

- Keep the original for yourself.
- Provide a copy to your Healthcare Decision Maker(s).
- Provide a copy to your medical provider(s).
- Keep extra copies to take with you if you are hospitalized.
- Share copies with others as you wish (clergy, attorney, friends and family).

Terms and Definitions:

Advance Directive Advance directives help to make your wishes clear if you are injured or sick and cannot speak for yourself. Other names for advance directives include: Living Will, healthcare directive, advance healthcare directive, Medical Power of Attorney and Durable Medical Power of Attorney.

Healthcare Decision Maker If you are injured or sick and cannot speak for yourself, this is the person or persons who will make medical decisions for you.

Agent This is another name for the person who has been named as a Healthcare Decision Maker.

Financial Power of Attorney You may name a person to make financial decisions for you. This person will have access to your financial (money) information. This process is different and separate from naming a Healthcare Decision Maker.

Frequently Asked Questions:

Will my Healthcare Decision Maker be able to make decisions for me that involve money?
Not unless you complete a Power of Attorney form which grants rights to your agent to make decisions for you about financial and property matters.

What is a DNR form?
DNR means "Do Not Resuscitate." Some people do not want their heart to be re-started (resuscitated) if it stops. In that case, they need to have a doctor fill out a DNR form. This is a signed doctor's order. It tells others to NOT attempt Cardiopulmonary Resuscitation (CPR) if the person's heart stops.

Will my Advance Directive be valid when I travel to other states?
Each state may have different guidelines. You should check the guidelines in the states where you plan to travel.

Can I change any of the choices I've made in my Advance Healthcare Directive?
You may make changes at any time. To do this, destroy any old forms or revoke in writing any previously written instructions. Then fill out a new form with the current date and your signature and follow the instructions under step 3.

Advance Healthcare Directive - Part I

SELECTING MY HEALTHCARE DECISION MAKER

At some point in your lifetime, you may become unable to make all of your own decisions about your medical treatment and care.

Choosing someone ahead of time who you would like to make decisions for you means:

1. You can select a person who understands your values and knows what you would want, and
2. Your medical care team will know who you prefer to make decisions about your health.

IMPORTANT INFORMATION ABOUT MY HEALTHCARE DECISION MAKER

In choosing your healthcare decision maker, it is important to know:

- Your Healthcare Decision Maker WILL NOT be able to make decisions for you unless you are determined to lack capacity to make your own decisions by your medical care team.
- If you REGAIN YOUR CAPACITY, then you will make your own healthcare decisions again.
- You may CHANGE or REVOKE your Healthcare Decision Maker at anytime while you have capacity.
- If you choose, you can select someone to make your healthcare decisions for you now, even though you are still capable.

Designation of Healthcare Decision Maker (Agent)

With this form I am choosing the person, and if they are unavailable, any alternate persons I would like to make my healthcare decisions for me. I understand that I may not choose an owner, operator or employee of a healthcare institution (such as my doctor or nurse) where I am receiving care UNLESS that person is related to me by blood or marriage.

I appoint the following person as my Healthcare Decision Maker to make healthcare decisions for me:

______________________________ (name)

______________________________ (address)

______________________________ (phone)

______________________________ (alternate phone)

If my Healthcare Decision Maker cannot or will not make a healthcare decision for me or if I revoke my Healthcare Decision Maker's authority, then I appoint these persons as my alternate Healthcare Decision Makers, to serve as follows:

First Alternate:

Name: ______________________________ Address: ______________________________

Phone: ______________________________ Alternate Phone: ______________________________

Second Alternate:

Name: ______________________________ Address: ______________________________

Phone: ______________________________ Alternate Phone: ______________________________

You may revoke your selection of a Healthcare Decision Maker at any time.
USE THE BACK OF THIS FORM TO DETERMINE YOUR DECISION MAKER'S AUTHORITY

PATIENT IDENTIFICATION

Name: ______________________________

Date of Birth: ________________

ADVANCE HEALTHCARE DIRECTIVE

MY HEALTHCARE DECISION MAKER'S AUTHORITY

I, ____ , understand that with this form I can choose to limit the authority of any person I select to be my Healthcare Decision Maker. If I choose not to limit my Healthcare Decision Maker's authority, then they will be able to make ALL healthcare decisions for me.

I. I want my Healthcare Decision Maker's authority to be effective:

(Initial Your Choice below)

________ When my primary or attending physician and one other licensed member of my medical care team determine that I do not have the capacity to appreciate the risks and benefits of medical treatment (capacity). I understand if my capacity returns, I will again make my own medical care decisions.

________ My Healthcare Decision Maker's authority is effective immediately, even though I have capacity at this time.

II. The limitations I choose for my Healthcare Decision Maker's authority are:

(Initial Your Choice below)

________ No limitations. I want my Healthcare Decision Maker to be able to make decisions about everything, including:

- tests and treatment
- surgery
- medication
- nursing and home care needs
- orders not to resuscitate
- life saving and life prolonging medical treatment
- the provision or withdrawal of artificial nutrition and hydration

________ Limitations. I want my Healthcare Decision Maker's authority limited in the following ways:

____

____

____

____

I understand that I should review these decisions with my physicians so they can help me ensure I have made selections that my medical care team understands.

PATIENT IDENTIFICATION

Name: ______________________________________

Date of Birth: ________________

ADVANCE HEALTHCARE DIRECTIVE

Advance Healthcare Directive - Part II

WISHES AND VALUES

The following are some specific instructions for my Healthcare Decision Maker (Agent) and/or physician(s) providing my medical care:

If you agree with the statements below, place your initials on the line next to the statement.

Instructions:

________ I chose not to provide any written instructions. My Healthcare Decision Maker will make decisions based on my oral instructions or what is considered my best interests.

1. Stopping Life Prolonging Efforts:

________ If I reach a point where it is likely that I will not recover my ability to interact meaningfully with my family, friends, and environment, I want to stop or withhold all treatments, other than comfort care, that might be used to prolong my existence. Treatments I would not want if I were to reach this point include but are not limited to tube feedings, IV hydration, respirator/ventilator, and antibiotics.

2. Pain and Symptom Control:

________ If I reach a point where efforts to prolong my life are stopped, I want medical treatments and nursing care that will make me comfortable. The following are important to me for my comfort:

____

____

3. Cardiopulmonary Resuscitation (CPR):

________ I want CPR attempted unless my physician determines any one of the following:

- I have an incurable illness or injury and am dying; OR
- I have little or no chance of long- term survival if my heart stops and the process of resuscitation would cause significant suffering.

________ I want CPR attempted if my heart stops, even if survival is unlikely.

________ I do not want CPR attempted if my heart stops, but rather, want to permit a natural death.

4. Other instructions or limitations I want my Healthcare Decision Maker to follow:

____

____

____

5. If it is possible I prefer to be cared for in the following location:

____

____

____

PATIENT IDENTIFICATION

Name: ______________________________

Date of Birth: ________________

ADVANCE HEALTHCARE DIRECTIVE

6. When I am nearing my death, I want the following: (List the type of care, rituals, etc., that are important for you.)

____

____

____

7. Persons I want my Healthcare Decision Maker to include in the decision process:

I ask that my Healthcare Decision Maker make a reasonable attempt to include the following people in my healthcare decisions, if there is time; however, I understand that all final decisions must be made by my Healthcare Decision Maker.

____

____

8. Faith

I am of the ______________________________ faith, and am a member of the

congregation, synagogue, or worship group. The phone number of above group is ____________________ .

Please attempt to notify them.

9. Medical Records:

Upon my death, I want the following people to have access to my medical records

____

____

____

10. Donation of my organs or tissue:

________ I consent to donate any organs or tissue, if I am a candidate.

________ I do not want to donate any organ or tissue.

________ I consent to donate only the following organs or tissue if possible: ____________________

____

________ I choose to let my Healthcare Decision Maker decide.

____

Signature

____

Date

PATIENT IDENTIFICATION

Name: ______________________________

Date of Birth: ____________________

ADVANCE HEALTHCARE DIRECTIVE

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