



ST PETER'S HEALTH PARTNERS

A Member of Trinity Health

Guide to Advanced Care Planning

What is advanced care planning?

Advanced care planning begins with a conversation with your family, friends and medical providers. It helps others to understand your values and wishes if you were in a medical crisis and unable to make decisions for yourself. It can also include the completion of documents communicating your wishes.

Step 1: Think about your values.

What does quality of life mean to you? What do you fear most about having a serious illness? Consider completing the table on page two.

Step 2: Appoint your health care agent.

This person would decide about treatment for you only if you lose the ability to decide for yourself. Choose someone such as a family member or friend who knows you well and will be able to carry out your wishes. Talk with this person about your values and health care conditions. You can appoint your health care agent using the form on page 3. More details about completing a health care proxy can be found on page 4.

Step 3: Talk to your health care provider.

Talk to your health care team about your values. If you have a medical condition, ask questions about your illness and treatment options so that you can prepare for what might be ahead. If appropriate, your provider may help you to fill out a MOLST (Medical Orders for Life Sustaining Treatment). This form records your wishes about treatments such as CPR, ventilators (breathing machines), and feeding tubes.

Step 4: Share forms

Share any advanced directives (such as a health care proxy, living will or MOLST) that you have completed with family, friends and your health care team. You can also keep a copy in your wallet or purse or with other important papers. Should you update or change any of your advanced directives, be sure to notify your family, friends, and your health care team.

Step 5: Continue the discussion

Continue these conversations with your family, friends and medical team. Consider updating your advanced directives if your preferences or medical condition changes.

What is important to you?

Knowing your values and goals can help with decisions about your care. Use the questions below to think about your beliefs and values and consider how they relate to your wishes about your care.

What should your medical team know about you as a person to provide the best possible care? _____

What does a good quality of life mean to you? _____

How do your spiritual or religious beliefs affect your decision making? _____

Use this chart to express what would be most important to you if you became seriously ill.

	Not Important	Somewhat Important	Very Important	Extremely Important
To live as long as possible				
To be free from pain and other symptoms				
To be around my family and close friends				
To meet with clergy or a chaplain				
To be mentally aware				
To be able to communicate				
To not be a burden to my family				
To not be connected to machines				
To know how my body will change				
To have my financial affairs in order				
To maintain my independence				
To die at home				



Health Care Proxy

(please see reverse side for detailed instructions)

1. I, _____, _____ hereby appoint
(Name) (Date of Birth)
(Name) (Relationship) (Telephone Number(s))
(Mailing Address/Email Address)

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise. This proxy shall take effect when and if I become unable to make my own health care decisions.

2. Name of substitute or fill-in agent if person I appoint above is unable, unwilling or unavailable to act as my health care agent
(Name) (Relationship) (Telephone Number(s))
(Mailing Address/Email Address)

3. Optional instructions: I direct my agent to make health care decisions in accord with my wishes and limitations as stated below, or as he or she otherwise knows. (Attach additional pages if necessary)

4. Optional. Your agent can make decisions regarding the provision of artificial nutrition and hydration (tube feeding) only if he or she reasonably knows your wishes about that treatment. Does your agent reasonably know your wishes about that treatment?
Check One: [] Yes [] No

5. Optional. Unless I revoke it, this proxy shall remain in effect indefinitely, or until the date or conditions stated below:

Signature _____ Date _____

Statement by Witnesses (must be 18 or older). Person appointed as agent or alternate cannot sign as witness. I declare that the person who signed this document appeared to execute the proxy willingly and free from duress. He or she signed (or asked another to sign for him or her) this document in my presence.

Witness #1: _____ Witness #2: _____
(Signature) (Signature)
(Print Name) (Print Name)
(Telephone Number) (Telephone Number)

About the Health Care Proxy

How to appoint a health care agent:

- You do not need a lawyer to complete a Health Care Proxy, just two adult witnesses
- You can change your mind simply by filling out a new form. You can also cancel the control given to your agent by telling him or her or your health care provider orally or in writing. If you choose your spouse and you get divorced or legally separated, the proxy is automatically cancelled.
- You can choose any adult (18 or over) including a family member or friend. (Specific exceptions are noted below in items 5 and 6.)

How will my health care agent make decisions?

Your agent must follow any wishes that are written or otherwise known to the agent, as well as your moral and religious beliefs. If your agent does not know your wishes or beliefs, your agent is legally required to act in your best interests. Your health care agent will not be liable for treatment decisions made in good faith on your behalf and cannot be held liable for the cost of your care just because he or she is acting as your agent.

Is a health care proxy the same as a living will?

No, a living will provides instructions for your health care agent and/or providers. In contrast, the health care agent can interpret your wishes as medical circumstances change and can make decisions you could not have known would have to be made.

May I use the Health Care Proxy form to express my wishes about organ and/or tissue donation?

Yes. Use the optional instructions section to specify that your organs and/or tissues be used for transplantation, research or educational purposes. Any limitation(s) associated with your wishes should also be noted in this section of the proxy.

This is an important form, before signing you should understand the following facts:

1. This form gives the person you choose as your agent the authority to make all health care decisions for you except to the extent you say otherwise in this form. "Health care" means any treatment, service or procedure to diagnose or treat your physical or mental condition. This includes the decision to remove or provide life-sustaining treatment.
2. Your agent will start making decisions for you when the providers decide that you are not able to make health care decisions for yourself. As long as you are able to make treatment decisions for yourself, you will have the right to do so.
3. In item 3, you may write on this form any information about treatment that you do not desire and/or treatments you want to make sure you receive. Your agent must follow your instructions (oral and written) when making decisions for you. You may also use this section to limit your agent's authority.
4. Unless your agent reasonably knows your wishes about artificial nutrition and hydration (nourishment and water provided by a feeding tube), he or she will not be allowed to refuse or consent for those measures for you. You can indicate whether your agent reasonably knows your wishes in item 4.
5. If you select a provider, he or she may have to choose between acting as your agent or your attending provider, a provider cannot do both at the same time.
6. If you are a patient or resident of a hospital, nursing home or mental hygiene facility, there are special restrictions about naming someone who works at that facility as your agent. You should ask staff at the facility to explain those restrictions.
7. You must date and sign the proxy. If you are unable to sign yourself, you may direct a designee to sign for you and in your presence. If so, use the following language: *[the designee's printed name and signature]*, at the direction of and in the presence of *[patient's name]*, who is unable to sign personally.