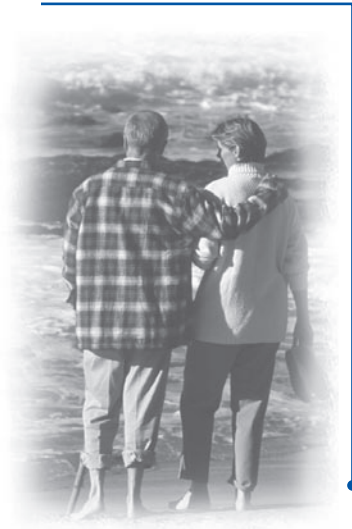




An Introduction to

ADVANCE CARE PLANNING

A process to think about, talk about and plan for life-threatening illness or end-of-life care



Why Advance Care Planning?

Making decisions about medical care is not always easy – especially now that machines can keep patients alive even when there is no hope for recovery. It's your right to participate and plan for your care. But at some point, you may become unable to make your own health care decisions. That's why it's important to think and talk about your feelings and beliefs with your loved ones – long before critical medical decisions must be made.

This guide provides you with information about creating an "advance directive document" – a legal document that states your preferences about medical care. Please read it carefully and discuss it with your family, doctor, nurse practitioner, patient representative, chaplain or other caregiver.

You don't need to have an advance directive document if you don't want one. No hospital, nursing home, doctor, nurse or insurance company can require you to have an advance directive document to provide you with services. However, it's a good idea to have an advance directive document in place if you want your family and health care providers to understand and follow your wishes about your medical care. It will also make it better for your family should you become unable to participate in decisions about your care. They will not have to guess about your choices, uncertain of what you would want them to do. And, if family members or your health care providers disagree about what is right for you, an advance directive document will help you avoid having decisions made by the probate court, which can be difficult, time consuming and costly.



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Your thoughts or answers to these questions can help provide you and your caregivers with peace of mind.

VALUES

- What gives your life its purpose and meaning?
- What do you value most about your physical or mental well being? For example, do you love the outdoors? To read or listen to music? To be aware of who is with you?

FAMILY/FRIEND RELATIONSHIPS

- Who among your family and friends are important in your life?
- Have you talked about your medical care choices with your loved ones and with those who will be around you when problems arise or death comes close?

SPIRITUAL/RELIGIOUS BELIEFS

- How would you describe your spiritual or religious life?
- How does your faith community, church or synagogue support you?
- Do you have religious beliefs about medical treatment?

MEDICAL

- What health problems do you fear in the future?
- Under what conditions would you want the goals of medical treatment to change from trying to continue your life to focusing on your comfort?
- Would you want a *hospice* team or other form of *palliative care* offered to you?
- How does cost influence your decisions about medical care?
- How do you feel about *life-sustaining treatment*, such as kidney dialysis? Do you want *CPR* used to try to revive you if your heart stops or you stop breathing?

MAKING PLANS

- If you could plan it today, what would the last day or week of your life be like? Where would you be? Who would be with you?
- What will be important to you when you are dying (comfort, no pain, family present, music, prayer, being touched or held, etc.)?
- What general comments would you like to make about dying or death?
- Are you interested in *organ or tissue donation*?
- Are there people to whom you want to write a letter, or for whom you want to prepare a taped message, perhaps marked to be opened at a future time?
- What are your wishes for a memorial service: songs or readings you want, or people you hope will participate?
- Would you prefer to be buried or cremated, or do you have no preference? Have you contacted a funeral home?

Please note: Your community hospital or hospice may have advance directive documents available. You can get the complete guide with legal forms at www.healthynh.com or for \$2.00 at: ACP Guide, Foundation for Healthy Communities, 125 Airport Road, Concord, NH 03301.

Selecting Your Durable Power of Attorney for Health Care or Health Care Agent

When you decide to pick someone to speak for you in a medical crisis, in case you are not able to speak for yourself, there are several things to think about. The chart below is a tool to help you decide who the best person is. **Usually it is best to name one person or agent to serve at a time**, with at least one alternate, or back-up person, in case the first person is not available when needed.

Compare up to 3 people with this tool. The person best suited to be your DPOAH or Health Care Agent rates well on these qualifications ...

Name #1:		
Name #2:		
Name #3:		
		1. Meets the legal criteria in your state for acting as agent or representative? (This is a must! See page 7 – Disclosure.)
		2. Would be willing to speak on your behalf.
		3. Would be able to act on your wishes and separate his or her own feelings from yours.
		4. Lives close by or could travel to be at your side if needed.
		5. Knows you well and understands what’s important to you.
		6. Could handle the responsibility.
		7. Will talk with you now about sensitive issues and will listen to your wishes.
		8. Will likely be available long into the future.
		9. Would be able to handle conflicting opinions among family members, friends, and medical personnel.
		10. Can be a strong advocate in the face of an unresponsive doctor or institution.

This worksheet adapted by the American Bar Association’s Commission on Legal Problems of the Elderly from R. Pearlman, et. al., Your Life Your Choices – Planning for Future Medical Decisions: How to Prepare a Personalized Living Will, Veterans Administration Medical Center, Seattle, Washington. Reprinted by permission.

What to Do After you Pick a Health Care Agent

- Talk to your agent about the qualifications on this worksheet.
- Ask permission to name him or her as your agent.
- Discuss your health care wishes and values and fears with your agent and doctor or health provider.
- Make sure your agent and your doctor or health provider gets a copy of your advance directive.

“Making Medical Decisions for Someone Else: A New Hampshire Handbook” is a resource available at www.healthynh.com. It may also be available at the care facility where you receive healthcare.

Definitions

Attending physician or attending advanced registered nurse practitioner (ARNP) –

A doctor or ARNP who has primary responsibility for your treatment and care. An ARNP means a registered nurse having specialized clinical qualifications under state law.

Capacity to make health care decisions –

The ability to generally understand the risks and benefits of a health care decision, as well as any alternate options for treatment. This is determined by a doctor or ARNP.

CPR or Cardiopulmonary resuscitation –

Emergency medical procedure used to try to restart heartbeat and breathing, which can involve blowing into the mouth, pushing on the chest, inserting a breathing tube into the windpipe, giving medicines into your vein, and electrical shock.

Comfort care – Keeping you as comfortable and peaceful as possible, including pain medication, giving you ice chips and lip ointment, turning your body to prevent bed sores and bathing you.

DNR or Do Not Attempt Resuscitation order –

A medical order placed in your medical chart that says you do not want CPR performed if your heart or breathing stops.

Health care agent – Someone chosen as your Durable Power of Attorney for Health Care to make health care decisions when you are unable to express your own wishes for care or treatment.

Hospice care – A team approach to provide comprehensive medical, nursing and social services, spiritual care and bereavement support for you and your family near the end of life.

Intravenous or IV line – A tube placed in your vein that is used to give you fluids, blood or medication.

Life-sustaining treatment – Any medical procedure or intervention that use mechanical or medically administered means to sustain, restore, or supplant a vital function which, in the written judgment of the attending physician or ARNP would serve only to artificially postpone the moment of death, and where the person is near death or is permanently unconscious. This may include: ventilator or mechanical respiration, artificial maintenance of blood pressure, blood transfusion, kidney dialysis and other similar procedures. It does not include lessening pain through medication or the natural ingestion of food or fluids.

Medically administered nutrition (feeding) –

Using IVs or tubes to supply food when you are unable to eat. A feeding tube is a medical tube through which food or water is put into your body. It does not include the natural process of eating foods.

Medically administered hydration – Using IVs or tubes to supply water when you are unable to drink. It does not include the natural process of drinking fluids.

Near death – An incurable condition caused by injury, disease or illness that reasonable medical judgment finds will cause death at any time, so that life-sustaining treatment will only postpone death. This is determined by a doctor or ARNP working with an additional doctor.

Organ and tissue donation – Giving your usable organs for transplantation into others, which can save or improve their lives. Organs you can donate: heart, kidneys, pancreas, lungs, liver, intestines. Tissue you can donate: cornea, skin, bone marrow, heart valves, connective tissue. To be transplanted, organs must receive blood until they are removed from your body. Therefore, it may be necessary to place you on a breathing machine temporarily or provide other organ-sustaining treatment. Doctors evaluate whether you have organs or tissue suitable for transplant at or near the time of death. Your body can still be shown and buried after your death.

Palliative care – Taking care of the whole person – body, mind and spirit. This approach views dying as natural and personal; its goal is to provide you with relief of symptoms (see Hospice care).

Permanently unconscious – A lasting condition, indefinitely without improvement, in which you are not aware of your thought, your self and environment and other indicators of consciousness are absent as determined by a neurological assessment by a doctor in consultation with your doctor or ARNP.

Persistent vegetative state – An irreversible condition where reasonable medical judgment finds the complete loss of key brain functions. It results in the end of all thinking and consciousness, although heartbeat and breathing continue. Periods of sleep and wakefulness will still occur.

Trial of treatment – To try treatment(s) for a period of time (such as 1 or 2 weeks) until it is decided that the treatment will not succeed.