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What is Advance Care Planning. Information, Tools and Tips.

Doctors, nurses, and other health care professionals have responsibilities to provide high quality, individualized health care services to each patient. For them to do that successfully, you, the patient, can help them understand what is important to you in your health care.

If you become too sick to make your own decisions about your health care, or if you just want someone else to make decisions for you, you need to ensure that someone—a family member, a friend, your physician—knows what’s important to you. In that way you can be more confident that you’ll receive the highest quality of health care at all times, even when you’re not able to speak for yourself.

With this in mind, physicians, nurses, and other health professionals at Emanuel Medical Center developed this booklet. It contains information, suggestions, and tools for you to ensure that your health care will be high quality, even if you aren’t able to participate in making decisions. You will find the following items in these pages:

1. Advance Healthcare Directive form. This traditional advance directive form allows you to name a healthcare substitute decision-maker, and to give guidance to that person and your doctor about treatments that you would or would not want if you were unable to speak for yourself. This form does not require the assistance of an attorney. It can be signed in the presence of two witnesses or notarized by a licensed notary public. Only the patient may complete or change an advance directive form. A sample form is included in this booklet.

2. Physician Orders for Life Sustaining Treatment (POLST) form. This form combines your preferences about the use of life support treatments with your physician’s signature, so that it is both an advance healthcare directive and a legally valid physician’s order. The POLST may be completed by a competent patient or by the proxy decision-maker for an incompetent patient. As a physician’s order it is valid in every setting, from home to ambulance to hospital or nursing home. Witness or Notary Public signatures are not required. A sample form is included in this booklet. POLST forms are also available in hospitals, nursing homes, and online at (http://www.cdph.ca.gov/programs/LnC/Documents/MDS30-ApprovedPOLSTForm.pdf).

3. Frequently Asked Questions. Plain language answers to questions on the advance directive process, as well as the various types of “life support” treatments that are available, and what they do.

4. Communication Guide: Practical suggestions about how to discuss your preferences about your health care with your doctor and family members.

5. Community Resources, Selected State, County, and Emanuel Medical Center resources for assistance with the advance care planning process and documents.

You may obtain more information about advance care planning and advance directives from your physician and office staff. You may also obtain information from Emanuel Medical Center’s website at www.emanuelemmedicalcenter.org, by contacting Social Services, Patient Advocate, Ethics Program, or Chaplain’s Department at Emanuel Medical Center. Social Workers and Patient Ombudspersons at Skilled Nursing Facilities can also provide helpful information.

Frequently Asked Questions.

People come to the hospital for many reasons: to have a baby, to undergo tests, to have surgery, and to receive treatment for a serious illness. Being hospitalized for serious illness can be an occasion for considering lifesupport treatments involving medical technology. Many people prefer not to wait until they are in the hospital to think about these things.

We hope that this information will be helpful to you. We encourage you to discuss your thoughts and preferences about medical treatments with your family and your primary care doctor.

What kinds of things should I be thinking about.

If you are a patient or someone making decisions on behalf of a patient, you need information necessary to understand what to expect from a recommended treatment: the purpose, risks, benefits, discomfort levels if any, and likely success of the treatment. You need to know if the treatment involves pain or unpleasant side effects, the probable length of your recovery, the effect of the treatment on your ability to enjoy your life and do things that you need or like to do. And you need to know what to anticipate if you don’t choose treatment.

Treatments have different purposes. Some are intended to restore health, some to slow the progress of disease, and some to bring relief from pain or other unpleasant symptoms. In some situations, for example, in the last stages of some diseases, treatments are available that may prolong life for a time. Palliative or Comfort Care, to relieve uncomfortable symptoms, is always available.

When considering such decisions, it’s helpful to give some thought to what’s important to you in your life. When you think about what makes you happy to be alive, ask yourself if there are limitations or conditions that would make your life no longer meaningful. Answering the following questions can help you clarify your feelings. (But don’t forget that your feelings may change with age and with changes in your health, so do this periodically).

What brings quality to your life? You may want to discuss the questions below with your family, close friends, or a counselor to help you clarify your feelings.

- What do you fear most about being ill or seriously injured?
- How important is it for you to be physically, mentally, or financially independent?
- How would you feel if you could no longer do the activities you most enjoy?
- How would you feel about being moved from your present home?
- How would you feel about being cared for in a hospital or nursing home at the end of your life?
- Consider your beliefs about life. Whether or not you belong to a particular religion, your beliefs play a part in the way you think about life and death. What you believe to be important in your life can help you clarify the link between what you believe and the healthcare you want at the end of your life.

- What role do pain and suffering have in life?
- Do you believe medical treatment should always prolong life?
- Do you believe life stops.

We at Emanuel respect your rights and choices. It’s easiest to follow your directions when you can tell us about them. Sometimes people become very ill and are unable to talk. So if you put your choices in writing by completing an advance directive, we can follow your choices and work in partnership with the person you have chosen to speak for you.

What is Advance Care Planning and an Advance Directive.

The Patient Self-Determination Act is a federal law requiring that healthcare facilities provide patients 18 years or older with written information about their legal rights to make decisions concerning their medical care, even when the patient is unable to exercise that right because of illness or injury. These rights include the right to accept or refuse medical treatment and the right to prepare “advance directives”.

Advance directives are written instructions on printed forms, such as living wills, powers of attorney for healthcare, and POLST forms.

In California, a valid written Advance Healthcare Directive allows a person to do either or both of two things: appoint a health care agent, and/or give written instructions to their doctors and families for future healthcare decisions. Advance directives make it easier for doctors and nurses to know with whom to talk when patients are too sick to discuss their health care and when decisions must be made.

Does my advance directive have to be in writing.

No. Patients without written advance directives may orally designate a surrogate decision-maker. If the patient names a surrogate decision-maker, and are unable to do so, the doctor will appoint your spouse, registered domestic partner, child, sibling, or parent as your surrogate (substitute) decision-maker.

Do I need a lawyer to complete an advance directive.

No. Patients may complete legally valid advance directive forms without legal assistance.

Does my advance directive have to be in writing.

No. Patients without written advance directives may orally designate a surrogate decision-maker. If the patient names a surrogate decision-maker, his or her nurse will record the name of the designated surrogate in the patient’s hospital record. If a patient does not have a written advance directive and does not orally designate one, those closest to the patient (usually family members) will ordinarily be involved in making decisions with the doctor on the patient’s behalf. They will try to make decisions on the basis of their best knowledge of what the patient would want, relying on statements that the patient has made or on what they know of the patient’s values and choices about significant matters in the patient’s life. They will also consider what is in the patient’s best interests, drawing on information about the patient’s medical problems provided by the patient’s physician, including possible pain and suffering and the likely outcomes of medical treatments on the patient’s quality of living.

Information, Tools and Tips.
Explicit guidance from the patient, in the form of an advance directive, makes doctors’ and families’ jobs more manageable.

What if there is no agent named in the advance health care directive.

If the patient has named you in an advance directive document (Power of Attorney for Health Care, Living Will), you may be called an “agent”. If the patient has no advance directive (and therefore no “agent”) and has named you as a substitute decision-maker at the time of admission to the hospital, you will be called a “surrogate decision-maker”—as you will also be called if the patient’s doctor has appointed you to represent the patient’s preferences in making treatment decisions if the patient is unable to do so.

What is my role as a Health Care Agent or Surrogate Decision-Maker.

Like you, Emanuel Medical Center doctors and staff have a moral and legal obligation to follow any expressed treatment preferences of the patient, including any Advance Directive form that the patient has completed and signed. As a substitute decision-maker, your decision-making authority begins when the patient is no longer able or willing to make needed decisions for him or herself. As long as the patient is able, he or she maintains the decision-making role, so family and professional caregivers take their guidance from the patient. It is important to make copies of any advance directive documents that the patient has completed, and to provide one to the hospital and the patient’s doctor. This serves both to confirm your role and to convey and clarify the patient’s preferences. Please speak with the doctor and other members of the health care team so that they can know you are involved. You should make yourself available for all medical decisions in which the patient would ordinarily be involved.

What if I change my mind about being a surrogate decision-maker.

If you change your mind after you have been called to serve in the role of agent or surrogate decision-maker, you should tell the patient and the patient’s doctor immediately so that another surrogate decision-maker can be appointed.

What medical decisions may I have to make.

The patient may have already made some of these tough decisions in their advance health care directive by electing to receive or not to receive specific treatments. If they have not, your hardest decision may be beginning or stopping life-sustaining treatments: surgery, resuscitative measures (to try to revive patients whose heartbeat or breathing stops), or mechanical breathing or kidney dialysis machines. These are appropriate when the patient would want them and when the doctors expect that they will restore the patient’s health and ability to enjoy life, or help the patient feel more comfortable.

How do I make these decisions.

When making decisions regarding the care of your family member of friend, please remember that you are speaking for the patient from the patient’s point of view, as if you were that person. When the patient has expressly stated choices about a treatment, your job is to carry out those choices. When the patient hasn’t expressly stated choices about a treatment, your job is to do your best to imagine what the patient would decide if (s)he were able to understand what the doctor is telling you about the patient’s condition and what the shortterm and longterm future are likely to look like. This is called substituted judgment, and it requires you imagining yourself in the patient’s position. In other words, it is important to separate your feelings regarding what you would want to be done or not done for the patient from what the patient has indicated they want or don’t want, either directly or indirectly. The following are some steps you might follow in making these decisions:

Learn the medical facts from the doctor, find out the treatment options, and try to figure out how the patient would decide if (s)he knew all the facts and options.

- If you know the patient’s preferences, follow them.
- If you don’t know the patient’s specific wishes but have other evidence of what (s)he would want, try to guess what (s)he would decide. Consider his/her values, religious beliefs, past decisions, and past statements. (s)he has made. It may also help to discuss these matters with others who know the patient well.
- If you have little or no knowledge of what the patient would want, then you and the doctors will have to decide based on what a reasonable person in the same situation would decide. You can listen carefully to the doctor’s description of treatment choices and likely outcomes. Will the treatment cause pain or suffering? Is it likely to make the patient better? What does the doctor recommend.

What will the doctor be doing.

The patient’s doctors, like you, have a duty to put the patient’s choices and well being first. They will do their best to recommend and provide treatments that serve these two goals. They will tell you, too, if medicine reaches the point that it can’t help the patient to recover, and the most it can do is to make the patient as comfortable as possible. Doctors sometimes need to decline to provide treatments that won’t help the patient, even if a family member or surrogate decision-maker asks for that treatment, as California state law protects patients from undergoing medically ineffective health care (Cal. Probate Code §§ 4600-4805).

Am I required to obtain the full agreement of the family.

If you have been named as an agent in an advance health care directive, it is not required that you obtain family agreement to make decisions. It is also not required if you have been designated orally as the surrogate decision-maker by the patient or the doctor. However, we encourage you to respect the feelings and consider the wishes of other family members and/or domestic partners. Try to communicate your understanding and thinking with other family members and domestic partners, remembering that, as the patient’s designated agent or surrogate decision-maker, your most important duty is to put the patient’s known preferences and well being first and foremost.

It may be helpful to remember that each family member is most likely dealing with stressful feelings, which makes decision-making more difficult.

What are “Life Support” Treatments.

We are living in a time of dramatic advances in medical technology. New drugs and sophisticated machines make it possible, in some instances, to extend our lives beyond the point at which death would occur without them. For example, sometimes powerful drugs and machines can take over the vital functions performed by our lungs, our heart, or our kidneys. These are called “life support” treatments or measures. In a crisis, these medical interventions can sustain us until our bodies resume their normal functions and no longer require artificial support. In some situations, life-support measures may be continued for many years.

Specific life support measures have advantages and disadvantages, which are described below. Decisions to use life support measures must be made in particular circumstances, based on a patient’s preferences and values, on medical judgment, and on the likelihood of benefit to the patient, and upon the likely burdens (discomfort) of illness and treatment for the patient and the family. Such decisions must take into account patients’ religious convictions, the kind of life that patients want or are willing to live, and the effects of such decisions on patients’ families.


CPR is a method of restoring and maintaining life when the heart and lungs fail. When a person stops breathing, there is no way for air carrying oxygen to enter the lungs. If the heart has irregular beats or stops beating, the body cannot pump blood, which carries oxygen to the brain. Without oxygen, brain damage and death occur within minutes. Outside the hospital, CPR is an emergency process that consists of mouth-to-mouth breathing and heart massage. Mouth-to-mouth breathing forces air into the lungs, and pressing down on the chest forces blood carrying oxygen out of the heart and to the body’s vital organs.

In the hospital setting, advanced CPR usually includes the use of emergency medications and placement of a tube into the patient’s throat and windpipe. The tube may also be attached to a machine (ventilator) to assist breathing. Advanced CPR may also involve the placement of electric paddles on the patient’s chest and the use of electrical current to shock the heart and attempt to restore normal heartbeat. The process may have to be repeated until an efficient heartbeat is restored, or until it is evident that the heartbeats cannot be restored. A patient who undergoes CPR may experience broken ribs or clavicles from the chest massage and electric shock, and there may also be additional discomfort from placement of the tube into the throat.

CPR, both in the hospital and outside, saves lives in many cases. For some patients, though, CPR may do more harm than good. CPR succeeds on television shows about 80% of the time. In real life, it succeeds far less. In real life, CPR may not succeed in the case of a person with many serious medical problems or who is dying from an advanced disease. CPR is intended to prevent deaths that are unexpected, and is not indicated for persons whose deaths are expected for reasons of illness or age. Overall, CPR’s success rate in hospitalized patients is about 14%, and is considerably lower than that for persons with multiple serious conditions. Some survivors of CPR suffer brain damage. It is important for patients, families, and doctors to discuss ahead of time whether CPR should be performed, or whether the patient should be allowed to die naturally, so that everyone knows what to do if a patient’s heartbeat or breathing stops. If CPR is not desired, the physician will write a Do Not Attempt Resuscitation (DNAR) order in the...
patient’s chart. Patients and their physicians may also complete a California POLST form, available by request through physicians’ offices and online. This form is honored by all emergency response professionals (paramedics).

It is important to ask your doctor to make a medical recommendation regarding CPR for you, based on your (the patient’s) condition, the likelihood of success in your case, and the kind of outcome you should expect.

2. Machines.

Ventilator.
A ventilator (also called a respirator or breathing machine) is attached to a tube inserted into the lungs through the mouth and windpipe. It helps patients who are unable to breathe on their own during general anesthesia or CPR, or because of oxygenating lung function. A ventilator fills the lungs with oxygen and expels carbon dioxide. Even when awake, the patient on a ventilator cannot speak, and frequently feels uncomfortable. Temporary use of a ventilator can usually be tolerated with the help of medications when improvement in the patient’s medical condition is possible. When the patient’s body does not make a prompt recovery, or when the lungs remain in poor condition, prolonged use of a ventilator may be more difficult to endure. Some people prefer not to prolong their lives in this way. Others find it acceptable. This is an important decision that should be made only after all the facts have been carefully discussed in individual cases.

Hemodialysis Machines.
Hemodialysis machines serve as artificial kidneys to eliminate harmful substances and waste products from the blood, and to assist with fluid balance in the body. Dialysis machines may be used on a temporary or permanent basis. Permanent use involves dialysis several times a week at a dialysis center, a hospital, or at home.

Pacemakers and Defibrillators (Implantable Cardiac Defibrillators).
A pacemaker is a wire inserted through a vein into the heart in order to stimulate the heart to pump properly. Like a ventilator and dialysis machine, the pacemaker may be used temporarily. When a permanent pacemaker is necessary, surgery is required to place it into the body. A defibrillator (or ICD) administers an electric shock if the heart stops beating, and can restore heartbeat. These devices, often combined with pacemakers, are life-savers for many patients with serious heart problems. The shocks are somewhat painful. Both Pacemakers and Defibrillators may be easily and painlessly deactivated in the care of dying patients.

3. Tubes.

Tubes can be very successful in supporting life and can be placed into various parts of the body. The tube most frequently used is the IV, or intravenous tube, which carries fluids and drugs into the bloodstream. IVs can bring nourishment to tissues so that they can support the proper functioning of the brain and the heart. An IV can sometimes be better than frequent injections for administering pain medicine or antibiotics.

Other tubes are also used to sustain life. Collapsed lungs expand with the aid of tubes placed in the chest cavity. A tube inserted into the left lung cavity can help doctors restore failing blood pressure. A bladder tube can monitor kidney function and make a patient who is very ill feel more comfortable. Other tubes can be used to drain infection from the abdomen or from chest wounds. Nutrition and hydration (fluid) tubes can be inserted into the stomach, intestine, nose, or blood stream when a patient is unable to eat or swallow. Tubes can be placed in brain cavities to drain fluids into a neck vessel to relieve excessive pressure on the brain.


Artificial nutrition and hydration may be short-term (for example, a nose tube to provide nourishment during recovery from surgery when a patient cannot swallow or digest ordinary food). It may also be long-term (for example, a stomach tube), in cases of some patients who have permanently lost the ability to swallow or digest food. Sometimes the tubefeeding can be permanent.

For some patients, particularly those with advanced dementia, patients with advanced cancer or other incurable diseases, or patients who are permanently unconscious and have lost the ability to eat, tube-administered nutrition and hydration are medical treatments that can prolong physical life without offering either cure or comfort to a patient. For other patients, nourishment tubes may provide sustenance necessary to live an active life.

Like decisions about ventilators and other medical treatments, deciding whether to begin, continue, or discontinue artificial nutrition and hydration is an important decision that should be made in light of medical facts, personal values, and the weighing of benefits and burdens from the patient’s perspective.

As with all life-support treatments, patients or their families may decide on a time-limited trial of medical nutrition and hydration to see whether it improves the patient’s condition, with the understanding that it will be continued if it benefits the patient, and discontinued if it does not.

5. Medications (Drugs).

Medications play a critical role in life support. Many medications are commonly used to treat a variety of illnesses.

• Antibiotics are frequently used to fight infection.
• Insulin is commonly used for diabetes. Without insulin, diabetic persons would be in danger of coma and death.
• Drugs that affect the heart’s rate and rhythm, as well as blood pressure, are commonly used in critical situations. Under the telephone direction of a doctor, paramedics can use these medications while transporting a patient to a hospital emergency department.
• Adrenaline is often used in critical situations, either to stimulate the heart or to treat a life-threatening allergy.
• Chemotherapy drugs are powerful agents employed in various combinations to combat cancer cells, shrink tumors, or slow the growth of tumors.
• Cortisone medications are used to treat life-threatening allergic reactions and shock.
• Other medications are used to treat overdoses of prescribed medications or “street drugs.”
• An injection of Vitamin B (thiamin) can be critical in preserving the mental status of an alcoholic patient or a person in coma.

Some patients, such as those with infections or allergic reactions, need the support of drugs for a short time. Other patients, such as insulin-dependent diabetic patients and certain heart patients, may have to rely on medications for the rest of their lives. While drugs may be relatively easy to take, you should consult your physician about the extent to which you will need to rely on medications and to understand the risks and benefits that they will bring.

Is Comfort Care Always an Option?

It is important to understand that deciding to withhold or withdraw specific life-sustaining treatments from patients at the end of their lives does not mean that medical and nursing care stops. In fact, pain control, other comfort measures such as skin care and mouth care, and spiritual, and emotional care for the patient and family become particularly important at this time, and are actively provided.

Providing palliative or comfort care requires as much time, effort, skill, and compassion by professional caregivers as does providing other medical treatments.

Comfort/Palliative Care is an important aspect of all medical procedures and treatments. When patients’ medical conditions are not fixable, comfort or palliative care becomes the primary goal: helping the patient feel as good as possible. Patients, families, and physicians may choose comfort/palliative care as the primary goal when available aggressive therapies are either ineffective or offer more burdens (discomfort) than benefits (good quality of life) to the patient. Patients and families may request consideration of palliative care therapies at any time. Skilled professionals representing many disciplines in the hospital work together to assist patients, families, and physicians in providing Palliative Care to improve patient comfort and sense of well-being.

Emanuel Medical Center’s Covenant Care Palliative Care and Hospice Services provide expert comfort care services to patients and their families in the hospital and in their homes or nursing home settings. Palliative Care/Hospice staff are available for consultation to hospitalized in-patients and their families.

What About Organ Donation.

Donation of needed organs after one’s death gives “the gift of life” to another person who might not otherwise survive. People can state their preferences about organ donation in an advance directive document, or can complete a special card available from the Department of Motor Vehicles. If it is determined at the time of death that the patient is a suitable organ or tissue donor, it is customary to ask the family to give consent before donation takes place. Therefore, it is important to make one’s preferences about organ donation known to one’s family.
Family Conversations About Advance Health Care Planning.

How to Bring Up the Subject with Your Family and Your Doctor.
It’s important to bring up this subject with your family and your physician, so that they won’t be in the dark if they should ever have to make medical decisions on your behalf.

Some Practical Suggestions.
1. Think about what you’re going to say. Give thought to the subject yourself before bringing it up with your doctor, spouse, partner, sibling, parent, or children.
2. Plan the time and place. It might be the next scheduled visit with your doctor in his or her office or perhaps an upcoming family gathering, when you can take the opportunity to bring up the subject with one or more of your family.
3. Ease into the subject. You can let your doctor or your family member(s) know that you’d like to talk about something of importance to you.
4. Ask permission. You can ask, “Is this a good time for me to talk with you about some thoughts I have been having about my health (care)?”
5. Use props. You can begin by saying that your experience with the health care problems of your parent or friend got you thinking about your own concerns, or that you watched one of the medical shows on television the other night, and got to thinking about what you would want or hope for in a similar situation or that you were reading about a patient in the newspaper whose family was struggling with difficult decisions about what to do.
6. Remember that the subject is not “death and dying.” It’s what makes your life worth living, and the kind of life that you regard as worth preserving with the help of medical treatments.
7. Speak with the person you want to act as your agent or surrogate decision-maker. Tell that person what you want and what you don’t think you would want. Ask that person if they feel they could act in accordance with your preferences.
8. Complete an advance care planning document (advance directive). It can be an excellent tool to have a valuable conversation with your family or your doctor. This document will make it clear whom you want to speak for you if you lose your ability to speak for yourself, and give guidance to your family and your doctor about what’s important to you. You can get these documents, free of charge, from your local hospital or at your doctor’s office. You can also download an advance directive form from Emanuel Medical Center’s website: www.emanuelmedicalcenter.com/ethics We have included advance care planning documents in this booklet.

Advance Care Planning: Community Resources.

County Agencies.
Stanislaus County Adult Services
209-558-2637.

Health Advocacy Programs.
American Association of Retired Persons (AARP)
209-523-0290.
Area Agency on Aging
209-558-7825.
Senior Opportunity Services Program (SOSP)
209-927-8354.
Salvation Army, Turlock
209-667-6091.
Salvation Army Senior Services & Forms Completion, Modesto
209-577-4068.
Health Insurance Counseling & Advocacy Program (HICAP)
Stanislaus County Dept. of Public Health & Senior Services
209-558-7400.
Senior Citizens Law Project
209-577-3811.

Emanuel Medical Center Resources
(All telephone numbers below are area code 209).
Ethics Committee 667-4200, Ext. 2890.
Social Services 667-4200, Ext. 2878.
Chaplain 667-4200, Ext. 2399.
Education Department 664-2580.
**INSTRUCTIONS**

**What is an advance healthcare directive?**

An advance healthcare directive is a legal document in which you name a person to make healthcare decisions for you (an agent), usually when you are not able to make them for yourself. In the advance directive you also say what you want or don’t want in your future healthcare. Through this document you can exercise your right to accept or refuse medical treatments, even if you lose your ability to make your own decisions.

- If you use this form, you may complete what you want of it or change what you want. You are free to use a different form.
- You don’t need an attorney’s services to complete the form.

**You have the right to change, suspend or revoke this advance healthcare directive at any time.**

In this form you say:

a. whom you want to make healthcare decisions on your behalf (your agent);

b. when you want your agent to make decisions for you

c. what decisions you want the agent to make for you

Your agent may make all healthcare decisions for you, unless you choose to limit your agent’s authority. If you choose not to limit the authority of your agent, your agent will have the right to make all medical healthcare treatment decisions regarding your physical health on your behalf. **NOTE:** An agent does not have the right to commit you to a mental health facility without your consent.
PART 1 - POWER OF ATTORNEY FOR HEALTHCARE: NAMING YOUR AGENT

Who cannot be your agent?

a. An employee of a Nursing Home or residential care facility where you are receiving care
b. Your doctor
c. An employee of the hospital where you are receiving care, unless your agent is related to you or is a coworker

designation of agent:

a. An employee of a Nursing Home or residential care facility where you are receiving care
b. Your doctor
c. An employee of the hospital where you are receiving care, unless your agent is related to you or is a coworker

AGENT’S AUTHORITY: I designate the following individual as my agent to make healthcare decisions for me. My agent shall exercise this power and authority in accordance with my expressed desires and life-values, known to my agent, whether contained in this document or not. Before acting, my agent shall attempt to communicate with me regarding my desires unless such attempt would be futile. If my desires are unknown, then my agent shall decide for me, striving to represent my known preferences and life-values, keeping my best interests in mind and considering the quality as well as the physical extension of my life. I want my agent to carry out my known preferences and values, even if others in my family express disagreement.

Name of individual you choose as agent: ____________________________________________

Address: ________________________________________________________________

Telephone: ___________________________________ (home phone) __________ (work phone) __________ (cell/pager) __________

OPTIONAL: If my agent is not available to make a healthcare decision for me, I designate as my alternate agent:

Name of individual you choose as alternate agent: ________________________________

Address: ________________________________________________________________

Telephone: ___________________________________ (home phone) __________ (work phone) __________ (cell/pager) __________

WHEN AGENT’S AUTHORITY BECOMES EFFECTIVE: My agent’s authority becomes effective when my primary physician determines that I am unable to make my own healthcare decisions. __________ (Initial here)

OR

My agent’s authority to make healthcare decisions for me takes effect immediately. __________ (Initial here) 4/07

PART 2 - INSTRUCTIONS FOR HEALTH CARE

You can give specific instructions about any aspect of your healthcare, whether or not you appoint an agent. There are choices provided in this section to help you write down your wishes regarding providing, withholding, or withdrawal of life support treatments in case of critical illness or injury, as well as regarding the provision of pain relief.

Treatment Choices (in the event of critical or terminal illness):

The following treatment choices explain some procedures which may be used to attempt to save or prolong your life. Options of treatment will be determined by your physician and will be influenced by the condition you are in when the choices have to be made.

Examples of life-prolonging procedures include:

- CPR (cardiopulmonary resuscitation) attempt: An attempt by doctors and nurses to restore your heartbeat and breathing if both have stopped. Involves vigorous chest compressions, insertion of a breathing tube into your throat and your lungs, and the use of a breathing machine.
- Life support: Machines and drugs that are used to do the job of your organs that have failed.
- Surgery, lab studies, blood transfusion, antibiotics. These tests and treatments may help to save or preserve your life when you are critically ill. If your doctors say that you are too sick to recover, these same tests and treatments may interfere with the natural progression of death, and may prolong your suffering.
- Tube feeding: If you are not able to swallow or digest food and drink, tubes may be used to feed or provide fluids to you, either through your stomach or into your vein.

END-OF-LIFE DECISIONS: I direct that my healthcare providers and others involved in my care provide, withhold, or withdraw the following treatment in accordance with the choice I have marked below:

Choice To Prolong Life:

I want my life to be prolonged as long as possible, using all medical means available, within the limits of generally accepted healthcare standards.

OR

Choice Not To Prolong Life:

I do not want my life to be prolonged by the treatments below if (1) I have an incurable and irreversible condition that will result in my death in a relatively short time (2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (3) the likely burdens of treatment would outweigh the expected benefits. In other words, I want my agent to consider both the extension of my life and the kind of life that I am likely to have should medical treatments be successful.

RELIEF FROM PAIN:

I direct that treatment for alleviation of pain or discomfort be provided at all times.

SPECIFIC TREATMENT CHOICES

(Checking “YES” means I WANT the treatment. Checking “NO” means I DO NOT WANT the treatment.)

<table>
<thead>
<tr>
<th>Treatment Choices</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPR (heart/lung resuscitation when breathing &amp; heartbeat stop)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Support (by machines and drugs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery, blood, antibiotics, lab studies, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tube feeding/Fluids by vein or stomach tube</td>
<td></td>
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</table>
PART 3 – SIGNATURES

The form must be signed by you and by two qualified witnesses, OR acknowledged before a notary public. If you are a patient in a skilled nursing facility, a patient advocate or ombudsman must witness the form.

SIGNATURE: Sign and date the form here:

Date: ____________________________
Name: ____________________________ (sign your name) (print your name)
Address: ____________________________

STATEMENT OF WITNESSES: I declare under penalty of perjury under the laws of California (1) that the individual who signed or acknowledged this advance healthcare directive is personally known to me, or that the individual's identity was proven to me by convincing evidence (2) that the individual signed or acknowledged this advance directive in my presence, (3) that the individual appears to be of sound mind and under no duress, fraud, or undue influence, (4) that I am not a person appointed as agent by this advance directive, and (5) that I am not the individual's healthcare provider, an employee of the individual's healthcare provider, the operator of a community care facility, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly, nor an employee of an operator of a residential care facility for the elderly.

FIRST WITNESS
Name: ____________________________ Telephone: ____________________________
Address: ____________________________
Signature of Witness: ____________________________ Date: ____________________________

SECOND WITNESS
Name: ____________________________ Telephone: ____________________________
Address: ____________________________
Signature of Witness: ____________________________ Date: ____________________________

ADDITIONAL STATEMENT OF WITNESSES: At least one of the above witnesses must also sign the following declaration:

I further declare under penalty of perjury under the laws of California that I am not related to the individual executing this advance healthcare directive by blood, marriage, or adoption, and to the best of my knowledge, I am not entitled to any part of the individual's estate upon his or her death under a will now existing or by operation of law.

Signature of Witness: ____________________________

PART 4--SPECIAL WITNESS REQUIREMENT

If you are a patient in a skilled nursing facility, the patient advocate or ombudsman must sign the following statement:

STATEMENT OF PATIENT ADVOCATE OR OMBUDSMAN

I declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and that I am serving as a witness as required by Section 4675 of the Probate Code.

Date: ____________________________
Name: ____________________________ (sign your name) (print your name)
Address: ____________________________

YOU MAY USE THIS CERTIFICATE OF ACKNOWLEDGMENT BEFORE A NOTARY PUBLIC INSTEAD OF THE STATEMENT OF WITNESSES.

State of California ____________________________
County of ____________________________

On ____________________________ before me, (here insert name and title of the officer) ____________________________ personally appeared (name(s) of signer(s) ____________________________ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary: ____________________________ (Seal)
WHAT TO DO WITH THIS ADVANCE HEALTHCARE DIRECTIVE FORM NOW?

1. Keep your original. Put it with your personal files where it is accessible to others.
2. Complete a wallet-sized copy and carry it with you.
3. Give a copy to your doctor(s).
4. Take a copy with you to the hospital each time you are admitted.
5. Give a copy to your designated healthcare agent and alternate (if you named one). Discuss with him/her what your decisions are, your goals of care, and what you want him/her to consider when making decisions on your behalf.
6. Tell your closest relatives or friends what is in your advance healthcare directive.
7. Give a copy to your religious or spiritual advisor.
8. If you have an old, outdated advance healthcare directive, destroy the old document.
9. To protect against loss of copies, consider electronic registry of your advance healthcare directive, a one-time registration process: http://www.uslivingwillregistry.com/register.shtm
10. If you do not want CPR/resuscitative measures to be attempted outside the hospital, you should complete a separate California pre-hospital DNR form. Available at http://www.emsa.ca.gov/aboutemsa/dnrforn.doc

IMPORTANT NOTICE TO MEDICAL PERSONNEL

I, __________________________ have executed a Power of Attorney for Healthcare. My agents are:

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone</th>
</tr>
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<tbody>
<tr>
<td>1:</td>
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<tr>
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