



# Advance Care Planning



**EMANUEL**  
MEDICAL CENTER

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A COMMUNITY BUILT ON CARE

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# What is Advance Care Planning and an Advance Directive?

The Patient Self-Determination Act is a federal law requiring that health care 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 health care, and POLST forms.***

In California, a valid written Advance Health Care 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 health care 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.

## 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 Health Care Directive form.**

This traditional advance directive form allows you to name a substitute health care decision-maker (agent), and to give guidance to that person and your doctor about treatments at the end of your life that you would or would not want if you were unable to speak for yourself. The 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 health care directive and a legally valid physician’s order. The POLST may be completed by a competent patient or by a surrogate (substitute) decision-maker for an incompetent patient. As a physician’s order the POLST 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 more information from Emanuel Medical Center’s web site at [www.emmanuelmedicalcenter.org](http://www.emmanuelmedicalcenter.org). and 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 life support 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. It relieves stress for your family if a friend or family member can convey your treatment preferences, or if you have written these preferences in an advance directive.

## 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. Comfort Care is always provided.

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 type of medical care 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?
- When do you believe meaningful 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.

# Frequently Asked Questions Continued

## ***Does my agent or surrogate decision-maker have to be a family member?***

No. You may designate any individual you wish to act on your behalf as a substitute decisionmaker or agent. It is important to choose someone, and to tell that person what's most important to you in your medical care. If you have not selected an agent or 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.

Explicit guidance from the patient, in the form of an advance directive, improves doctors' and families' abilities to make choices that you would want.

## ***What if there is no agent named in the advance health care directive?***

No agent is named in Living Wills or POLST forms, so the document itself gives guidance about your preferences. 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 orally 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 duty 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 usually 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. Patients can transfer their decisional authority to another person for emotional or cultural reasons before they lose decisional capacity.

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 his or her advance health care directive by choosing to receive or not to receive specific treatments. If they have not, your hardest

# Frequently Asked Questions Continued

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 treatments 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 or 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 short term and long-term 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 would or would not want.

## ***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— based on your knowledge of the patient's values.

- If you know the patient's preferences, follow them.
- If you don't know the patient's specific preferences but can guess what (s)he would want based on your knowledge of the patient, 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 kind of life will the patient have if the treatment is effective? 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, before their own preferences. They will do their best to recommend and provide treatments that serve two goals. (1) that the treatment has a reasonable chance to be effective and to offer more benefit than suffering to the patient; and (2) that it is likely that the patient would want the treatment. The doctors 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 ensure the patient's comfort. 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, friends, 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, however, life-support measures may be continued for many years.

Specific life support measures have advantages and disadvantages, some of 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 capabilities, 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.

## 1. Cardiopulmonary Resuscitation (CPR).

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, advance 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. Advance 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 heartbeat 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 advance 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 decline CPR on a California POLST form, available by request through physicians’ offices, hospitals, 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 worsening 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

# “Life Support” Treatments Continued

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 painfully 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 blood stream. 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 artery can help doctors restore falling 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.

## 4. Artificial Means of Providing Food and Fluids (“Tube Feeding”).

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 tube feeding can be permanent.

For some patients, particularly those with advance dementia, patients with advance 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 the commonly used life-sustaining drug for diabetes. Without insulin, diabetic persons would be in danger of coma and death.

## 5. Medications continued

- 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, however, 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 enjoy life and be as active 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.

Local Hospice Service agencies 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 from these agencies 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.

# Communication Guide: Practical Tips.

### *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. Tell them that you have some concerns about your medical treatments if you should experience a serious illness or injury, and would appreciate the chance to share these concerns with them.

### 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 your subject here is not "death and dying."**

It's what makes your life worth living, and the kind of life that you regard as worth supporting 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.emmanuelmedicalcenter.com/ethics](http://www.emmanuelmedicalcenter.com/ethics) We have included advance care planning documents in this booklet.



If you only want to name a medical decision maker go to **Part 1** on page 3.

If you only want to make your own health care choices go to **Part 2** on page 6.

If you want both then fill out **Part 1 and Part 2**.

Always sign the form in **Part 3** on page 9.

2 witnesses need to sign on page 11 or a notary public on page 12.

### What if I change my mind?

- Fill out a new form.
- Tell those who care for you about your changes.
- Give the new form to your medical decision maker and doctor.



### What if I have questions about the form?

Ask your doctors, nurses, social workers, friends or family to answer your questions. Lawyers can help too.



### What if I want to make health care choices that are not on this form?

Write your choices on page 9.

Share this form and your choices with your family, friends, and medical providers.



# Part 1 Choose your medical decision maker

The person who can make health care decisions for you if you are too sick to make them yourself.

### Whom should I choose to be my medical decision maker?

A family member or friend who:

- is at least 18 years old
- knows you well
- can be there for you when you need them
- you trust to do what is best for you
- can tell your doctors about the decisions you made on this form



Your decision maker **cannot** be your doctor or someone who works at your hospital or clinic, unless he/she is a family member.

### What will happen if I do not choose a medical decision maker?



If you are too sick to make your own decisions, your doctors will turn to family or friends to make decisions for you. This person may not know what you want.

### What kind of decisions can my medical decision maker make?

Agree to, say no to, change, stop or choose:

- doctors, nurses, social workers
- hospitals, clinics, or where you live
- medications, tests, or treatments
- what happens to your body and organs after you die



Your decision maker will need to follow the health care choices you make in Part 2.

## Other decisions your medical decision maker can make:

### Life support treatments - medical care to try to help you live longer

- **CPR or cardiopulmonary resuscitation**

cardio = heart    pulmonary = lungs    resuscitation = to bring back

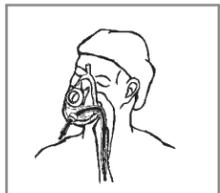


This may involve:

- pressing hard on your chest to keep your blood pumping
- electrical shocks to jump start your heart
- medicines in your veins

- **Breathing machine or ventilator**

The machine pumps air into your lungs and breathes for you.  
You are not able to talk when you are on the machine.



- **Dialysis**

A machine that cleans your blood if your kidneys stop working.

- **Feeding Tube**

A tube used to feed you if you cannot swallow. The tube is placed down your throat into your stomach. It can also be placed by surgery.



- **Blood transfusions**

To put blood in your veins.

- **Surgery**

- **Medicines**

### End of life care - if you might die soon your medical decision maker can:



- call in a spiritual leader
- decide if you die at home or in the hospital
- decide where you should be buried



Show your medical decision maker this form.

Tell your decision maker what kind of medical care you want.

## Your Medical Decision Maker



I want this person to make my medical decisions if I cannot make my own

first name	last name
( ) -	( ) -
home number	work number      relationship
street address	
city	state      zip code

If the first person cannot do it, then I want this person to make my medical decisions.

first name	last name
( ) -	( ) -
home number	work number      relationship
street address	
city	state      zip code

Put an X next to the sentence you agree with.

- My medical decision maker can make decisions for me right after I sign this form.
- My medical decision maker will make decisions for me **only** after I cannot make my own decisions.

How do you want your medical decision maker to follow your healthcare wishes?

Put an X next to the **one** sentence you most agree with.

- Total Flexibility:** It is OK for my decision maker to change any of my medical decisions if my doctors think it is best for me at that time.
- Some Flexibility:** It is OK for my decision maker to change some of my decisions if the doctors think it is best. But, these are some wishes I never want changed:  
\_\_\_\_\_  
\_\_\_\_\_
- No flexibility:** I want my decision maker to follow my medical wishes exactly, no matter what. It is **not OK** to change my decisions, even if the doctors recommend it.

To make your own health care choices go to Part 2 on the next page.

If you are done, you must sign this form on page 9.

## Part 2 Make your own health care choices

Write down your choices so those who care for you will not have to guess.

Think about what makes your life worth living.  
Put an X next to **all** the sentences you most agree with.

My life is **only** worth living if I can:

- talk to family or friends
- wake up from a coma
- feed, bathe, or take care of myself
- be free from pain
- live without being hooked up to machines
- My life is always worth living no matter how sick I am
- I am not sure



If I am dying, it is important for me to be:

- at home     in the hospital     I am not sure

Is religion or spirituality important to you?

- no     yes    If you have one, what is your religion?

What should your doctors know about your religious or spiritual beliefs?

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If you are sick, your doctors and nurses will always try to keep you comfortable and free from pain.

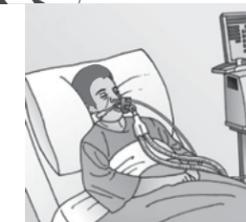
Life support treatments are used to try to keep you alive. These can be CPR, a breathing machine, feeding tubes, dialysis, blood transfusions, or medicine.

Please **read this whole page** before you make your choice.

Put an X next to the **one** choice you most agree with.

If I am so sick that I may die soon:

- Try all life support treatments that my doctors think might help. If the treatments do not work and there is little hope of getting better, **I want to stay on life support machines** even if I am suffering.
- Try all life support treatments that my doctors think might help. If the treatments do not work and there is little hope of getting better, **I do NOT want to stay on life support machines**. If I am suffering, I want to stop.
- I do not want life support treatments**, and I want to focus on being comfortable. I prefer to have a natural death.
- I want my **medical decision maker** to decide for me.
- I am not sure.



If you want to write down medical wishes that are not on this form, go to page 9.

Your doctors may ask about organ donation and autopsy after you die. Please tell us your wishes.

Put an X next to the **one** choice you most agree with.

Donating (giving) your organs can help save lives.

I **want** to donate my organs.

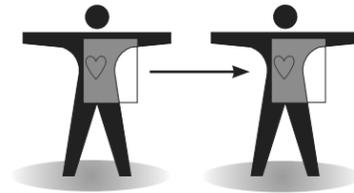
Which organs do you want to donate?

- any organ
- only \_\_\_\_\_

I **do not** want to donate my organs.

I want my **decision maker** to decide.

I am not sure.



An autopsy can be done after death to find out why someone died. It is done by surgery. It can take a few days.

I **want** an autopsy.

I **do not** want an autopsy.

I **only** want an autopsy if there are questions about my death.

I want my **decision maker** to decide.

I am not sure.



What should your doctors know about how you want your body to be treated after you die? Do you have funeral or burial wishes?

\_\_\_\_\_  
\_\_\_\_\_

**YOUR NAME:** \_\_\_\_\_

What other wishes are important to you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Part 3 Sign the form

Before this form can be used, you must:

- sign this form if you are at least 18 years of age
- have two witnesses sign the form or a notary public



Sign your name and write the date.

\_\_\_\_\_  
sign your name / / date

\_\_\_\_\_  
print your first name print your last name

\_\_\_\_\_  
address city state zip code

# Part 3 Witnesses



Before this form can be used you must have 2 witnesses sign the form or a notary public

### Your witnesses must:

- be over 18 years of age
- know you
- see you sign this form

### Your witnesses cannot:

- be your medical decision maker
- be your health care provider
- work for your health care provider
- work at the place that you live (if you live in a nursing home go to page 12).



### Also, one witness cannot:

- be related to you in any way
- benefit financially (get any money or property) after you die

If you do not have witnesses, a notary public must sign on page 12.

- A notary public's job is to make sure it is you signing the form.

**Witnesses need to sign their names** on the next page.

**If you do not have witnesses,** take this form to a notary public and have them sign on page 12.

# Have your witnesses sign their names and write the date

By signing, I promise that \_\_\_\_\_ signed this form while I watched.  
(name)

He/she was thinking clearly and was not forced to sign it.

I also promise that:

- I know this person and he/she could prove who he/she was.
- I am 18 years or older
- I am not his/her medical decision maker
- I am not his/her health care provider
- I do not work for his/her health care provider
- I do not work where he/she lives



One witness must also promise that:

- I am not related to him/her by blood, marriage, or adoption
- I will not benefit financially (get any money or property) after he/she dies

### Witness #1

\_\_\_\_\_ / /  
sign your name date

\_\_\_\_\_ print your first name print your last name

\_\_\_\_\_ address city state zip code

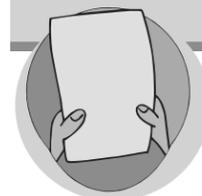
### Witness #2

\_\_\_\_\_ / /  
sign your name date

\_\_\_\_\_ print your first name print your last name

\_\_\_\_\_ address city state zip code

**You are now done with this form.**



Share this form with your family, friends, and medical providers. Talk with them about your medical wishes

**Notary Public** Take this form to a notary public **ONLY** if two witnesses have not signed this form. Bring photo I.D. (driver's license, passport, etc.)

**CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC**

*A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.*

State of California

County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_, 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 \_\_\_\_\_

Signature of Notary Public

**Description of Attached Document**

Title or Type of document: \_\_\_\_\_

Date: \_\_\_\_\_ Number of pages: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_

- Individual
- Guardian or conservator
- Other \_\_\_\_\_

**RIGHT THUMBPRINT OF SIGNER**

Top of thumb here

(Notary Seal)

**For California Nursing Home Residents ONLY**

Give this form to your nursing home director **ONLY** if you live in a nursing home. California law requires nursing home residents to have the nursing home ombudsman as a witness of advance directives.

**STATEMENT OF THE 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."

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
sign your name date

\_\_\_\_\_ print your first name \_\_\_\_\_ print your last name

\_\_\_\_\_ address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip code

This advance directive is in compliance with the California Probate Code, Section 4671-4675. <http://www.leginfo.ca.gov/calaw.html>  
This work is licensed under the Creative Commons Attribution-NonCommercial-ShareAlike License. <http://creativecommons.org/licenses/by-nc-sa/2.0/>  
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**HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY**



EMSA #111 B  
(Effective 4/1/2017)\*

**Physician Orders for Life-Sustaining Treatment (POLST)**

**First follow these orders, then contact Physician/NP/PA.** A copy of the signed POLST form is a legally valid physician order. Any section not completed implies full treatment for that section. **POLST complements an Advance Directive and is not intended to replace that document.**

Patient Last Name: _____	Date Form Prepared: _____
Patient First Name: _____	Patient Date of Birth: _____
Patient Middle Name: _____	Medical Record #: (optional) _____

**A CARDIOPULMONARY RESUSCITATION (CPR):** *If patient has no pulse and is not breathing. If patient is NOT in cardiopulmonary arrest, follow orders in Sections B and C.*

Check One

**Attempt Resuscitation/CPR** (Selecting CPR in Section A **requires** selecting Full Treatment in Section B)

**Do Not Attempt Resuscitation/DNR** (Allow Natural Death)

**B MEDICAL INTERVENTIONS:** *If patient is found with a pulse and/or is breathing.*

Check One

**Full Treatment** – primary goal of prolonging life by all medically effective means.  
In addition to treatment described in Selective Treatment and Comfort-Focused Treatment, use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated.

**Trial Period of Full Treatment.**

**Selective Treatment** – goal of treating medical conditions while avoiding burdensome measures.  
In addition to treatment described in Comfort-Focused Treatment, use medical treatment, IV antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.

**Request transfer to hospital only** if comfort needs cannot be met in current location.

**Comfort-Focused Treatment** – primary goal of maximizing comfort.  
Relieve pain and suffering with medication by any route as needed; use oxygen, suctioning, and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. **Request transfer to hospital only if comfort needs cannot be met in current location.**

Additional Orders: \_\_\_\_\_

**C ARTIFICIALLY ADMINISTERED NUTRITION:** *Offer food by mouth if feasible and desired.*

Check One

Long-term artificial nutrition, including feeding tubes. Additional Orders: \_\_\_\_\_

Trial period of artificial nutrition, including feeding tubes. \_\_\_\_\_

No artificial means of nutrition, including feeding tubes. \_\_\_\_\_

**D INFORMATION AND SIGNATURES:**

Discussed with:  Patient (Patient Has Capacity)  Legally Recognized Decisionmaker

Advance Directive dated \_\_\_\_\_, available and reviewed → Health Care Agent if named in Advance Directive: \_\_\_\_\_  
Name: \_\_\_\_\_  
 Advance Directive not available Phone: \_\_\_\_\_  
 No Advance Directive

**Signature of Physician / Nurse Practitioner / Physician Assistant (Physician/NP/PA)**  
My signature below indicates to the best of my knowledge that these orders are consistent with the patient's medical condition and preferences.

Print Physician/NP/PA Name: _____	Physician/NP/PA Phone #: _____	Physician/PA License #, NP Cert. #: _____
Physician/NP/PA Signature: (required) _____		Date: _____

**Signature of Patient or Legally Recognized Decisionmaker**  
I am aware that this form is voluntary. By signing this form, the legally recognized decisionmaker acknowledges that this request regarding resuscitative measures is consistent with the known desires of, and with the best interest of, the individual who is the subject of the form.

Print Name: _____	Relationship: (write self if patient) _____
Signature: (required) _____	Date: _____
Mailing Address (street/city/state/zip): _____	Phone Number: _____

Your POLST may be added to a secure electronic registry to be accessible by health providers, as permitted by HIPAA.

**SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED**

\*Form versions with effective dates of 1/1/2009, 4/1/2011, 10/1/2014 or 01/01/2016 are also valid

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY		
<b>Patient Information</b>		
Name (last, first, middle):	Date of Birth:	Gender: <b>M</b> <b>F</b>
<b>NP/PA's Supervising Physician</b>		<b>Preparer Name</b> (if other than signing Physician/NP/PA)
Name:	Name/Title:	Phone #:
<b>Additional Contact</b> <input type="checkbox"/> None		
Name:	Relationship to Patient:	Phone #:
<b>Directions for Health Care Provider</b>		
<b>Completing POLST</b>		
<ul style="list-style-type: none"> <li>• <b>Completing a POLST form is voluntary.</b> California law requires that a POLST form be followed by healthcare providers, and provides immunity to those who comply in good faith. In the hospital setting, a patient will be assessed by a physician, or a nurse practitioner (NP) or a physician assistant (PA) acting under the supervision of the physician, who will issue appropriate orders that are consistent with the patient's preferences.</li> <li>• <b>POLST does not replace the Advance Directive.</b> When available, review the Advance Directive and POLST form to ensure consistency, and update forms appropriately to resolve any conflicts.</li> <li>• POLST must be completed by a health care provider based on patient preferences and medical indications.</li> <li>• A legally recognized decisionmaker may include a court-appointed conservator or guardian, agent designated in an Advance Directive, orally designated surrogate, spouse, registered domestic partner, parent of a minor, closest available relative, or person whom the patient's physician/NP/PA believes best knows what is in the patient's best interest and will make decisions in accordance with the patient's expressed wishes and values to the extent known.</li> <li>• A legally recognized decisionmaker may execute the POLST form only if the patient lacks capacity or has designated that the decisionmaker's authority is effective immediately.</li> <li>• To be valid a POLST form must be signed by (1) a physician, or by a nurse practitioner or a physician assistant acting under the supervision of a physician and within the scope of practice authorized by law and (2) the patient or decisionmaker. Verbal orders are acceptable with follow-up signature by physician/NP/PA in accordance with facility/community policy.</li> <li>• If a translated form is used with patient or decisionmaker, attach it to the signed English POLST form.</li> <li>• Use of original form is strongly encouraged. Photocopies and FAXes of signed POLST forms are legal and valid. A copy should be retained in patient's medical record, on Ultra Pink paper when possible.</li> </ul>		
<b>Using POLST</b>		
<ul style="list-style-type: none"> <li>• Any incomplete section of POLST implies full treatment for that section.</li> </ul> <p><i>Section A:</i></p> <ul style="list-style-type: none"> <li>• If found pulseless and not breathing, no defibrillator (including automated external defibrillators) or chest compressions should be used on a patient who has chosen "Do Not Attempt Resuscitation."</li> </ul> <p><i>Section B:</i></p> <ul style="list-style-type: none"> <li>• When comfort cannot be achieved in the current setting, the patient, including someone with "Comfort-Focused Treatment," should be transferred to a setting able to provide comfort (e.g., treatment of a hip fracture).</li> <li>• Non-invasive positive airway pressure includes continuous positive airway pressure (CPAP), bi-level positive airway pressure (BiPAP), and bag valve mask (BVM) assisted respirations.</li> <li>• IV antibiotics and hydration generally are not "Comfort-Focused Treatment."</li> <li>• Treatment of dehydration prolongs life. If a patient desires IV fluids, indicate "Selective Treatment" or "Full Treatment."</li> <li>• Depending on local EMS protocol, "Additional Orders" written in Section B may not be implemented by EMS personnel.</li> </ul>		
<b>Reviewing POLST</b>		
It is recommended that POLST be reviewed periodically. Review is recommended when:		
<ul style="list-style-type: none"> <li>• The patient is transferred from one care setting or care level to another, or</li> <li>• There is a substantial change in the patient's health status, or</li> <li>• The patient's treatment preferences change.</li> </ul>		
<b>Modifying and Voiding POLST</b>		
<ul style="list-style-type: none"> <li>• A patient with capacity can, at any time, request alternative treatment or revoke a POLST by any means that indicates intent to revoke. It is recommended that revocation be documented by drawing a line through Sections A through D, writing "VOID" in large letters, and signing and dating this line.</li> <li>• A legally recognized decisionmaker may request to modify the orders, in collaboration with the physician/NP/PA, based on the known desires of the patient or, if unknown, the patient's best interests.</li> </ul>		
This form is approved by the California Emergency Medical Services Authority in cooperation with the statewide POLST Task Force. For more information or a copy of the form, visit <a href="http://www.caPOLST.org">www.caPOLST.org</a> .		

## WHAT TO DO WITH THIS ADVANCE HEALTH CARE 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 health care 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 health care directive.
7. Give a copy to your religious or spiritual advisor.
8. If you have an old, outdated advance health care directive, destroy the old document.
9. To protect against loss of copies, consider electronic registry of your advance health care directive, a one-time registration process: [www.uslivingwillregistry.com/register.shtm](http://www.uslivingwillregistry.com/register.shtm)
10. If you do not want CPR/resuscitative measures to be attempted outside the hospital, you may complete a separate California pre-hospital DNR form. Available at [www.emsa.ca.gov/aboutemsa/dnrform.doc](http://www.emsa.ca.gov/aboutemsa/dnrform.doc)

**SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED**

# Important Phone Numbers

## ***Emanuel Medical Center***

### ***825 Delbon Avenue***

Information And Patient Rooms  
 ..... (209) 667-4200  
 Business Office ..... 427-3082  
 Central Scheduling/Admitting..... 669-4600  
 Chaplain ..... 669-2399  
 Education Department ..... 664-2580  
 Emergency Services..... 664-2790  
 Human Resources ..... 664-5900  
 Laboratory ..... 664-2800  
 Medical Records/Health  
 Information Services..... 664-5650  
 Radiology/Imaging ..... 664-2820  
 Social Services..... 664-2870  
 Surgery Center..... 664-2770  
 Volunteer Services ..... 664-5190

### ***2121 Colorado Avenue***

Emanuel Rehabilitation Center ..... 664-2520  
 Emanuel Specialty Care ..... 668-5210  
 – Outpatient Lab ..... 664-2810  
 – Outpatient X-Ray ..... 664-2811

### ***3900 Geer Road***

Turlock Imaging Services ..... 669-0600

### ***880 E. Tuolumne Road***

Emanuel Cancer Center ..... 664-2434  
 Ruby E. Bergman  
 Women’s Diagnostic Center ..... 664-5168  
 Stanford Emanuel Radiation  
 Oncology Center ..... 664-5030  
 Emanuel Specialty Care  
 Medical Oncology ..... 250-5320

## ***Community Resources***

### *County Agencies.*

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

### *Health Advocacy Programs.*

American Association of  
 Retired Persons (AARP) ..... 1-888-687-2277  
 Area Agency on Aging ..... 558-7825  
 Salvation Army, Turlock ..... 667-6091  
 Salvation Army  
 Turlock Silvercrest Residence ..... 669-8863  
 Health Insurance  
 Counseling & Advocacy  
 Program (HICAP) ..... 1-800-434-0222  
 Stanislaus County  
 Dept. of Public Health &  
 Senior Services ..... 558-7400  
 Senior Advocacy Network  
 Senior Law Project ..... 577-3814



**DETACH**

### **IMPORTANT NOTICE TO MEDICAL PERSONNEL**

I, \_\_\_\_\_  
 have executed a Power of Attorney for Health Care. My agents are:

Name	Telephone
1: _____	( ) _____
2: _____	( ) _____
3: _____	( ) _____

### **IMPORTANT NOTICE TO MEDICAL PERSONNEL**

I, \_\_\_\_\_  
 have executed a Power of Attorney for Health Care. My agents are:

Name	Telephone
1: _____	( ) _____
2: _____	( ) _____
3: _____	( ) _____





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A COMMUNITY BUILT ON CARE

825 Delbon Avenue  
Turlock, CA 95382  
(209) 664-2545  
[emanuelmedicalcenter.org](http://emanuelmedicalcenter.org)