



Making My Life Choices Heard *4 easy steps*

1 2 3 4



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1 2 3 4



Consider this...

A 24-year-old man swerves his car to avoid hitting a deer. He loses control of the vehicle, which runs off the road and smashes into a tree. He's knocked unconscious. A passing motorist stops, calls 9-1-1 and attempts to free the man. Emergency workers arrive within minutes and must use "The Jaws of Life" to get him out of the car. He's rushed to hospital, suffering from life-threatening injuries. His parents are called. Doctors tell the parents their son is unlikely to ever regain consciousness but could be kept alive by machines.

If this were your son, would you know what his choices would be in this situation?

and consider this...

Two women, in their 60s, are on the same floor of a hospital. Both are unconscious and close to death. Both have family members by their sides.

In one room, the family is arguing over medical treatment for their loved one. They are not sure what she would have wanted.

In the other room, the woman is surrounded by her loved ones, who are telling stories and holding the woman's hands. They are sad that death will come soon, yet they are at peace because they knew what their loved one's choices were in this terminal situation, and they are honoring her choices.

Now, imagine one of these women is your mother or your sister or your daughter. Which situation would you prefer?



How to be sure your Life Choices are heard

These two situations show why it's important to make your **Life Choices** heard in case you are ever in a life-threatening situation or are terminally-ill and unable to voice what medical treatment you *do* and *do not* want.

None of us knows exactly what life holds for us from one day to the next. This booklet will help you understand the types of medical situations you could find yourself in and the possible treatment choices you would face.

We recommend everyone over age 18 act now to assure their **Life Choices** are heard and honored through **Advance Care Planning**.

What is Advance Care Planning?

Advance Care Planning assures that your **Life Choices** are heard and followed in life-threatening situations when you are unable to speak for yourself.

Advance Care Planning has four easy steps:

- 1 Complete** an **Advance Directive** form, sign and date it.
- 2 Name** a **Patient Advocate** to act on your behalf when you cannot speak for yourself about health care decisions.
- 3 Discuss** your choices with your family, your selected decision-maker (**Advocate**) and your health care provider.
- 4 Make** your **Advance Directive** available. Copies go to your **Advocate(s)**, family and physician. Keep the original in a safe, easy-to-find place. Keep a copy in your car.

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1 2 3 4



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4 easy steps

1 2 3 4

Please refer to Definitions on page 11.



Step 1

Complete an Advance Directive

What is an Advance Directive?

An **Advance Directive** is a legally recognized document that:

- **states** what your choices are if you are ever in a life-threatening situation or are terminally-ill and are unable to speak for yourself.
- **names** one or more **Patient Advocates** as primary and back-up persons you trust who will carry out your health care choices if you cannot voice what medical treatments you do and do not want. To legally appoint your **Patient Advocate**, you and your **Advocate(s)** sign a **Durable Power of Attorney for Health Care (DPA-HC)** form.
- **can be changed** if your choices change. You can change your **Advance Directive** by completing and signing a new **Advance Directive** and **DPA-HC**.
- **protects** your peace of mind that your **Life Choices** will be heard.
- **can be completed** in the privacy of your home. Legal counsel can be sought, but it is not required for the document to be legally recognized.

There are two types of **Advance Directives**:

- A **DPA-HC** allows you to name a **Patient Advocate** who will carry out your choices if you are not able to make your health care **Life Choices** known. The **DPA-HC** allows you to name a primary and back-up **Advocate**. It also allows you to state your **Life Choices** for health care on an **Advance Directive** form. Under Michigan law, the **DPA-HC** offers special legal protections for you and your health care providers.
- A **Living Will** allows you to state your medical treatment choices in writing, but it does not name an **Advocate**. Michigan law does not provide special legal protection for **Living Wills**. But the law permits them to be used, and your health care providers will take account of your **Living Will** in making decisions about your treatment.

Note: There is also a **Durable Power of Attorney for Finance**. The **DPA-HC** is only for health care **Life Choices** that you *do* and *do not* want. These are two different documents.

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4 easy steps

1 2 3 4

Why have an Advance Directive?

This is an opportunity to express your choices about the kind of medical care you *want* or *refuse* and under what circumstances. Having a plan offers a sense of control during a vulnerable time in your life. When health care providers do not have a clear message about your wishes, they tend to use as much life-sustaining treatment as possible.

Many Americans will be unable to make their own decisions if they are in life-threatening situations or are terminally-ill. **Advance Care Planning** clarifies the treatment you will receive under those circumstances. It defines the treatment you *want*, not just the treatment you *do not want*.

Spend some time thinking about what you enjoy and value about life

While it is not practical or possible to think of all the medical decisions that might come up, answering the questions below might help you express what medical treatment you would *want* or *not want* if you were in a life-threatening or terminal situation.

- How do you feel about your health right now?
- Would you want long-term living with a feeding tube, intravenous fluids or antibiotics?
- Would you want heart-lung resuscitation (CPR) in every situation?
- How important is it for you to be independent and active and not dependent on others to do activities you enjoy?
- What types of disability would still allow you to have a meaningful life?
- What kind of living environment would you want if you were to become seriously ill or disabled?
- Would you want to live as long as possible, even if you were being kept alive by machines and could not recognize or speak with any of your family and friends?

The Advance Directive is used only when you cannot voice your Life Choices if your condition is life-threatening or terminal.

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Making My Life Choices Heard

4 easy steps

1 2 3 4

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- If you were not conscious, and medical treatment could not restore your ability to talk or take part in daily activities, would you prefer to be kept comfortable and not receive life-prolonging treatment?
- What is important for you to do during your life?
- How might relationships with family and friends affect your medical decisions?
- Should *cost* be important in your medical decisions?
- If you had to choose two individuals to carry out your medical treatment choices in the event you are not able to voice your **Life Choices**, whom would you choose?
- Is there a turning point, or a time when you sense death is near, when you would want to *let go* of life?
- Do any religious or spiritual values help you decide what **Life Choices** are important to you now?

Enclosed in this folder is a **Designation of Patient Advocate Form** and a **DPA-HC** document provided by the Michigan State Medical Society. These documents are legally recognized in Michigan and most other states. Use your answers to the questions just reviewed to state what health care you *want* and *do not want* and under what circumstances. You must sign and date the document, along with two witnesses, in order for it to be legal.

You can change or update your **Advance Directive** at any time. An annual review is recommended. Be sure to tell your family, **Advocate(s)** and health provider of any changes. Replace the old **Advance Directive** form with the new one. Whenever you are creating a new **Advance Directive**, be sure to sign and date it, along with your witnesses, and state that it takes the place of all previous versions of your **Advance Directive**.

Step 2

Name a Patient Advocate

1 2 3 4

Choose a primary **Patient Advocate** and a back-up **Patient Advocate**, also called **Health Care Advocate(s)**, using a **Durable Power of Attorney for Health Care (DPA-HC)** form. When choosing primary and, if desired, back-up **Advocate(s)**, ask each of them the following:

- Are you willing to be my **Patient Advocate** and carry out *my* health care choices if I cannot speak for myself?
- Do you understand my life values and health care choices, and are you willing to carry them out if I cannot speak for myself?
- Can you make difficult decisions under stress and pressure from physicians, family or friends who might choose other medical treatments?



You can give your **Patient Advocate(s)** power to make personal care decisions *consenting to* and *refusing* medical treatment. They can decide for you about nursing home care or adult day care. Your **Advocate** does not have the right to make decisions to withhold or withdraw life-sustaining treatment unless you have written a clear and convincing statement in your **Advance Directive**, acknowledging that such decisions could or would allow your death. The more specific you are about what treatment you *wish* and *do not wish* and under what circumstances, the more guidance your **Advocate** has in making these decisions.

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4 easy steps

1 2 3 4



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Your Patient Advocate can only make decisions on your behalf if:

- Your attending physician and another physician or licensed PhD psychologist have evaluated your physical and mental state and feel you are not currently able to make your own health care decisions.
- Your **Patient Advocate** has a copy of your **DPA-HC** naming him or her as your primary or back-up **Advocate**. When there is no **DPA-HC**, the medical community tends to treat a patient with life-sustaining medication and/or equipment.

What would make me unable to participate in my own medical treatment decisions?

You may experience a temporary or permanent loss of ability to make or communicate health care choices. Your condition could be the result of a car accident, coma or a progressive disease like Alzheimer's.

Requirements for a Patient Advocate

There are certain technical requirements for naming a **Patient Advocate (Health Care Advocate)**.

- Your **Patient Advocate** must agree to carry out your **Life Choices** if you are unable to do so. He or she must sign and date your **DPA-HC**.
- You and two adult witnesses must sign the **DPA-HC**. The witnesses cannot be: your spouse, child, grandchild, sibling, presumptive heir, physician, **Patient Advocates**, an employee of your life or health insurance provider, an employee or volunteer of a health care facility that is treating you.
- The witnesses must be two individuals who have no vested interest in your health and well-being and do not stand to benefit from **Life Choice** decisions that are made.

Step 3

Discuss with your family and Patient Advocate(s) the Life Choices you have stated in your Advance Directive

1 2 3 4

Pick a time when those with whom you want to discuss your *Life Choices*—such as physician, family and/or friends—are available and have time to listen. Those you invite to the conversation should be told whom you have chosen as your primary and back-up *Patient Advocate(s)*.

During the conversation, let those present know if you have a signed organ donor card.

Complete the perforated wallet card in the small folder which states you have an *Advance Directive* and who your *Patient Advocate(s)* are. Carry this card in your wallet or purse.

The gift of Advance Care Planning

Advance Care Planning is a gift to yourself, your children, your family and your *Patient Advocate(s)*. By talking about your choices for end-of-life care, you let your physician, your family and *Patient Advocate(s)* know what is most important to you if you are in a life-threatening situation or terminal condition. *Advance Care Planning* makes *Life Choices* less difficult and allows your health care choices to be heard.



Making My Life Choices Heard 4 easy steps

1 2 3 4

Step 4

Make your Advance Directive available

Keep your original *Advance Directive* in a safe, easy-to-find place, known to you, your family and *Patient Advocates*.



- Give a copy of your *Advance Directive* / *DPA-HC* to your primary and, if desired, back-up *Patient Advocate(s)*.
- A copy should go to your immediate family.
- Your doctor should have a copy in your medical record and at the hospital of your choice.
- Keep a copy for yourself.
- Keep a spare copy in your car's glove box.
- You may want to give a copy to your faith leader and discuss any pre-funeral arrangements important to you.

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Review your *Advance Directive* *annually*. If changes are needed, complete a new *Advance Directive* using the process outlined in this document. Note in your new *Advance Directive* that this new version takes the place of all previously-signed and dated *Advance Directives*.

Definitions

What we mean by....

Advance Directive: A legal document that states your medical care preferences based on your values, personal thoughts and discussion with loved ones, your physician and others. An **Advance Directive** contains your choices—what you *do* and *do not* want if you are terminally ill or near death and cannot speak or make choices for yourself.

Cardiopulmonary resuscitation (CPR): Consists of mouth-to-mouth respiration and chest compression. CPR allows oxygenated blood to circulate to vital organs such as the brain and heart. CPR can keep a person alive until more advanced procedures such as defibrillation can be used. CPR started by a bystander doubles the likelihood of survival for victims of a heart attack.

If the person does not begin to breathe on his or her own, an **endotracheal tube** is passed through the mouth or nose and into the windpipe. The tube is connected to a machine (**ventilator** or **respirator**), which delivers oxygen to the patient. Complications can include: broken ribs, brain damage from lack of oxygen or blood flow to the brain, lung punctures from broken ribs.

Dialysis: Short for "hemodialysis," or filtering the blood. Such filtering is needed when a person's kidneys are not doing their job of removing water and waste from the body. Acting for the non-functioning kidney, blood is passed from the body and filtered through a dialysis machine, then it's returned to the body. The filters remove the waste. The procedure takes about three hours and must be done several times each week. This may be a temporary or permanent treatment.

Defibrillator: The heart's electrical and nervous systems control the heartbeat. If the heart cannot pump enough blood, electrical paddles from a defibrillator machine are used to give the heart a shock to encourage it to resume beating normally.

Durable Power of Attorney for Health Care (DPA-HC): This document appoints primary and secondary, or alternate, **Patient Advocate(s)** whom you choose to make all health care choices for you if and when you cannot speak or make your own medical decisions.

Emergency medicines: Two examples: heart beat (antiarrhythmic) medications help control heart rate; other medications increase blood pressure and circulation (vasopressor).

IV: Stands for "intravenous" or "given through the vein." IVs are tubes used to give fluids, food, medicine and blood products when needed.

Living Will: A written document signed by an individual stating what type of health care he or she desires and under what conditions. The Living Will is intended to guide those involved in this person's health care if that person is not able to state their choices. *The Living Will is not legally recognized in Michigan.* What *is* legally recognized in Michigan is an **Advance Directive** combined with a **Durable Power of Attorney for Health Care** (usually prepared as one document).

Pain control medication: Your doctor can prescribe medications to relieve your pain. You can request the level of pain medication you want. For example, you may want to control the pain but be alert and able to talk with those around you. If the pain is too great, you may request a higher level of pain medication that will make you much less alert but more pain-free.

Patient Advocate: Also called *Health Care Advocate*, this is a person you choose who is willing to make health care decisions that reflect your **Life Choices** only if you are unable to make those choices heard yourself. This **Advocate** must be documented using a form called a **Durable Power of Attorney for Health Care**. Your **Patient Advocate** can be a family member, friend, relative or neighbor. The individual must be able to act under stress and insist that your **Life Choices** are followed.

Power of Attorney for Finances: By completing and signing this document, you authorize a person you trust to make financial and/or business decisions on your behalf if you cannot do so.

Total Parenteral Nutrition (TPN): Food and fluids given through an intravenous tube directly into the blood stream.

Will: You state in this document how you wish your property, finances and personal property to be handled after your death.

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Founded in 1994, the **Capital Area Health Alliance (CAHA)** is a coalition of organizations, businesses, health care professionals and volunteers from Clinton, Eaton and Ingham Counties, *working together to empower our community to achieve better health.*

This mission is realized through the ongoing process of assessing community need, using the expertise and dedication of dozens of volunteers who serve on CAHA committees, and tapping community resources to address local health issues.



The Greater Lansing Health Ministry Consortium



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