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Advance Directives



Mission

The Mission of Catholic Health Initiatives is to nurture the healing ministry of the church, supported by education and research. Fidelity to the gospel urges us to emphasize human dignity and social justice as we create healthier communities.

At CHI Health, we are committed to hearing the voice of our patients throughout their care. We know there are times when our patients cannot make their own decisions known because of their illness or situation. At these times, Advance Directives documents can be helpful tools for those making healthcare and treatment decisions on the patient’s behalf.

This booklet contains information and forms to complete your own general healthcare Advance Directives. To complete a separate Advanced Directives for mental healthcare, go to the CHI Health website (www.CHIhealth.com/advancedirectives) or talk with a member of your healthcare team.

If you already have Advance Directives documents, please let your doctor or healthcare provider know so that they can review them with you and place a copy of your Advance Directives documents on your medical chart.

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If you have questions as you read this booklet please talk with a member of your healthcare team or contact the CHI Health Ethics Center:

EthicsCenter@alegent.org or 402-343-4476

Frequently Asked Questions About Advance Directives

What are “Advance Directives” documents?

Advance Directives documents are:

- » Legal papers you can fill out to make your preferences about your healthcare and treatment needs known to others if you cannot make decisions on your own.
- » They are called “Advance Directives,” because they are filled out in advance of a time when you could not make your own decisions.
- » They allow you to give directions about your future healthcare and treatment.

Do I need to fill out Advance Directives documents to get medical care?

No. You do not need to complete Advance Directives documents to get medical care. Completing Advance Directives documents before you get medical care can help the healthcare team know how to treat you in the future.

Who can fill out Advance Directives documents?

Any adult or emancipated minor with decision-making capacity can fill out Advance Directives documents.

- » If you live in Iowa, “adult” means you are at least 18 years old.
- » If you live in Nebraska, “adult” means you are at least 19 years old or have been married.

What kind of information is included in Advance Directives documents?

Advance Directives documents often include information about your healthcare and treatment preferences, and about who you would like to make healthcare and treatment decisions on your behalf if you are not able to make decisions for yourself. Sometimes Advance Directives documents include information about things that give you comfort and about preferences for your care, particularly at the end of your life.

Three common types of information included in Advance Directives documents are:

- » **Durable Power of Attorney for Healthcare:** Information about who you want to make healthcare and treatment decisions on your behalf when you cannot make them yourself. This person is known as your surrogate decision-maker (or your “Attorney-in-Fact”).
- » **Durable Power of Attorney for Mental Healthcare:** Information about who you want to make decisions on your behalf specifically for your mental healthcare and treatment needs. Generally, if you do not name someone to make decisions specifically for your mental healthcare and treatment needs, the person(s) named as your surrogate decision-maker(s) for your general healthcare and treatment needs can make these decisions on your behalf.

If you would like information about completing a Durable Power of Attorney for Mental Healthcare document, please contact a member of your healthcare team or contact the CHI Health Ethics Center at EthicsCenter@alegent.org or at 402-343-4476.

Surrogate Decision-Maker

The surrogate decision-maker has a responsibility to:

- » Talk with the patient’s doctor and other members of the healthcare team to learn about healthcare and treatment options.
- » Make decisions that reflect the values of the patient as much as possible (this is called the “substituted judgment standard” for decision-making).
- » NOT make decisions the patient would disagree with.

Life-Sustaining Treatment

(As defined by Iowa and Nebraska State Law)

Life-sustaining treatment is defined as any medical procedure, treatment, or intervention that uses mechanical or other artificial means to sustain, restore, or supplant a spontaneous vital function and when applied to a person with a terminal condition or who is in a persistent vegetative state, serves only to prolong the dying process.

Terminal Condition

(As defined by Iowa and Nebraska State Law)

A **terminal condition** is defined as an incurable or irreversible condition that, without the administration of life-sustaining procedures, will result in death within a relatively short period of time; or a **state of permanent unconsciousness** from which, to a reasonable degree of medical certainty, there can be no recovery.

Persistent Vegetative State

(As defined by Nebraska State Law)

A **persistent vegetative state** is a medical condition caused by illness, injury or disease characterized by a total and irreversible loss of consciousness and the capacity for cognitive interaction with the environment. The patient is totally unaware of himself or herself, his or her surroundings, and to a reasonable degree of medical certainty, there can be no recovery.

- » **Living Will Declaration:** Information about your preferences for **life-sustaining treatments** and end of life care if you are in a **terminal condition, a persistent vegetative state, or a state of permanent unconsciousness** from which you will not likely recover.

The Advance Directives form in this booklet combines both the Durable Power of Attorney for Healthcare and Living Will Declaration into one document for your convenience.

Who can I name to be my surrogate decision-maker(s)?

You can name anyone you would like to be your surrogate decision-maker(s) (your "Attorney-in-Fact"), as long as they do not meet the exclusion criteria set forth by state law. This person does not have to be a lawyer.

Listed below are people who cannot be named in your Advance Directives document as your surrogate decision-maker(s) (your "Attorney-in-Fact"), depending on the laws of the state in which you live.

For Nebraska residents only

- » A non-relative owner or operator of a community care facility where you are a patient or resident cannot be named as your surrogate decision-maker(s) (your "Attorney-in-Fact").
- » A non-relative who, at the time you complete your Advance Directives documents, is currently serving as a surrogate decision-maker(s) (your "Attorney-in-Fact") for ten or more people cannot be named as your surrogate decision-maker(s) (your "Attorney-in-Fact").

For both Iowa and Nebraska residents

- » Your treating healthcare provider cannot be named as your surrogate decision-maker(s) (your "Attorney-in-Fact").
- » A non-relative employee of your treating healthcare provider or the facility where you receive care cannot be named as your surrogate decision-maker(s) (your "Attorney-in-Fact").

Consider The Following When Choosing A Surrogate Decision-Maker(S):

- » Will you trust this person to make decisions on your behalf?
- » Will this person be able to act on your values, beliefs and preferences when making healthcare and treatment decisions?
- » Will this person be a strong advocate for your values, beliefs and preferences?
- » Will this person be available to talk with your healthcare team?
- » Does this person understand what is important to you?
- » Will this person talk about difficult issues with you now and listen to your preferences?
- » Will this person be able to handle conflicting opinions between your loved ones and healthcare team?

Who makes decisions on my behalf if I do not name a surrogate decision-maker(s) in my Advance Directives document?

If you do not name a surrogate decision-maker(s), your doctors and other healthcare providers will look to the following to make decisions regarding your healthcare:

- » Your spouse
- » Your adult children (collectively)
- » Your parents
- » Your siblings
- » Your next closest relative
- » If you would like someone other than the person highest on this list to make decisions on your behalf, you can name that person as your surrogate decision-maker(s) in your Advance Directives document.

In Nebraska and Iowa, a Living Will Declaration cannot go into effect if a woman is pregnant and it is probable that the fetus will develop to the point of live birth with the continued application of life-sustaining treatment for the woman.

When do Advance Directives go into effect?

The preferences you make known in your Advance Directives documents take effect either on a specific date noted in your Advance Directives, or when your doctor has determined that you are unable to make your own healthcare decisions, or if your doctor has determined that you do not have the capacity to make decisions. Additionally, according to Iowa and Nebraska law, a Living Will Declaration shall not take effect until:

In addition to conversations with healthcare providers and surrogate decision-maker(s), it may be helpful to talk with other family members, friends or emergency contacts about your healthcare and treatment preferences. This can help prevent conflicts that may occur when decisions about your healthcare and treatment are being made on your behalf.

- 1) Your doctor or healthcare provider has a copy of your Living Will Declaration;
- 2) Your doctor has determined that you are in a *terminal condition* or in a *persistent vegetative state*, and the use of life-sustaining procedures will only prolong your death;
- 3) Your doctor has concluded that you are no longer able to make your own healthcare decisions; and
- 4) Your doctor has notified your surrogate decision-maker(s), your guardian, or a reasonably available member of your immediate family of his/her intent to put into effect the preferences you have stated in your Living Will Declaration.

How will my doctor or other healthcare providers and my surrogate decision-maker(s) know about my Advance Directives documents and honor my healthcare and treatment preferences?

It is your responsibility to give a copy of your Advance Directives documents to your doctors and surrogate decision-maker(s), so they can know about and honor your healthcare and treatment preferences. It is also your responsibility to talk with your doctors and surrogate decision-maker(s) about the information in your Advance Directives documents, including your personal values, beliefs and preferences. The information and forms in this booklet will help with these conversations.

When will my surrogate decision-maker(s) make healthcare and treatment decisions on my behalf?

Unless you state otherwise, your surrogate decision-maker(s) will only make healthcare and treatment decisions on your behalf when it has been determined that you cannot make these decisions for yourself.

Who determines if I am able to make my own healthcare decisions?

Your doctors and other healthcare providers will determine if you are able to understand and make healthcare decisions. They will then record this information in your medical record. This is called “determining your decision-making capacity”. If they determine that you do not have decision-making capacity, your surrogate decision-maker(s) can begin making decisions on your behalf.

If there is disagreement between your healthcare providers about your decision-making capacity, they may consult with a psychiatrist or other professional for assistance. In some cases it is necessary to have a judge determine your capacity to make your own decisions.

How do I know my healthcare and treatment preferences included in my Advance Directives documents will be honored?

Your doctors or other healthcare providers and surrogate decision-makers will do their best to follow the preferences included in your Advance Directives documents. If your preferences cannot be followed, your healthcare team will explore other options with you or your surrogate decision-maker(s), including transferring your care to another provider or healthcare organization. Reasons your Advance Directives may not be followed include:

- » Risk of harm to you or to others
- » Organizational resource limitations
- » Legal or ethical concerns

Will I still receive medication for pain and other symptoms if my Advance Directives documents are on my medical record?

Unless your Advance Directives documents state that you prefer otherwise, your doctors and other healthcare providers will continue to give you appropriate medical treatment to address your pain and other symptoms, and to keep you comfortable.

Can I change my Advance Directives documents once they are completed if my healthcare and treatment preferences change?

You can change your Advance Directives documents any time your healthcare and treatment preferences change by updating your current documents or completing new ones. Remember to give copies of your updated or new Advance Directives documents to your doctor or other healthcare providers and your surrogate decision-maker(s).

Can I revoke, or cancel, my Advance Directives documents?

- » **Iowa Residents:** You can revoke your Living Will and Durable Power of Attorney for Healthcare at any time regardless of your decision-making capacity*, by telling your doctor or other healthcare provider and surrogate decision-maker(s) verbally or in writing.
- » **Nebraska Residents:** You can revoke your Durable Power of Attorney for Healthcare only when you have decision-making capacity, and in any manner by which you are able to communicate your intent to revoke the Durable Power of Attorney for Healthcare. You can revoke your Living Will Declaration at any time regardless of your decision-making capacity or physical condition.*

As You Prepare to Complete Your Advance Directives:

- » Reflect upon your personal and spiritual values regarding your life, and about those things that give you meaning.
- » Consider the types of healthcare and treatment you would want or not want should you be unable to communicate your preferences.
- » Learn more about the healthcare and treatment options surrogate decision-makers may be asked to consider in the event you are unable to make decisions for yourself.
- » Consult with your doctor and other healthcare providers to discuss your questions and share your values, beliefs and preferences regarding your healthcare and treatment.
- » Talk with your surrogate decision-makers and others close to you about your values, beliefs and preferences so they can make decisions with which you would agree.

Since state laws differ, if you live part-time in another state, you may want to consider completing Advance Directives documents that meet that state's legal requirements. Check with your healthcare providers in that state for more information.

**The documents in this booklet give you the option of indicating that you want to be able to revoke your Advance Directives documents (Iowa) and Living Will Declaration (Nebraska) only when you have decision-making capacity.*

Do I need a lawyer to prepare my Advance Directives documents?

There are no legal requirements in Iowa or Nebraska that say you need a lawyer to prepare your Advance Directives documents. You do not need to consult with a lawyer to complete the Advance Directives documents included in this booklet, as long as they are signed by you, and are witnessed or notarized appropriately. Some people do find a lawyer helpful, however and if you have any legal questions or concerns, you should contact your lawyer.

Who can serve as a witness for me as I sign my Advance Directives documents?

The laws vary from state to state regarding who can serve as your witness.

- » **For Iowa residents:** Each witness must be at least 18 years old, and cannot be the attending healthcare provider or an employee of the attending healthcare provider for the person completing Advance Directives documents. Only one witness can be related to the person completing Advance Directives documents.
- » **For Nebraska residents:** Each witness must be at least 19 years old, and cannot be the spouse, parent, child, grandchild, sibling, presumptive heir, or known devisees (any person designated in the patient's will to receive real or personal property) ; or the attending doctor of the person completing Advance Directives documents; the person(s) named as your surrogate decision-maker(s) (your "Attorney-in-Fact") within your Advance Directives documents; or an employee of a life or health insurance provider. In addition, no more than one witness can be an administrator or employee of a healthcare provider who is treating you.

After You Complete Your Advance Directives:

- » Talk with your healthcare providers and surrogate decision-maker(s) about the information you have included in your Advance Directives documents.
- » Give copies of your Advance Directives documents to your doctor or other healthcare providers and your surrogate decision-maker(s).
- » Give copies to others close to you who can support the people making decisions on your behalf.
- » Bring a copy of your Advance Directives documents with you if you are going to be admitted to the hospital.
- » Keep your original Advance Directives documents in a safe place.
- » Review your Advance Directives documents periodically to be sure they reflect your current healthcare and treatment preferences.

You may prefer to have these documents notarized by an official Notary instead of witnessed.

Since CHI Health is a Catholic healthcare organization, will my doctors be able to honor my Advance Directives?

As a Catholic healthcare organization, CHI Health is obligated to follow the Ethical and Religious Directives for Catholic Healthcare Services (the "ERDs"). The ERDs are a series of directives developed by the United States Conference of Catholic Bishops to guide healthcare in a way that is aligned with Catholic teachings. The development of Advance Directives is addressed in the ERDs as follows:

Directive #27: In compliance with federal law, a Catholic health care institution will make available to patients information about their rights, under the laws of their state, to make an advance directive for their medical treatment. The institution, however, will not honor an advance directive that is contrary to Catholic teaching. If the advance directive conflicts with Catholic teaching, an explanation should be provided as to why the directive cannot be honored.

Advance Directives Document (Page 1 of 4)

INFORMATION ABOUT MY SURROGATE DECISION-MAKER(S)	<p>I, _____, appoint _____, whose address is _____ and whose telephone number(s) are: (home) _____ (cell) _____ as my surrogate decision-maker, known in this document as my "Attorney-in-Fact for Healthcare".</p> <p>I appoint _____ whose address is _____ and whose telephone number(s) are: (home) _____ (cell) _____ as my successor surrogate decision-maker (known in this document as my "Attorney-in-Fact for Healthcare") if the person named above is unavailable or unwilling to make decisions on my behalf.</p> <p>I authorize these individuals to receive information and to make healthcare and treatment decisions on my behalf if and when it is determined that I am unable to make my own decisions. I give them responsibility for advocating on my behalf for healthcare and treatment that represents my values, beliefs and preferences, and ensures my physical, emotional, and spiritual well-being.</p>
SURROGATE DECISION-MAKING SCOPE	<p>I understand that this Advance Directives document refers specifically to my general healthcare and treatment needs. Regarding my mental healthcare and treatment needs (check one below):</p> <p><input type="checkbox"/> I <u>have not</u> completed separate Advance Directives documents for my mental healthcare and treatment needs at this time, and direct the individuals named here to make decisions for my mental healthcare and treatment needs.</p> <p><input type="checkbox"/> I <u>have</u> completed separate Advance Directives documents for my mental healthcare and treatment needs. A copy is located: _____.</p> <p><i>(Note: Talk with a member of your healthcare team if you would like information about completing Advance Directives documents for your mental health care and treatment needs.)</i></p>
SHARING MY INFORMATION	<p>In addition to the individuals listed above, I give my permission for the following people to be given information related to my healthcare and treatment:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><i>(Note: Due to privacy laws, healthcare facilities may need additional HIPAA Authorization forms completed in order to release your Protected Health Information.)</i></p>
ADDITIONAL INSTRUCTIONS	<p>I direct my surrogate decision-maker(s); my doctors and other healthcare providers to comply with the following instructions regarding my healthcare and treatment needs (check one of the options below):</p> <p><input type="checkbox"/> I have no specific instructions, and direct only that healthcare and treatment decisions made on my behalf reflect my values, beliefs and preferences.</p> <p><input type="checkbox"/> I have specific instructions included in the supplemental information I have provided in this Advance Directives document, and direct that these instructions be taken into consideration when making healthcare and treatment decisions on my behalf.</p>

Person completing this form initial _____ Date: _____

Advance Directives Document (Page 2 of 4)

LIVING WILL DECLARATION

I understand that this section of this Advance Directives document is a Living Will Declaration which tells my doctor or other healthcare providers and my surrogate decision-maker(s) about my preferences regarding life-sustaining treatments or procedures.

Please select from the following options:

- I choose **NOT TO** complete a Living Will Declaration at this time, and instruct my doctor, other healthcare providers and surrogate decision-maker(s) to make decisions regarding life-sustaining treatments or procedures that they believe are appropriate and in keeping with my values, beliefs and preferences.
- I choose **TO** complete the following Living Will Declaration at this time.

Please select one of the following options:

- For Iowa residents:** I direct that my doctor and any person charged with the responsibility for my care be guided by this expression of my preferences. If I should have an incurable or irreversible condition that will result either in death within a relatively short period of time or a state of permanent unconsciousness from which, to a reasonable degree of medical certainty, there can be no recovery, it is my desire that my life not be prolonged by the administration of life-sustaining procedures. If I am unable to participate in my healthcare decisions, I direct my attending doctor to withhold or withdraw life-sustaining procedures that merely prolong the dying process and are not necessary to my comfort or freedom from pain.
- For Nebraska residents:** I direct that my doctor and any person charged with the responsibility for my care be guided by this expression of my preferences. If I should lapse into a persistent vegetative state or have an incurable and irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of my attending doctor, cause my death within a relatively short time and I am no longer able to make decisions regarding my medical treatment, I direct my attending doctor, pursuant to the Rights of the Terminally Ill Act, to withhold or withdraw life-sustaining treatment that is not necessary for my comfort or to alleviate pain.
- For anyone:** I would like to share the following information about my preferences for life-sustaining treatments or procedures as my personal Living Will Declaration.

Person completing this form initial _____ Date: _____

Advance Directives Document (Page 3 of 4)

MY STATEMENT OF UNDERSTANDING, AGREEMENT & SIGNATURE

STATEMENT OF UNDERSTANDING

I have read this Advance Directives document and understand that it does one or both of the following:

- » Allows the individuals I named as my surrogate decision-maker(s) (my "Attorney-in-Fact") to make decisions on my behalf if I do not have the capacity to do so for myself.
- » Provides information about my healthcare and treatment preferences.

I also understand that I can change or revoke these Advance Directives documents under the following circumstances:

- » **For Nebraska Residents:** I can change or revoke my Durable Power of Attorney for Healthcare document any time I have **decision-making capacity**, and in any manner by which I am able to communicate my intent to revoke. I can change or revoke my Living Will Declaration at any time regardless of my decision-making capacity or physical condition* by notifying my surrogate decision-maker(s) and my doctor or other healthcare provider.

***Optional for Nebraska Residents:**

___ My initials here indicate that I want to be able to revoke my Living Will Declaration document **only when I have decision-making capacity**.

- » **For Iowa Residents:** I can revoke both my Durable Power of Attorney for Healthcare document and Living Will Declaration by notifying my surrogate decision-maker(s) (my "Attorney-in-Fact") and my doctor or other healthcare provider any time **regardless of my decision-making capacity**.*

***Optional for Iowa Residents:**

___ My initials here indicate that I want to be able to revoke my Durable Power of Attorney and Living Will Declaration documents **only when I have decision-making capacity**.

SIGNATURE OF PERSON COMPLETING THIS DOCUMENT (Required)

Printed Name: _____

Signature: _____ Date: _____

REVIEWING MY ADVANCE DIRECTIVES DOCUMENTS

SIGNATURES OF MY DOCTOR AND OTHER HEALTHCARE PROVIDER(S) (Recommended)

I have reviewed the information in this Advance Directives document.

Printed Name: _____

Signature: _____ Date: _____

Printed Name: _____

Signature: _____ Date: _____

Printed Name: _____

Signature: _____ Date: _____

SIGNATURES OF MY SURROGATE DECISION-MAKER(S) (MY "ATTORNEY-IN-FACT") (Recommended)

I have reviewed the information in this Advance Directives document.

Printed Name: _____

Signature: _____ Date: _____

Printed Name: _____

Signature: _____ Date: _____

Person completing this form initial _____ Date: _____

Advance Directives Document (Page 4 of 4)

NOTARY OR WITNESS STATEMENT OF UNDERSTANDING, AGREEMENT AND SIGNATURE

NOTARY OR WITNESS OPTIONS (REQUIRED)

In order for this document to be legally valid, **you must complete ONE of the two options** below.

Option 1 – Notarization:

This option requires the person completing this document to have his/her signature notarized. In this case, signatures by witnesses are not necessary.

State of _____ County of _____. On this ____ day of _____, 20____, before me personally came _____, personally to me known to be the identical person whose name is affixed to this Advance Directives document as principle, and I declare that (he/she) acknowledges the execution of the same to be (his/her) voluntary act and deed, and that I am not the Attorney-in-fact for Healthcare or the successor Attorney-in-fact for Healthcare designated by this Advance Directives document. Witness my hand and notarial seal at _____ (place notarized) in such county the day and year last above written.

Signature of Notary Public

Option 2 – Declaration of Witnesses:

This option requires the person completing this document to have his/her signature witnessed by two adult witnesses who meet the state guidelines listed below. In this case, notarization is not necessary.

- » **For Iowa residents:** Each witness must be at least 18 years old, and cannot be the attending healthcare provider or an employee of the attending healthcare provider for the person completing this document. Only one witness can be related to the person completing this document.
- » **For Nebraska residents:** Each witness must be at least 19 years old, and cannot be the spouse, parent, child, grandchild, sibling, presumptive heir, or known devisees (any person designated in the patient's will to receive real or personal property) ; or the attending doctor of the person completing this document; or the person named as the Surrogate Decision-Maker(s) (Attorney-in-Fact) within this document; or an employee of a life or health insurance provider for the person completing this Advance Directives document. No more than one witness can be an administrator or employee of a healthcare provider who is treating the person completing this document.

We declare:

- » That the person completing this document is known to us.
- » That the person completing this document signed or acknowledged (his/her) signature on this Advance Directives document in our presence.
- » That neither of us, nor the person's attending doctor is the person appointed as the surrogate decision-maker ("Attorney-in-fact") within this document.
- » That we meet the guidelines for witnesses as set forth by state law.

This section to be completed by witnesses of both Nebraska and Iowa Residents:

Witness 1 Printed Name: _____

Signature: _____ Date: _____

Witness 2 Printed Name: _____

Signature: _____ Date: _____

This section to be completed by at least one of the witnesses of Iowa Residents only:

I further declare under penalty of perjury under the laws of the State of Iowa that I am not related to the person completing this document by blood, marriage, or adoption within the third degree of consanguinity (relationship).

Witness 1 and/or 2 Signature: _____ Date: _____

This section to be completed for Nebraska Residents only:

We also affirm that (he/she) acknowledges the execution of this document to be (his/her) voluntary act and deed.

Witness 1 Signature: _____ Date: _____

Witness 2 Signature: _____ Date: _____

Supplemental Information About My Healthcare And Treatment Preferences (Page 1 of 2)

I, _____, on this date _____ would like to provide the following supplemental information to my surrogate decision-maker(s) (my "Attorney-in-Fact"), my doctor and other my healthcare providers, and ask that this information be considered when making healthcare and treatment decisions on my behalf. I understand they will do their best to comply with this information to the extent they are technically, ethically and legally able; and as long as such decisions do not risk causing harm to myself or others.

General information I would like you to know about me:

Information about symptom management and pain control: *(i.e. my definition of adequate pain management; balance between alertness and pain/symptom control; things I find helpful for treating my pain and other symptoms)*

Information about food and nutrition: *(i.e. foods and drinks I like, my preferences about medically assisted nutrition and hydration, or "tube feeding")*

Information about other healthcare and treatment preferences: *(i.e. complimentary therapies such as massage, aroma therapy, or meditation)*

Information about where I would like to receive care for my healthcare and treatment needs, including care at the end of my life: *(i.e. at home, in a hospital, in a specific care facility, by a hospice team)*

Supplemental Information About My Healthcare And Treatment Preferences (Page 2 of 2)

Information about life-sustaining treatments that may prolong the dying process: *(i.e. long-term ventilator support to help me breathe, antibiotics to treat infections such as pneumonia)*

Things that bring me comfort *(i.e. prayers or religious readings that I like, pictures of loved ones, a special blanket or piece of clothing, favorite music or stories, people and things I would like surrounding me)*

Specific instructions about:

Organ, Tissue, Eye and Body Donation: _____

Autopsy Preferences: _____

Burial or Cremation Preferences: _____

Funeral Arrangements/Memorial Service: _____

I recognize that it is important to discuss the information in this document with the people who will be involved in making decisions related to my healthcare and treatment needs if I cannot make decisions for myself. Because of that, *(check any of the following that apply):*

I have discussed this information with my surrogate decision-maker(s):

I have discussed this information with the following doctors and other healthcare providers:

I have discussed this information with the following people *(i.e. other family members, friends, or emergency contacts who may be present as healthcare and treatment decisions are made on my behalf):*

Be sure to attach copies of this supplemental information form to your Advance Directives documents and provide copies of this supplemental information to your doctor, surrogate decision-maker(s) and other healthcare providers.

Person completing this form initial _____ Date: _____

Suggestions For Talking About Advance Directives

Talking with your doctor, other healthcare providers, surrogate decision-maker(s) and others close to you about your healthcare and treatment preferences is important. Starting these conversations can be difficult, however. The tips below may be helpful as you begin these discussions.

Talking With Your Surrogate Decision-Makers And Others Close To You

When you talk with your surrogate decision-maker(s) and others close to you, try beginning with these conversation starters:

- » We've never talked about my healthcare and treatment preferences, and I'm worried that you may not know what kind of care I want. I don't want you to be stressed if you have to make decisions for me, so I've put my preferences on paper and I want to discuss them with you.
- » My doctor says my illness is not curable. I want to decide what comes next, and what I want my care to look like. Let's talk about my preferences.
- » Ever since (a close relative or friend) died, I've been thinking about what I want as I come to the end of my life. I know it's difficult to talk about, but I want you to know my healthcare and treatment preferences. This is a gift that I want to give you so you don't have to guess about what I would prefer.
- » You know, the older you get, the more you think about things you need to put in order. For me healthcare is one of those things. I've been thinking a lot about this, and have completed an Advance Directives document that tells my doctors and my surrogate decision-maker(s) what type of care and treatment I prefer. I want to go over this with you so that you can help make sure decisions that are made happen in the way I would prefer.

Talking With Your Doctor and Healthcare Providers

When you discuss your healthcare and treatment preferences with your doctor and other healthcare providers, be sure to:

- » Ask for an explanation of healthcare and treatments options that may seem confusing.
- » Talk about pain management options.
- » Let your doctor know that you are completing your Advance Directives documents.
- » Make sure your doctor and healthcare providers are willing to honor your healthcare and treatment preferences and explore options if they are unable to honor your preferences for any legal, ethical or personal reasons.
- » Provide a copy of your completed Advance Directives documents.

Questions you may wish to ask your doctor and other healthcare providers:

- » Will you talk openly and candidly with me and those close to me about my illness and my healthcare and treatment options?
- » What healthcare and treatment decisions will need to be made, and what kinds of recommendations will you give to help me and those close to me make these decisions?
- » What will you do if I have a lot of pain or other uncomfortable symptoms?
- » Will you let me know if treatment stops working so that my family and I can make appropriate decisions for care at the end of my life?

Talking With Others About Their Healthcare and Treatment Preferences

Even if you have done everything to communicate your healthcare and treatment preferences, you may find yourself in a situation where you need to talk with those close to you about their healthcare and treatment preferences. When you would like to talk to someone about completing their own Advance Directives document, consider the following:

- » **Select an Appropriate Setting:** Plan to have the conversation in a quiet, comfortable location where you can talk privately and without distraction.
- » **Ask Permission:** Asking permission to discuss this topic shows that you respect the other person’s thoughts, and that you are prepared to listen to his or her healthcare and treatment preferences. Some ways of asking permission are:
 - “I would like to talk with you about how you would like to be cared for if you got really sick. Is that okay?”
 - “If you ever got sick, I would be afraid of not knowing the kind of care you would like. Could we talk about this now? I would feel better if we did.”
- » **Know What To Expect:** Keep in mind that you have initiated this conversation because you care about the well-being of the other person. These conversations are often difficult to have. Allow the other person to set the pace. Try to focus on maintaining a warm and caring manner throughout the conversation by showing your interest, love and concern.

Notes

Exploring Your Values and Preferences

Answering these questions may be helpful as you prepare to make your healthcare and treatment preferences known through an Advance Directives document.

How do I want to be remembered?

What memories do I want others to know about?

What life events have made me proud and given me the most joy?

What life events have saddened me or caused me regret?

What gives meaning to my life? What is important to me?

What is important for others to know about my spiritual or religious preferences?

What frightens me about becoming seriously ill or dying?

What concerns do I have about making decisions for myself at the end of my life?

What brings me comfort? What kind of care do I want if I am seriously ill or as I face the end of my life?

If I could plan it today, what would the last day or week of my life be like?

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Wallet Cards

Cut out and complete the cards below. Fold the cards in half and put one card in the wallet or purse you carry most often, along with your driver's license or health insurance card. You may keep the other cards on your refrigerator, in your motor vehicle glove compartment, in a spare wallet or purse, or in another easy-to-find place.

Attn: Healthcare Providers

My name is _____
I have created the following Advance Directives:
(Check one or more, as appropriate)

____ Advance Directives document for my
General Healthcare and Treatment

____ Advance Directives document for my
Mental Healthcare and Treatment

____ Other: _____

(FOLD HERE)

Please Contact: _____
(Name)

at _____ for more information.
(Telephone)

(Signature) (Date)

Attn: Healthcare Providers

My name is _____
I have created the following Advance Directives:
(Check one or more, as appropriate)

____ Advance Directives document for my
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____ Advance Directives document for my
Mental Healthcare and Treatment

____ Other: _____

(FOLD HERE)

Please Contact: _____
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Notes



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