

# ADVANCE CARE DIRECTIVES

Your body, your health, your choice: make your preferences known.

## WHAT IS AN ADVANCE CARE DIRECTIVE?

An Advance Care Directive relates only to medical decisions. It does not require legal counsel to complete.

The directive does two things: first, it allows you to choose someone who will speak for you if you cannot speak for yourself; and second, it allows you to give direction to that spokesperson — as well as your patient care team — as to the type of medical care you would (or would not) want.

## FOUR STEPS TO PLANNING YOUR ADVANCE CARE DIRECTIVE

### 1. Think.

- Think about what kind of medical care you would want if something should happen and you were unable to speak for yourself.
- Think about who you would want to speak for you.
- What is important to you when it comes to quality of life versus quantity of life?
- What treatments do you want (or not want) to be used to prolong your life, even if you won't get better?

### 2. Talk.

- Talk to your physician or healthcare provider to learn more about the different procedures and treatments available in a worst-case scenario.
- Have a planned conversation with your family members and loved ones to discuss your wishes and decisions.

### 3. Prepare.

- Put all of your decisions and wishes in writing using an Advance Directive form.

### 4. Share.

- Provide a completed Advance Directive form to your physician, hospital, surrogate decision maker and family members. You may also provide a copy to your attorney, if applicable.

## NEED MORE HELP?

### 1. Online references:

<https://www.youtube.com/watch?v=Bar0qZTUGdw>

<http://www.caringinfo.org/files/public/ad/Georgia.pdf>

### 2. Call your primary care provider's office to discuss your plans or concerns.

### 3. Schedule an appointment with your medical provider's office. Ensure that you tell the scheduler that you are interested in discussing your Advance care directive.

## CHECKLIST

- Think about what medical care would be important to you in the event you could not speak for yourself.
- Talk about your plans and desires with your family, close friends, decision maker(s) and alternates.
- Document your desires on the Advance Directive form.
- Share copies with your physician and the hospital (so that the form can be documented as part of your patient record). Also share copies with your decision maker(s), family and lawyer, if applicable.

**DETAILS NEEDED TO COMPLETE AN ADVANCE DIRECTIVE**

Who would you want to speak for you if you not could speak for yourself? This will be your agent/spokesperson, and he/she will only be able to make decisions regarding your medical care.

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If the above individual is unable to speak for you, name two other individuals who could also speak for you (1st and 2nd alternate).

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If it were deemed necessary that you should need a guardian, who would you like to be considered as your guardian? (\*Guardianship can only be granted by a judge and court of law).

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**BELOW, INITIAL NEXT TO THE CARE CHOICE YOU WOULD PREFER.**

**Scenario 1:** If I have a terminal illness – meaning my condition is incurable or irreversible and that will result in my death in a relatively short period of time – please:

- \_\_\_\_ A. Do everything medically possible to keep me alive.
- \_\_\_\_ B. Allow my natural death to occur.
- \_\_\_\_ C. I want only the treatments I have indicated below:
  - If I am unable to take nutrition by mouth, I want to receive nutrition by tube or other medical means. \_\_\_\_
  - If I am unable to take fluids by mouth, I want to receive fluids by tube or other medical means. \_\_\_\_
  - If I need assistance to breathe, I want to have a ventilator used. \_\_\_\_
  - If my heart or pulse has stopped, I want to have cardiopulmonary resuscitation (CPR) used. \_\_\_\_

**Scenario 2:** If I am in a state of permanent unconsciousness, meaning that I am in an incurable or irreversible condition in which I am not aware of myself or my environment and I show no behavioral response to my environment, please:

- \_\_\_\_ A. Do everything medically possible to keep me alive.
- \_\_\_\_ B. Allow my natural death to occur.
- \_\_\_\_ C. I want only want the treatments I have indicated below:
  - If I am unable to take nutrition by mouth, I want to receive nutrition by tube or other medical means. \_\_\_\_
  - If I am unable to take fluids by mouth, I want to receive fluids by tube or other medical means. \_\_\_\_
  - If I need assistance to breathe, I want to have a ventilator used. \_\_\_\_
  - If my heart or pulse has stopped, I want to have cardiopulmonary resuscitation (CPR) used. \_\_\_\_

Initial beside your preferred selection.

Would you want your agent/spokesperson to be able to authorize an autopsy?\*

Yes \_\_\_\_ No \_\_\_\_

\*Autopsy may be required by law.

Would your agent/spokesperson be able to make disposition of any part or all of my body for medical purposes?

Yes \_\_\_\_ No \_\_\_\_

Would your agent/spokesperson have the power to make decisions about the final disposition of my body?

Yes \_\_\_\_ No \_\_\_\_

I wish for my body to be:

Buried \_\_\_\_ Cremated \_\_\_\_