



***Health Care Directive***

**Introduction**

I have completed this Health Care Directive with much thought. This document gives my treatment choices and preferences, and/or appoints a Health Care Agent to speak for me if I cannot communicate or make my own health care decisions. My Health Care Agent, if named, is able to make medical decisions for me, including the decision to refuse treatments that I do not want.

**NOTE:** *This document does not apply to intrusive mental health treatments, defined as electroconvulsive therapy or neuroleptic medications.*

**Any advance directive document created before this is no longer legal or valid.**

My name: \_\_\_\_\_

My date of birth: \_\_\_\_\_

My address: \_\_\_\_\_

My telephone numbers: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

My initials here indicate a professional medical interpreter helped me complete this document.

**Part 1: My Health Care Agent**

If I cannot communicate my wishes and health care decisions due to illness or injury, or if my health care team determines that I cannot make my own health care decisions, I choose the following person to communicate my wishes and make my health care decisions. My Health Care Agent must:

- Follow my health care instructions in this document.
- Follow any other health care instructions I have given to him or her.
- Make decisions in my best interest.

**My Primary (main) Health Care Agent is:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone numbers: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Full address: \_\_\_\_\_

If I cancel my primary agent's authority, or if my primary agent is not willing, able, or reasonably available to make health care decisions for me, I choose an alternate Health Care Agent.

**My Alternate Health Care Agent is:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone numbers: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Full address: \_\_\_\_\_

***This is the directive of (name):*** \_\_\_\_\_ ***Date Completed:*** \_\_\_\_\_

I understand my Health Care Agent (primary or alternate) cannot be a health care provider or employee of a health care provider giving me direct care to me unless I:

- Am related to that person by blood or marriage, registered domestic partnership, or adoption
- Provide a clear reason why I want that person to serve as my agent:

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**Powers of my Health Care Agent:**

My Health Care Agent automatically has all the following powers when I am unable to communicate for myself:

- A. Agree to, refuse, or cancel decisions about my health care. This includes tests, medications, surgery, taking out or not putting in tube feedings, and other decisions related to treatments. If treatment has already begun, my agent can continue it or stop it based on my instructions.
- B. Interpret any instruction in this document based on his or her understanding of my wishes, values and beliefs.
- C. Review and release my medical records and personal files as needed for my health care, as stated in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the Minnesota Health Records Act.
- D. Arrange for my health care and treatment in Minnesota or other state or location he or she thinks is appropriate.
- E. Decide which health care providers and organizations provide my health care.
- F. Make decisions about organ and tissue donation and autopsy according to my instructions in Part 2 of this document.

Comments or limits on the above:

**Additional powers of my Health Care Agent:**

My initials below indicate I also authorize my Health Care Agent to:

- Make decisions about the care of my body after death.
- Continue as my Health Care Agent even if our marriage or domestic partnership is legally ending or has been ended.
- Make health care decisions for me even if I am able to decide or speak for myself, if I so choose.
- In the event I am pregnant, decide whether to try to continue my pregnancy to delivery based upon my agent's understanding of my values, preferences and/or instructions.

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***This is the directive of (name):*** \_\_\_\_\_ ***Date Completed:*** \_\_\_\_\_

## Part 2: My Health Care Instructions

My choices and preferences for health care are as follows. I ask my Health Care Agent to communicate these choices, and my health care team to honor them, if I cannot communicate or make my own choices. **I have initialed a box below for the option I prefer for each situation.**

**NOTE:** You do not need to write instructions about treatments to extend your life, but it is helpful to do so. If you do not have written instructions, your agent will make decisions based on your spoken wishes, or in your best interest if your wishes are unknown.

### 1. Cardiopulmonary Resuscitation: A Decision for the Present

This decision refers to a treatment choice I am making today based on my current health. Item 3 below (**Treatments to Prolong My Life: A Decision for the Future**) indicates treatment choices I want if my health changes in the future and I cannot communicate for myself.

**CPR** is a treatment used to attempt to restore heart rhythm and breathing when they have stopped. CPR may include chest compressions (forceful pushing on the chest to make the blood circulate), medications, electrical shocks, a breathing tube, and hospitalization. I understand that CPR can save a life but does not always work. I also understand that CPR does not work as well for people who have chronic (long-term) diseases or impaired functioning, or both. I understand that recovery from CPR can be painful and difficult.

Therefore:

I want CPR attempted if my heart or breathing stops.

**or**

I want CPR attempted if my heart or breathing stops based on my current state of health. However, in the future if my health has changed; for example:

- I have an incurable illness or injury and am dying
- I have no reasonable chance of survival if my heart or breathing stops
- I have little chance of long-term survival if my heart or breathing stops and CPR would cause significant suffering

then my agent or I (if I am able) should discuss CPR with my health care team. My choices in **Section 2: Treatment Preferences** and **Section 3: Treatments to Prolong My Life** below should be considered when making this decision.

**or**

I do not want CPR attempted if my heart or breathing stops. I want to allow a natural death. I understand if I choose this option I should see my health care provider about writing a Do Not Resuscitate (DNR) order.

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**This is the directive of (name):** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

## 2. Treatment Choices: My Health Condition

My treatment choices for my specific health condition(s) are written here. With any treatment choice, I understand I will continue to receive pain and comfort medicines, as well as food and liquids by mouth if I am able to swallow.

My initials here indicate additional documents are attached:

## 3. Treatments to Prolong My Life: A Decision for the Future

**If I can no longer make decisions for myself, and my health care team and agent believe I will not recover my ability to know who I am, I want:**

**NOTE:** With either choice, I understand I will continue to receive pain and comfort medicines, as well as food and liquids by mouth if I am able to swallow.

To **stop or withhold all treatments** that extend my life. This includes but is not limited to tube feedings, IV (intravenous) fluids, respirator/ventilator (breathing machine), cardiopulmonary resuscitation (CPR), and antibiotics.

**or**

**All treatments recommended** by my health care team This includes but is not limited to tube feedings, IV (intravenous) fluids, respirator/ventilator (breathing machine), cardiopulmonary resuscitation (CPR), and antibiotics. I want treatments to continue until my health care team and agent agree such treatments are harmful or no longer helpful.

Comments or directions to my health care team:

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**This is the directive of (name):** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

#### 4. Organ donation

I want to donate my eyes, tissues and/or organs, if able. My Health Care Agent, according to Minnesota Law, may start and continue treatments or interventions needed to maintain my organs, tissues and eyes until donation has been completed. My specific wishes (if any) are:

*or*

I do not want to donate my eyes, tissues and/or organs.

*or*

My Health Care Agent can decide.

#### 5. Autopsy

My Health Care Agent may request an autopsy if the autopsy can help others understand the cause of my death or help with future health care decisions.

*or*

I do not want an autopsy unless required by law.

#### 6. Comments or directions to my health care team:

*You may use this space to write any additional instructions or messages to your health care team which have not been covered in this directive, or to elaborate on a point for clarification. You may also leave this space blank.*

*My initials here indicate additional documents are attached:*

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**This is the directive of (name):** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

**Part 3: My Hopes and Wishes (Optional)**

I want my loved ones to know my following thoughts and feelings:

**The things that make life most worth living to me are:**

**My beliefs about when life would be no longer worth living:**

**My thoughts about specific medical treatments, if any:**

**My thoughts and feelings about how and where I would like to die:**

**If I am nearing my death, I want my loved ones to know that I would appreciate the following for comfort and support** (rituals, prayers, music, etc.):

**Religious affiliation:** I am of the \_\_\_\_\_ faith, and am a member of \_\_\_\_\_ faith community in (city) \_\_\_\_\_.

Please notify them of my death and arrange for them to provide my funeral/memorial/burial. I would like my funeral to include, if possible, the following (people, music, rituals, etc.):

**Other wishes and instructions:**

*My initials here indicate additional documents are attached:*

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**This is the directive of (name):** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

**Part 4: Legal Authority**

**NOTE:** Under Minnesota law, 2 witnesses **or** a notary public must verify your signature and the date. Your witnesses or notary public cannot be named as your primary or alternate Health Care Agent.

I have made this document willingly. I am thinking clearly. This document states my wishes about my future health care decisions:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If I cannot sign my name, I ask the following person to sign for me:

\_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Signature** (of person asked to sign) \_\_\_\_\_

**Statement of Witnesses:**  
 This document was signed or verified in my presence. I certify that I am at least 18 years of age, and I am not appointed as a primary or alternate Health Care Agent in this document.

If I am a health care provider or an employee of a health care provider giving direct care to the person listed above, I must initial this line: \_\_\_\_\_. One witness cannot be a provider or an employee of the provider giving direct care on the date this document is signed.

<p><b>Witness 1:</b></p> <p>Signature _____</p> <p>Date: _____</p> <p>Print name _____</p> <p>_____</p> <p>Address (optional) _____</p> <p>_____</p>	<p><b>Witness 2:</b></p> <p>Signature _____</p> <p>Date: _____</p> <p>Print name _____</p> <p>_____</p> <p>Address (optional) _____</p> <p>_____</p>
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**Or**

**Notary Public:**

In the state of Minnesota, County of \_\_\_\_\_.

In my presence on \_\_\_\_\_ (date), \_\_\_\_\_ (name) acknowledged his or her signature on this document or that he or she authorized the person signing this document to sign on his or her behalf. I am not named as a Health Care Agent in this document.

*Signature of notary:* \_\_\_\_\_ *Notary stamp:* \_\_\_\_\_

*My commission expires (date):* \_\_\_\_\_

**This is the directive of (name):** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

## Part 5: Next Steps

Now that I have completed my Health Care Directive, I will also:

- Tell my primary and alternate Health Care Agents and make sure they feel able to do this important job for me in the future.
- Give my primary and alternate Health Care Agents a copy of this completed Health Care Directive.
- Talk to the rest of my family and close friends who might be involved if I have a serious illness or injury, making sure they know who my Health Care Agent is, and what my wishes are.
- Give a copy of this completed Health Care Directive to my doctor and other health care providers, and make sure they understand and will follow my wishes.
- Keep a copy of my Health Care Directive where it can be easily found.
- Take a copy of my Health Care Directive any time I am admitted to a health care facility, and ask that it be placed in my medical record.
- **Review my health care wishes every time I have a physical exam or whenever any of the "Five D's" occur:**

<b>Decade</b>	when I start each new decade of my life.
<b>Death</b>	whenever I experience the death of a loved one.
<b>Divorce</b>	when I experience a divorce or other major family change.
<b>Diagnosis</b>	when I am diagnosed with a serious health condition.
<b>Decline</b>	when I experience a significant decline or deterioration of an existing health condition, especially when I am unable to live on my own.

### Copies of this document have been given to:

Primary (main) Health Care Agent (listed on page 1 of this document)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Alternate Health Care Agent (listed on page 1 of this document)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Health Care Provider/Clinic

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**If my wishes change, I will fill out a new Health Care Directive. I will give copies of the new document to everyone who has copies of my previous Health Care Directive. I will tell them to destroy the previous version.**

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**This is the directive of (name):** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

**Wishes for Health Care: Short Form<sup>1</sup> • Minnesota Health Care Directive<sup>2</sup>**  
*See other side for complete directions*

Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

1. **I appoint the following person to serve as my primary (main) health care agent.** This person will make health care decisions for me if I cannot communicate or make these decisions myself:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell phone \_\_\_\_\_ Other phone \_\_\_\_\_

*(Optional): I appoint this person as my alternate health care agent* in the event my first health care agent is not available:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell phone \_\_\_\_\_ Other phone \_\_\_\_\_

2. *(Optional): I give the following instructions about my health care* (my values and beliefs, what I do and do not want, views about specific medical treatments or situations): *If you need more space, continue on other side.*

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Notary Public in the State of Minnesota</b>	
County of _____	Notary seal
In my presence on _____ (date), _____ (name) acknowledged his or her signature on this document, or acknowledged that he or she authorized the person signing this document to sign on his or her behalf.	
Signature of Notary _____	
My commission expires _____ (date)	
<b>OR Statement of Witnesses</b>	
Witness 1 _____	Witness 2 _____
Print Name: _____	Print Name: _____
(Witnesses must be 18 years of age or older and cannot be your primary or alternate health care agent. One witness cannot be your health care provider or an employee of your health care provider.)	

<sup>1</sup> A long form is available if you wish to more fully describe your health care wishes.

<sup>2</sup> This document will not apply to any intrusive mental health treatments (electroconvulsive therapy or neuroleptic medications).

**Do I have to complete this Health Care Directive?**

No. You may complete it today or at a later date, or you can decline to complete it. However, completing this form will help make sure you get the care you want. Putting your choices in writing helps loved ones know if they’re doing what you would want.

**What information am I being asked for?**

**Question 1:** This question is about your health care “agent.” Your agent is someone you choose to speak and make health care decisions for you if you cannot. Consider naming a family member or friend who knows you well and understands your values. **Showing your agent this document and talking about it with him or her is important.** Make extra copies to share with your health care agent, health care providers, and other important people in your life.

**Question 2 (Optional):** This question is about health care and other wishes you may have. You may be as specific or general as you like. You may include:

- your goals, values, and preferences about medical care
- the types of medical treatment you would want or not want
- how you want your agent or agents to decide
- where you would like to receive care (such as at home or a hospital)
- whether or not you would like to donate your organs, tissues, and eyes

**Notary Public or Witnesses**

A notary public or 2 witnesses must verify your signature on this Health Care Directive. The witnesses must be 18 years of age or older, and cannot be your primary or alternate health care agent. At least one witness cannot be your health care provider or an employee of your health care provider.

**What should I do after I complete this Health Care Directive?**

Tell the people you named as your primary and alternate health care agents, if you have not already done so. Make sure they feel able to do this important job for you in the future. Give a copy of your health care directive to your health care provider. Keep additional copies for your records and to share with your health care agents and family or others as you wish.

**Who can I talk with if I have questions?**

Your health care provider can answer your questions or concerns. He or she may refer you to an Advance Care Planning Facilitator for help.

***Use the space below to continue your wishes about your health care (question 2 from front page), or to add comments.***



### Advance Care Planning

Knowing your voice is heard when making decisions about health care is important. Advance Care Planning is the process of preparing for a time when you may not be able to make your own medical decisions. The best time to make these decisions is when you are able to make your own choices.

### Health Care Agent

Discussing and sharing your wishes with your loved ones, health care team and health care agent is important. A health care agent makes health care decisions based on your wishes if you are unable to communicate.

### Health Care Directive

By writing a Health Care Directive, you can make your voice heard so your wishes are followed. A Health Care Directive is a written plan outlining your values and priorities for your future medical treatment.

The process of advance care planning (ACP) involves conversations throughout life about your values, beliefs and goals for future health care. ACP conversations focus on your health care goals and what is important to you.

- As you get older, goals, values and priorities often change. Your health status may change, too. Revisiting your decisions and plans regularly is important.
- Give yourself and others peace of mind. Plan ahead while you are able.

Documenting your wishes in a Health Care Directive is important. The document outlines your values and priorities for future medical treatment and can identify your health care agent. A Health Care Directive limits confusion and helps everyone prepare for the unexpected.

### Getting started

Start by thinking about what is most important to you. Talk with your loved ones to share your thoughts. Even if you feel close to loved ones, they may not know what you would want unless you tell them. The goal of ACP is to help others understand what health care choices you would make if you could not communicate.

### Choosing a health care agent

Choosing a health care agent is key to planning ahead. Your health care agent is the person who will speak for you if you are unable to make decisions for yourself. To choose the best person to be your health care agent, ask yourself:

- Do I trust this person to be able to make tough decisions?
- Will this person honor my wishes even if he or she does not agree with my wishes?
- Can this person make important decisions under stressful situations?
- Can this person stand up for me even if family members or others disagree?
- Is this person likely to be available in case of an emergency?

### Completing a Health Care Directive

#### ***Do I need a lawyer to complete my Health Care Directive?***

No, as long as you meet these legal requirements:

- You must be at least 18 years old, and able to understand and communicate your wishes
- Your directive must be in writing, state your full name, be signed by you and dated
- Your directive must list 1 or both of the following: a named health care agent, and health care or treatment instructions
- In Minnesota, your signature on your directive must be witnessed by 2 adults or a notary public
  - » Neither of the 2 adults can be your agent. Only 1 of the adults can work for your health care organization.
  - » Witness requirements vary state to state. If you complete a directive in another state, check the state requirements.

### ***When is my Health Care Directive used?***

As long as you can make your own choices, you control your own medical care.

If you cannot make choices for yourself, your health care team will follow your wishes as described in your Health Care Directive and as your health care agent directs. Be sure to give copies of your Health Care Directive to your health care team and your health care agent.

### ***Will my Health Care Directive be valid in other states?***

Every state has its own requirements for a Health Care Directive. Many states honor a Health Care Directive created in another state.

Keep a copy of your Health Care Directive with you when you travel. If you spend a lot of time in another state, check on that state's requirements for a Health Care Directive.

### ***Where can I find a Health Care Directive form?***

You can get a Health Care Directive form by:

- Asking your health care team
- Calling Honoring Choices at **612-362-3704**
- Visiting **HonoringChoices.org**

Many people easily complete the Health Care Directive on their own. If you want help completing the form, talk to your health care team or contact Honoring Choices. Specially trained advance care planning facilitators are available to help you.

### ***Where should I keep my completed Health Care Directive?***

Keep your signed and completed original Health Care Directive in a safe, easily available place at home. Give copies to your:

- Health care agent
- Family members or other loved ones who are likely to be involved in your health care
- Primary care clinician or health care team
- Local hospital

### **Learn more with advance care planning resources**

Many resources to support ACP are available. Various websites offer recommended books and articles, tips to start conversations with loved ones and more. Websites to visit include:

- **Your primary care clinic or health care organization**  
Search for "Advance Care Planning"  
Many clinics and health care organizations offer classes or appointments to learn more about ACP.
- **Honoring Choices**  
HonoringChoices.org
  - » Speakers are available to give free presentations to groups on ACP
  - » ACP facilitators are available to provide free one-on-one sessions to help with ACP

*For more information about advance care planning or for help creating a Health Care Directive, contact your health care team or Honoring Choices Minnesota.*

**HonoringChoices.org**

**612-362-3704**



### **Advance Care Planning**

Knowing your voice is heard when making decisions about health care is important. Advance Care Planning is the process of preparing for a time when you may not be able to make your own medical decisions. The best time to make these decisions is when you are able to make your own choices.

### **Health Care Agent**

Discussing and sharing your wishes with your loved ones, health care team and health care agent is important. A health care agent makes health care decisions based on your wishes if you are unable to communicate.

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### **Antibiotics**

Medicines used to treat infections caused by bacteria.

### **Artificial hydration and nutrition\***

Using IVs or inserting tubes into your mouth, nose or stomach to provide fluids and nutrients if you are not able to eat or drink.

### **Cardiopulmonary resuscitation (CPR)\***

Cardiopulmonary resuscitation is an emergency procedure commonly known as *CPR*. *CPR* involves pressing repeatedly on a person's chest and forcing air through his or her mouth. *CPR* also may include giving medicine, using special equipment to give electrical shocks to the heart and placing a tube down the throat to help with breathing.

### **Code status**

Refers to terms clinicians use to describe procedures that may be done if a person's heart and lungs stop working.

- *Full code* means use *CPR*.
- *DNAR*, or *Do not attempt resuscitation* means do not use *CPR*. *DNAR*, however, does include comfort care. *DNAR* also is known as *allow natural death (AND)*. Some hospitals use *DNR*, or *Do not resuscitate*.

### **Comfort care**

Medical care and treatment, including oxygen and medicine, for immediate relief of pain and symptoms. Comfort care does not include ventilator support, artificial hydration and nutrition, or re-hospitalization. Usually, comfort care is provided at a community care setting or home rather than at the hospital.

### **Dialysis**

A process using a machine to clean your blood if your kidneys are not working normally. Healthy kidneys help your body get rid of waste products and extra fluid in your blood.

### **Hospice**

Comfort care that focuses on promoting quality of life when a person is near the end of life. Hospice offers relief from the physical, emotional, and spiritual pain that often comes with a terminal illness.

### **Intravenous (IV) line**

A narrow, flexible plastic tube placed in a vein using a needle. An IV is a way to give fluids, medicine and blood.

### **Palliative care**

Includes comfort care to relieve pain, manage symptoms and provide support for making medical decisions. Palliative care also provides emotional and spiritual support. Can be helpful with any medical treatment, not just for end-of-life or hospice care.

### **Provider Orders for Life-Sustaining Treatment (POLST)**

A POLST is a medical order your health care provider may recommend to document your health care wishes. A POLST provides specific instructions for emergency medical responders and other health care providers. A POLST form is not a replacement for a Health Care Directive and does not name a health care agent.

### **Ventilator\***

Machine that pushes a mixture of air and oxygen in and out of your lungs to breathe for you. The machine connects to a tube that goes through your mouth and down your windpipe at the back of your throat.

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**HonoringChoices.org**

**612-362-3704**

*\*Additional information available from Honoring Choices Minnesota.*



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### **Health Care Agent**

Discussing and sharing your wishes with your loved ones, health care team and health care agent is important. A health care agent makes health care decisions based on your wishes if you are unable to communicate.

### **Health Care Directive**

By writing a Health Care Directive, you can make your voice heard so your wishes are followed. A Health Care Directive is a written plan outlining your values and priorities for your future medical treatment.

### **Choosing a health care agent**

Your health care agent should be someone you know well and trust to follow your wishes about future health care. Ideally, choose 1 health care agent and 1 or 2 backup (alternate) health care agents. A health care agent also is known as *power-of-attorney for health care*, *substitute decision-maker*, *proxy* or *surrogate*.

#### ***How do I choose the right person?***

Before naming a health care agent, talk with this person to be sure he or she would be a good agent for you. The person should be able to answer “Yes” to these questions:

- Are you willing to take on this role and responsibility?
- Do you understand my wishes for future health care?
- Can you make the decisions I would want to make, even if you disagree?
- Can you make important health care decisions under stressful situations?

If the person you are considering to be your health care agent answers “No” to any of these questions, talk about your concerns with the person and find someone else. Keep in mind your health care agent cannot be your doctor or another member of your health care team, unless:

- Your doctor or health care team member is a family member  
or
- You give reasons for choosing this person in your Health Care Directive

#### ***When is my health care agent called on to help?***

Your health care team may call on your chosen health care agent to make health care decisions any time you are unable to communicate. Such times may occur with end-of-life care or if you have an accident or severe illness. Your health care agent helps make sure your health care team follows what you specify in your Health Care Directive.

#### ***What types of decisions might my health care agent need to make?***

A health care agent may need to interpret your wishes to make decisions about:

- Medical care or services, such as tests, medications and surgery
- Stopping treatment
- Reviewing and releasing medical records
- Choosing health professionals and organizations to provide care
- Moving you to another location for care

*When you choose your health care agent, share the information on the other side with your agent.*

## Being chosen as a health care agent

You have been chosen by \_\_\_\_\_ to be a health care agent.

### ***How can I prepare to be a health care agent?***

Talk to the person who chose you as an agent while the person is able to make his or her own choices. Understand the person's wishes for future health care. Be sure to talk about medical decisions that may come at the end of life. You may need to talk from time to time to see if his or her choices have changed.

### ***How can I best interpret the person's wishes?***

**Understand what are general wishes.** Sometimes people make general statements about what they would want in certain situations. For example:

- "I want to die with dignity."
- "Don't keep me alive with machines."
- "Just keep me comfortable."

These kinds of statements mean different things to different people. Ask the person who chose you as a health care agent to tell you in detail what he or she means.

**Understand what are specific wishes.** Some people want their health care agent to follow their stated wishes exactly. Other people want their agent to have leeway in making decisions. Find out what the person who chose you to be his or her health care agent is thinking. Ask:

- "Is following your instructions just as written most important?"  
or
- "Should I consider your instructions along with other information and do what seems best at the time?"

**Talk about the wishes.** Go with the person to medical appointments when possible. You and the clinician can get to know each other. Ask questions about the person's health condition and choices about his or her care.

Consider talking to other professionals who help people make health care decisions such as:

- Advance care planning facilitators
- Social workers
- Religious and spiritual leaders

Talking about a person's wishes for future health care may be uncomfortable. But the more you understand and clarify what someone wants, the more confident you will feel to honor his or her wishes as a health care agent.

*For more information about advance care planning or for help creating a Health Care Directive, contact your health care team or Honoring Choices Minnesota.*

**HonoringChoices.org**

**612-362-3704**



### **Advance Care Planning**

Knowing your voice is heard when making decisions about health care is important. Advance Care Planning is the process of preparing for a time when you may not be able to make your own medical decisions. The best time to make these decisions is when you are able to make your own choices.

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### **Health Care Directive**

By writing a Health Care Directive, you can make your voice heard so your wishes are followed. A Health Care Directive is a written plan outlining your values and priorities for your future medical treatment.

### **What does help with breathing mean?**

A physical condition or illness may make breathing on your own difficult, painful or impossible. If you have a breathing problem, choices are available to help including:

- Taking medicine
- Inhaling oxygen through a tube in your nose or mask over your mouth
- Using a bi-level positive airway pressure (BiPAP) machine that can help you breathe
- Being put on a ventilator, a machine that breathes for you

Deciding while you are able to make your own choices if you would want help with your breathing is important in advance care planning. The following information can help you decide if you would want help with your breathing.

### **How does a ventilator work?**

A ventilator is a machine that pushes a mixture of air and oxygen in and out of your lungs to breathe for you. The machine connects to a tube that goes through your mouth and down your windpipe at the back of your throat.

Inserting this tube down your windpipe is called intubation. When the tube is in place, you cannot talk or swallow. You will receive medicine to help stay calm when the tube is in place.

Being on a ventilator requires care in the Intensive Care Unit at the hospital.

### **How does a BiPAP machine work?**

A BiPAP machine pushes a mixture of air and oxygen into your lungs through a tight-fitting mask over your mouth. The mask may be uncomfortable and make talking difficult. You may receive medicine to help stay calm when wearing the mask.

Because you do not have a tube guiding the oxygen directly to your windpipe, sometimes the oxygen can go into your stomach. Oxygen in your stomach can cause discomfort.

### **How effective is a ventilator or BiPAP?**

- A ventilator and BiPAP work best if you:
  - » Have a breathing problem that can be cured
  - » Need help with breathing for a short time while recovering from surgery or a sudden illness
- A ventilator or BiPAP machine will not work as well if your:
  - » Illness cannot be cured
  - » Body is not able to tolerate the high-pressure flow of the oxygen in and out of your lungs

### **Will a ventilator or BiPAP work for me?**

Talk to your clinician about how well a ventilator or BiPAP would work for you. If you choose to have a machine help you breathe, your clinician will advise you about which option will likely work best for you.

### **What if I do not want a ventilator or BiPAP?**

If you are not able to breathe on your own and decide you do not want a ventilator or to use a BiPAP machine, you will die naturally. If this is your choice, you will still get other medical care you need. Other treatments can keep you comfortable, manage pain, and control symptoms so you can live as well and as long as is possible for your health status.

### **How do I decide what is best for me?**

Talk with your clinician and your loved ones about your medical and personal goals and values. Consider the quality of life you may have using the machines. Ask yourself what you would want to do if:

- The ventilator or BiPAP machine does not work for you
- Your health worsens
- You can no longer make your own decisions

### **What should I do after I decide?**

Let loved ones know your decision about help with breathing so they can honor your choice. Be sure to document your choice about help with breathing in a Health Care Directive.

Also talk about your decision with your doctor and health care team. Your health care provider may recommend medical orders called POLST (Provider Orders for Life-Sustaining Treatment) that document your choice about help with breathing and other health care wishes.

A POLST provides specific instructions for emergency medical responders and other health care providers. A POLST form is not a replacement for a Health Care Directive and does not name a health care agent.

Remember, your goals, values and priorities may change. Your health status may change, too. Revisit your decision about help with breathing regularly as you get older or if your health changes.

*For more information about advance care planning or for help creating a Health Care Directive, contact your health care team or Honoring Choices Minnesota.*

**HonoringChoices.org**

**612-362-3704**



## Advance Care Planning

Knowing your voice is heard when making decisions about health care is important. Advance Care Planning is the process of preparing for a time when you may not be able to make your own medical decisions. The best time to make these decisions is when you are able to make your own choices.

## Health Care Agent

Discussing and sharing your wishes with your loved ones, health care team and health care agent is important. A health care agent makes health care decisions based on your wishes if you are unable to communicate.

## Health Care Directive

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## What is cardiopulmonary resuscitation?

Cardiopulmonary resuscitation is an emergency procedure commonly known as *CPR*. CPR can be used to try to restart a person's heart beat or breathing. Cardio means *heart*, pulmonary means *lungs* and resuscitation means *to revive*.

Understanding CPR is an important part of advance care planning. The following information can help you decide if you would want CPR.

## How is CPR done?

CPR involves pressing repeatedly on a person's chest and forcing air through his or her mouth. Sometimes, emergency medical responders use an electronic device called an *automated external defibrillator (AED)*. The AED can check a person's condition and, if needed, deliver electric shocks to the person's chest. The electric shocks can help correct the person's heartbeat. The responders may give medicine, too.

Emergency medical responders doing CPR also place a tube down the person's throat to help with breathing. At the hospital, this tube can be connected to a breathing machine (ventilator) to breathe for the person.

## How effective is CPR?

How well CPR works depends on your age, your health and how quickly the CPR is given. The younger and healthier you are, the better your chances are that CPR can be effective for you.

If not started quickly, CPR usually does not work. CPR also does not work as well for people who:

- Have medical conditions that have damaged any organs, including the heart, lungs, kidneys and brain
- Are nearing the end of their lives

CPR causes chest soreness, and may break ribs and damage the lungs. People who are successfully revived by CPR go to the Intensive Care Unit at the hospital. Most people need to go on a ventilator.

Even if CPR successfully restarts a person's heart, CPR does not:

- Fix or improve the reason that caused the person's heart to stop beating
- Mean a person will fully recover

The lack of blood to the brain (due to the lack of heart beat) can cause brain damage in only a few minutes.

## Will CPR work for me?

Talk to your clinician about how well CPR would work for you. The success of CPR depends on your age and any health problems you have.

### **What if I choose to not have CPR?**

You will still get other medical care you need. Other treatments can keep you comfortable, manage pain, and control symptoms so you can live as well and as long as is possible for your health status.

### **How do I decide what is best for me?**

Talk with your clinician and your loved ones about your medical and personal goals and values. Some questions to consider are:

- What is the likely success of CPR for me?
- Am I likely to survive and recover after CPR to a health status I would want?
- How will having CPR affect my comfort, health and quality of life?
- How might any spiritual, cultural or personal beliefs affect my decision?

### **What should I do after I decide?**

Let loved ones know your decision about CPR so they can honor your choice. Be sure to document your choice about CPR in a Health Care Directive.

Also talk about your decision with your doctor and health care team. Your health care provider may recommend medical orders called *POLST (Provider Orders for Life-Sustaining Treatment)* that document your choice about CPR and other health care wishes.

A POLST provides specific instructions for emergency medical responders and other health care providers. A POLST form is not a replacement for a Health Care Directive and does not name a health care agent.

Remember, your goals, values and priorities may change. Your health status may change, too. Revisit your decision about CPR regularly as you get older or if your health changes.

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## Artificial Hydration and Nutrition

### Advance Care Planning

Knowing your voice is heard when making decisions about health care is important. Advance Care Planning is the process of preparing for a time when you may not be able to make your own medical decisions. The best time to make these decisions is when you are able to make your own choices.

### Health Care Agent

Discussing and sharing your wishes with your loved ones, health care team and health care agent is important. A health care agent makes health care decisions based on your wishes if you are unable to communicate.

### Health Care Directive

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### What is artificial hydration and nutrition?

Artificial hydration and nutrition (AHN) is a treatment to provide fluids and food when you have difficulty swallowing or are too sick to eat on your own. AHN also is known as *tube feeding*.

Deciding while you are able to make your own choices if you would want AHN if you are not able to swallow or eat on your own is important in advance care planning. The following information can help you decide if you would want AHN.

### How is AHN done?

AHN involves providing fluids and liquid food directly to your stomach through a tube. The type of tube used depends on if you need AHN for:

- **A few days:** You use a nasogastric (NG) tube. The tube is inserted through your nose to your stomach.
- **More than a week:** You use a percutaneous endoscopic gastrostomy (PEG) tube. The doctor makes a small cut in your skin to place the tube into your stomach.

### How effective is AHN?

- How well AHN works depends in part on your medical condition. AHN may:
  - » Relieve pain with eating if you have a mouth or throat problem that is likely to improve
  - » Help if you have difficulty swallowing due to a nerve or brain disorder, injury or disability
- AHN may not prolong life and might cause harm if near the end of life or in late stages of dementia. At the end of life, people normally stop eating because the body becomes unable to use food. At this stage, AHN:
  - » Does **not** reverse the process of dying
  - » Does **not** prevent pneumonia or other infection (Problems with swallowing can cause dry mouth or increase saliva in the mouth. A buildup of saliva can cause infection if breathed into the lungs.)
- Risks of AHN include:
  - » Problems after surgery, such as bleeding, infection and pain
  - » Irritation around the tube
  - » Repeated hospitalizations if the tube becomes blocked or comes out
  - » Stomach pain, diarrhea, swelling in the legs and difficulty breathing if fluids build up

### **Will AHN work for me?**

Talk to your clinician about how well AHN would work for you. If you choose to use a feeding tube, your clinician will talk to you about which tube will likely work best for you.

### **What if I choose to not have AHN?**

If you can swallow, you will be fed carefully with a spoon. If you cannot swallow, moist swabs will be used to help if dry mouth occurs. Most people near death do not feel hunger or thirst.

You also will still get other medical care you need. Other treatments can keep you comfortable, manage pain and control symptoms so you can live as well and as long as is possible for your health status.

### **How do I decide what is best for me?**

Talk with your clinician and your loved ones about your medical and personal goals and values. Some questions to consider are:

- Will my illness improve or worsen?
- Is my illness curable?
- At what stage of illness would I still want or no longer want AHN?
- Will AHN change the outcome of my condition?
- How will AHN affect my comfort and quality of life?

### **What should I do after I decide?**

Let loved ones know your decision about AHN so they can honor your choice. Be sure to document your choice about AHN in a Health Care Directive.

Also talk about your decision with your doctor and health care team. Your health care provider may recommend medical orders called *POLST (Provider Orders for Life-Sustaining Treatment)* that document your choice about AHN and other health care wishes.

A POLST provides specific instructions for emergency medical responders and other health care providers. A POLST form is not a replacement for a Health Care Directive and does not name a health care agent.

Remember, your goals, values and priorities may change. Your health status may change, too. Revisit your decision about AHN regularly as you get older or if your health changes.

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