Advance Care Planning

Make your health care wishes known

Advance Directives

You have the right to complete advance directive documents to make your health care decisions known in the event that you're not able to speak for yourself. This packet will help you understand the different decisions that may be helpful to communicate to your loved ones and health care providers.

Who should complete an advance directive?

An advance directive can be filled out by an adult who wants their health care decisions known.

What is an advance directive?

An advance directive is written instructions documenting your health care decisions.

- A Power of Attorney for Health Care (POA-HC) is a legal document that designates a person to make health care decisions for you if you are not able to make your own decisions. This person is often called your health care agent, attorney-in-fact, surrogate decision maker, or health care proxy. You are referred to as the "principal" in legal documents.

- A Living Will is another type of document in which you describe and inform health care providers and family members of the type of medical care you would like if you were to suffer from a terminal illness or if you're in a persistent vegetative state.

What is POLST?

POLST is portable medical orders for individuals to communicate their preferences regarding the use of cardiopulmonary resuscitation (CPR), and other life-sustaining medical interventions. It may be helpful for anyone with a terminal or life-limiting illness.

When should I review my advance directive?

It is important to review your advance directive regularly because you never know when you may experience a medical emergency.

Suggested times to review and update are:

- After a divorce
- If you receive a new diagnosis
- Following the death of a family member or friend
- If you experience a decline in your health
- When you turn a new decade

Sections of the Advance Directive:

Part 1: Power of Attorney for Health Care (Required)

A Power of Attorney for Health Care allows you to name another person to act as your agent and make medical decisions for you if you're unable to make them for yourself. An agent can be a family member, a spouse or partner, or a friend. It is important to talk to this person so they know what matters to you.

If you have not completed a Power of Attorney for Health Care and you are unable to make your own decisions, the following person(s) will be asked to make decisions for you, in this order: spouse, adult children, parents, adult siblings, other relative, close friend.

Part 2: Your Treatment Goals and Wishes (Optional)

Think about these questions:

- What are your overall health goals?
- What is an acceptable quality of life?

Options are provided for you to express your decisions about accepting, refusing, or stopping treatment during specific situations. There is space for you to write any additional directives.

Part 3: Your Treatment Decisions (Optional)

Life sustaining treatments can be a bridge to recovery; however, sometimes these treatments don't lead to an acceptable quality of life. You can express your decisions about limitations of treatment, which may include CPR, breathing machines, feeding tubes, dialysis, and other treatments.

Additional resource sheets about code status and CPR, long-term nutrition and hydration, and life-sustaining treatment are included in this packet.

Part 4: Organ/Tissue Donation (Optional)

This section gives you space to share your wishes about organ and tissue donation. To avoid possible confusion, your driver's license and your advance directive should make the same wishes known about organ and tissue donation.

Part 5: Signing the Document (Required)

You must sign in the presence of a notary or qualified witnesses.

> You may complete all or just the required parts of the advance directive. For example, if you only want to choose an agent, complete that section in Part One and then go to Part Five and sign in front of a notary or qualified witnesses.
>
> After you complete the document, give copies to your agent and alternate agent(s), your health care provider, your family, and any health care facility where you are likely to receive care.

METHODIST

Part 1: Power of Attorney for Health Care (Required)

I,_____, the Principal, appoint _____,

who is my_____, whose address is _____

and whose telephone number is_____as my **Attorney-in-Fact** for Health Care.

If the above named Attorney-in-Fact for Health Care is either unable or unwilling to act as my Attorney-in-Fact for Health Care, I hereby appoint_____, who is my_____,

whose address is_____, and whose telephone number is

_____ as my **Successor Attorney-in-Fact** for Health Care.

I direct that my Attorney-in-Fact comply with the following instructions or limitations with regard to my Health Care wishes (this may include my wishes for, but are not limited to, instructions on life-sustaining treatment and artificially administered nutrition and hydration):

_____

_____

I authorize my Attorney-in-Fact to make health care decisions for me, including life and death decisions, when it is determined by my treating provider(s), that I lack the capacity to make my own health care decisions.

I understand that I may request a second opinion to confirm my capacity. In addition, I authorize the release of medical records to my Attorney-in-Fact or Successor Attorney-in-Fact, as set forth above.

I have discussed or will discuss my health care wishes with my Attorney-in-Fact or Successor Attorney-in-Fact.

I also understand that I can revoke this Power of Attorney for Health Care at any time by notifying my Attorney-in-Fact, my treating provider(s) or the facility in which I am a patient or resident.

Patient Label

NAME:_____DOB:_____

FIN:_____MRN:_____

METHODIST

Part 2: Your Treatment Goals and Wishes (Optional)

My overall health goals include:

- ☐ I want to have my life sustained as long as possible by any medical means.
- ☐ I accept treatment to sustain my life only if I will:
  - ○ be able to communicate with friends and family.
  - ○ be able to care for myself.
  - ○ live without debilitating pain.
  - ○ be conscious and aware of my surroundings.
- ☐ I do not accept life-sustaining care. I only accept treatment directed toward my comfort.

Additional goals, wishes, or beliefs I want to express include: _____

_____

_____

An acceptable quality of life includes: _____

_____

_____

_____

What matters most to me is: _____

_____

_____

If I am dying, it is important for me to be (check choice):

- ☐ At home
- ☐ Other: _____
- ☐ No preference

My spiritual care wishes include:

My religion or faith: _____

Place of worship: _____

Contact information: _____

The following items would be comforting to me (music, prayers, reading of scripture, pet visit): _____

_____

_____

Religious, cultural, or ethnic rituals that are important to me before or after my death: _____

_____

_____

Patient Label

NAME: _____ DOB: _____

FIN: _____ MRN: _____

PERMANENT PART OF MEDICAL RECORD

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METHODIST

Part 3: Your Treatment Decisions (Optional)

You can decide what kind of treatment you do accept or do not accept if you become seriously ill or are dying. Regardless of the treatment limitations expressed, you have the right to have your pain and symptoms managed. Unless treatment limitations are stated, the medical team will do everything that is medically appropriate to try to save your life.

A. If my heart stops and I stop breathing (choose one):
- ☐ I do accept CPR
- ☐ I do not accept CPR

CPR means cardio (heart)-pulmonary (breathing) resuscitation, including vigorous compressions of the chest, use of electrical stimulation, medications to support or restore heart function, and rescue breaths (forcing air into your lungs).

B. If my heart is beating and I am breathing (choose one):
- ☐ Attempt to sustain my life by all medically appropriate means.
- ☐ Attempt to restore function while avoiding intensive care and resuscitation efforts (ventilator, defibrillation, and cardioversion).
- ☐ Maximize comfort through symptom management; allow natural death.

C. Additional instructions about what I do accept and do not accept: _____
_____
_____

D. If I am unable to swallow enough food or water to stay alive (choose one):
- ☐ I do accept a feeding tube without any time limits.
- ☐ I do accept a feeding tube for a short time to see if I will survive or get better.
- ☐ I do not accept a feeding tube for ANY length of time.

Note: If you are being treated in another state, your health care agent may not automatically have the authority to withhold or withdraw a feeding tube. If you wish to have your agent decide about feeding tubes, please check the box below.

☐ I authorize my agent to make the decision about feeding tubes.

If you do not accept life-sustaining treatment, please discuss this with your provider.
Your provider can complete a POLST to communicate your treatment preferences, particularly in an emergency.

Part 4: Organ/Tissue Donation (Optional)

My wishes for organ and tissue donation (check your choices):

- ☐ I consent to donate my organs and/or tissues.
- ☐ I do not want to donate organs or tissues.
- ☐ I want my health care agent to decide.
- ☐ Additional wishes about organ donation: _____
- ☐ I wish to donate my body to research or education program(s). *(Note: You will have to make your own arrangements with a medical school or other program in advance.)*

Patient Label

NAME:_____DOB:_____

FIN:_____MRN:_____

METHODIST

Part 5: Signing the Document (Required)

Patient (Principal) Signature:

You must sign in front of a notary or two qualified witnesses.
I HAVE READ THIS POWER OF ATTORNEY FOR HEALTH CARE AND I UNDERSTAND THAT IT ALLOWS ANOTHER PERSON TO MAKE HEALTH CARE, LIFE AND DEATH DECISIONS FOR ME, IF IT IS DETERMINED THAT I AM UNABLE TO MAKE SUCH DECISIONS.

_____ _____
Patient Signature Date

Notary Signature:

On this _____ day of _____20_____, before me, _____,
a notary public in and for _____County, _____,
the principal, voluntarily signed this document in my presence.

Witness my hand and notarial seal at _____in such county the day and year last written.

Seal

_____
Signature of Notary Public

OR

Signatures of Witnesses:

The following individuals do not qualify to witness: the patient's spouse, parent, child, grandchild, sibling, anyone known to be an heir of property or assets at the time of witnessing, the attending physician, or an employee of a life or health insurance company for the patient. No more than one witness may be an administrator or employee of a health care facility who is caring for or treating the patient. Laws may vary by state.

We declare that the principal is personally known to us, that the principal signed or acknowledged the signature on the Power of Attorney for Health Care in our presence, and that the principal appears to be of sound mind and not under duress or undue influence, and that neither of us, nor the principal's attending Physician, Nurse Practitioner, or Physician Assistant is the person appointed as Attorney-in-Fact.

_____ _____ _____ _____
Witness Signature Date Witness Signature Date

_____ _____
Printed Name Printed Name

The following have a copy of my advance directive (please check)**:**

- ☐ Attorney-in-Fact / Health care agent
- ☐ Successor Attorney-in-Fact / Alternate health care agent
- ☐ Doctor/health care provider(s): _____
- ☐ Family member(s): _____

Patient Label

NAME:_____DOB:_____

FIN:_____MRN:_____

PERMANENT PART OF MEDICAL RECORD

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National POLST
www.polst.org

Who Needs a POLST, a Portable Medical Order?

POLST is a voluntary process that lets people who are seriously ill or have advanced frailty[1] chose certain health care treatments when they cannot speak for themselves.

Conversations between the individual and their health care provider may result in a portable medical order form called a POLST form. There are multiple names for POLST (MOLST, MOST, POST, etc.) so your state may call it something else (see https://polst.org/state-programs/).

How do I know if POLST is right for me?

POLST was created to help people with serious illness or advanced frailty[1] have a way to share their treatment preferences with emergency personnel. These are people whose medical conditions mean they are likely to have a medical emergency: and they likely know what that emergency will be. This includes people who:

- Are at risk for a medical emergency based on their current medical condition;
- Have had multiple unplanned hospital visits in the last year;
- Have been diagnosed with serious illness such as severe heart disease, metastatic cancer, advanced lung, renal or liver disease; advanced dementia, and other conditions; or
- Recognizes their advancing condition is significantly limiting their ability to perform activities of daily living.

If you think POLST is right for you, talk with your provider about:

- Your current medical condition;
- What happens if you are resuscitated: how long you will likely be in the hospital, your odds of recovery, what that means for your disease progression; and
- What treatment options are available to you and what the benefits and burdens are for you specifically.

A POLST medical order may not work for everyone. Sometimes treatment preferences are too complicated to put in a single medical order.

Why is POLST not for healthy people?

Healthy people do not need a POLST form to have all medical treatment options available to them during a medical emergency. Having all treatment options available is the current standard of care, or what will be provided normally, by emergency personnel such as EMS, first responders and emergency department providers.

People who do not live with serious illness or advanced frailty will likely not need a POLST medical order, except in unusual circumstances. You can talk with your provider about care goals and treatments and complete other care planning documents.

Talk with your health care provider about the POLST process to see if a POLST medical order is right for you. Read more about the POLST form: Patient's Guide to a POLST (https://polst.org/form-guide-patients-pdf)

[1] indicating a combination of advanced chronic disease and/or advanced age with functional decline with or without significant weight loss

Methodist Health System

Code Status and CPR

When admitted to the hospital, patients are asked about their "code status." The term "code status" describes the type of intervention (if any) the healthcare team will perform should the patient's heart and breathing stop. Patients are treated as a "full code" unless they provide verbal or written instructions indicating they do not want the healthcare team to attempt resuscitation or the medical team determines resuscitation is not going to be beneficial.

CPR

Cardiopulmonary Resuscitation (CPR) tries to reverse the earliest stage of death, when the heart and breathing stop. CPR can cause broken ribs and internal injuries. If you survive CPR you may have serious problems which can include brain damage.

Two Code Status Options

1. Full Code:

- CPR is performed. This includes providing breaths and pushing hard on your chest to try to circulate your blood.
- Defibrillation – A machine is used that gives electrical shocks to the heart.
- Medications may be given to stimulate the heart.
- Inserting a tube in your throat (intubation) so that a machine (ventilator) can breathe for you.

  ✓ **If you choose to be a Full Code, ALL interventions listed above will occur if medically appropriate.**

2. No Code:

- Do Not Resuscitate (DNR) means that the medical team will not try to revive you. You will be allowed to die naturally with the assurance of comfort and dignity.

Does a DNR directive change other aspects of your medical care?

No. All other medically indicated treatments are continued.

Your Decision

We understand these are hard decisions. When deciding 'code status' it is important to consider your underlying medical conditions and what your life may be like if you survive. **Talk to your family and healthcare team to determine what the right decision is for YOU.**

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Long-Term Medically Administered Nutrition and Hydration

What is medically administrated nutrition and hydration?

Medically administered nutrition and hydration can supply the body with food and fluids when a person cannot safely take in food and drink by mouth.

How is it given?

- When a patient is sick and can't eat; fluids can be provided temporarily through an IV (tube inserted into a vein) or an NG tube (nasogastric tube inserted through the nose and into the stomach).
- If a person still cannot safely swallow after several days, a long-term solution may be needed. A doctor can determine if a tube can be surgically inserted into the stomach (sometimes called a PEG tube).
- "Tube feeding" is when liquid nourishment is given to a patient through a tube.

When would long-term tube feeding be considered?

- **Inability to Safely Swallow –** Some conditions such as a stroke can damage the part of the brain that controls the ability to swallow. Injury or surgery to the head, neck, or digestive system may leave the person unable to swallow temporarily or permanently. The decision regarding a feeding tube depends on the person's health care goals, quality of life and prognosis.
- **Dementia –** Major medical societies do not recommend tube feeding for patients with late stage dementia due to the associated risks and lack of benefit.
- **End-stage illness –**A person nearing end of life may lose weight even when they eat or simply lose their desire to eat. This is a sign that the work of processing food may be too much for the body to handle. Medically administered nutrition and hydration can add more discomfort to a dying person's physical symptoms such as: pain, bloating, cramping, nausea, vomiting, diarrhea, swelling and difficulty breathing. When a patient can't safely swallow or won't eat or drink as a result of long-term illness or brain damage, providing medically administered nutrition and hydration may not be beneficial.

Will my loved one suffer if we don't provide nutrition and hydration?

- Most patients who are at the end of life do not typically feel hungry or thirsty.
- Tube feeding is different from ordinary eating and drinking and does not offer the comforts that come from the taste and texture of food and liquids.
- There are comfort measures that can be used to treat the patient's dry lips and/or a dry mouth.

Can medically administered nutrition and hydration be legally withheld or withdrawn?

Yes. The Supreme Court has ruled that medically administered nutrition and hydration is different than normal eating and drinking, and may be withdrawn or withheld if it doesn't meet the patient's goals.

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Life-Sustaining Treatment

Life-sustaining medical treatments can support the body's organs when the organs are not functioning well. The goal of this treatment is to sustain a person's life while attempting to reverse the underlying cause of organ failure or to allow time for the body recover from an illness.

What is organ failure?

Our organs work together to support many functions such as breathing, circulating oxygen, and removing waste. Organ failure happens when an organ or organs are not working well enough to keep the body alive. This can happen during a severe injury or illness. The organs may be damaged over time due to chronic health conditions such as high blood pressure, diabetes, heart disease, respiratory disease, or cancer. When organs fail, patients may experience symptoms such as shortness of breath, decreased energy, swelling and confusion. These symptoms can be treated with medications. Depending on the cause and severity of organ failure, the symptoms may continue to worsen and can eventually lead to death.

When should life-sustaining treatments be used?

This is a personal decision. It may depend on your health care goals, quality of life and the ability of your body to recover. If you are normally in good health and have a good quality of life then you may want to try life-sustaining treatments. If your quality of life is poor and you struggle to breathe, eat and/or walk, you may want to limit or refuse treatments which may not be beneficial or may cause suffering.

How long should life-sustaining treatments be used?

It depends on the person's illness, health care goals, and preferences. Life sustaining treatment does not always work and may cause suffering. It is difficult to predict outcomes. The healthcare team will frequently evaluate if the treatment is effective or not. Some people have conditions that require life-sustaining treatments for an extended period of time. Some people are not comfortable with the idea of "living on machines." It is important to talk with your family and health care provider about your preferences regarding life-sustaining treatment

What is Comfort Care?

If a person does not want life-sustaining treatment or if it is not beneficial the healthcare team can keep you comfortable. The goal of comfort care is treating or preventing any uncomfortable symptoms that may occur so you can die naturally and comfortably.

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Advance Care Planning

Resources and Contact Information



Additional Resources

Bestcare.org/advancedirectives

Methodist Hospital/Methodist Women's Hospital

- Palliative Care Clinic: (402) 354-6530
- Spiritual Care Services: (402) 354-4016

Methodist Fremont Health

- Social Work: (402) 941-7360

Methodist Jennie Edmundson

- Social Work: (712) 396-6198

If you want more information about advance care planning, contact your health care provider.

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