



My Voice – My Decisions

An Advance Care Planning Guide

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Advance Care Planning

Advance Care Planning is for everyone not just the elderly. According to the Coalition for Compassionate Care of California the advance care planning discussion starts at age 18 and continues for the rest of your life. As you go through life we may face medical crises or serious injuries and may not have the ability to express our healthcare wishes.

The advance care planning process allows us to explore and express your healthcare wishes including identifying someone who would act on your behalf if you are unable to make your wishes known. Once you have explored your wishes, you can document those wishes on an Advance Healthcare Directive form, which can be updated at any time as your life and wishes change.

A Physician Order for Life-Sustaining Treatment (POLST) is another option in which you can document your healthcare wishes. This document is usually completed by patients who are terminally ill or frail and is signed by the patient's physician.

The purpose of this guide is to help you explore, express and document your wishes. This guide will only focus on completing the Advance Healthcare Directive.

Wishes Explored + Wishes Expressed = Wishes Honored

Exploring Healthcare Wishes

- Who would you select as your healthcare agent to speak on your behalf and ensure that your wishes are honored?
- Where and how would you like to spend the last days of your life?
- What are your faith, spiritual, religious or cultural wishes that you want your family and health care provider to know about?
- What healthcare options would you like at the end-of-life? Would you want “everything” done, “nothing at all” or something in the middle?

Expressing Wishes

- You can document your wishes on an Advance Healthcare Directive form.
- You can inform your healthcare provider of your wishes.
- You can ensure that a copy of your Advance Healthcare Directive is included in your health records.

Honoring Wishes

- When the time comes, your family and healthcare providers will use the Advance Healthcare Directive to guide the decision making process on your behalf.
- Your voice is heard and honored.

What are the steps of Advance Care Planning?

- Exploring your wishes
- Having a conversation with your family about your wishes
- Selecting a healthcare agent who will ensure that your wishes are honored
- Completing the Advance Healthcare Directive form
- Ensuring your healthcare agent is aware of your wishes and has a copy of your Advance Healthcare Directive
- Informing your healthcare providers and providing them with a copy of your Advance Healthcare Directive

Common Words/Definitions

Advance Healthcare Directive – A legal document that expresses the patient’s healthcare wishes and identifies a person to act on the patient’s behalf if they are unable to communicate their wishes. This document should be completed by anyone 18 years or older and can be updated as the patient’s life and wishes change. This document has to be witnessed or notarized.

Artificial nutrition (feeding tube) and fluids – It is common that dying patients have little to no appetite as the body does not require nutrition or fluids during the end-of-life process. However, if the patient chooses this option the artificial nutrition and fluids are provided intravenously (IV) or through a tube down the nose to the stomach or a tube surgically placed into the stomach. Complications include discomfort and water build-up in the legs and lungs.

Conservator – Is a person who has been court-appointed and been given the authority to make healthcare decisions for a patient.

CPR or cardiopulmonary resuscitation – Cardio = heart, Pulmonary = lungs, Resuscitation= to revive. When a person’s heart stops beating or respiration stops, CPR is automatically started unless there are instructions not to do so, known as DNR (Do Not Resuscitate). CPR may involve pressing hard on the chest to keep the blood pumping, providing electrical shocks to start the heart and administering medications through the veins to restore the heart rate and breathing. Some potential risks of CPR include broken ribs, punctured lungs, breastbone fracture, bruising, burns, damage to the windpipe and/or damage to the mouth. The success rate of CPR tends to be low and patients do not return to the same quality of life.

Dialysis – This option is offered when the patient’s kidneys are no longer functioning. A dialysis machine cleans your blood if your kidneys stop working. Dialysis usually occurs 3 times per week and can be permanent. At the end of life dialysis does not cure illness or prevent death.

Healthcare Agent – The healthcare agent is someone the patient selects who is 18 years or older, a family member or a friend and is able to honor the patient’s healthcare wishes. The healthcare agent cannot be your healthcare provider (physician or member of the hospital staff).

Hospice – Hospice is a specialized form of healthcare which is designed to alleviate physical, emotional, social and spiritual discomfort of an individual who is experiencing the last phase of life due to a terminal disease. Hospice also provides supportive care to the patient’s family/caregivers through the use of a highly trained multidisciplinary staff.

Palliative Care – Palliative care aims to relieve suffering and improve the quality of living and end of life. It focuses on comfort versus cure. It can be delivered concurrently with life-prolonging care or as the main focus of care. It begins at the time of diagnosis or any point in an illness that is life-threatening or debilitating and continues into the family bereavement period. The services continue as long as the conditions and their treatments pose significant burdens to the patient and patient’s family until a reversal is achieved or death results.

Respirator or ventilator (breathing machine) – This treatment option allows a machine to breathe for the patient. A breathing tube is placed down the throat and into the lungs. That tube is attached to a machine which pumps air into the lungs and breathes for the patient. The patient is not able to talk when the machine is on. Complications include lung infections, bleeding, damage to vocal cords, and damage to the throat.

Transfusion of Blood Products – To put blood products in your veins.

Step One – Selecting a Healthcare Agent

The healthcare agent is someone you select who is 18 years or older, a family member or a friend and is able to honor your healthcare wishes. Your healthcare agent cannot be your healthcare provider (physician or member of the hospital staff).

Consider the following in selecting a Healthcare Agent:

- Someone you trust, like a family member or friend
- Someone who knows you well and is able to honor and respect your wishes
- Someone who is able to handle difficult decisions in a calm manner
- Someone who is able to communicate with your healthcare team, and family or significant others

Common decisions that the Healthcare Agent may make include:

- Deciding where you will receive care and who will provide it
- Deciding if blood and/or blood products will be provided to you
- Choosing medical treatments that may affect your quality of life
- Speaking with the healthcare team regarding your treatment options
- Speaking with the healthcare team regarding discharge options and the initiation of funeral or burial arrangements after you die
- Ensuring that your healthcare wishes are honored by the healthcare team and family

Step Two – Exploring Healthcare Wishes

Where would you like to spend the last days of your life?

- Home with family and friends
- In a community facility with family and friends (for example, nursing facility, a hospice home, etc.)
- In the hospital with family and friends
- Other _____

How would you like to spend the last days of your life?

- | | |
|---|--|
| • To take care of unfinished business | • To be with family and friends |
| • To have dignity and respect | • Not be connected to machines |
| • To have my pastor/rabbi/faith leader with me | • Not to die alone |
| • To be kept clean | • Not being a burden to my family |
| • To be involved in all decisions regarding my care | • To have the opportunity to say goodbye to family and friends |
| • To discuss my feelings and emotions | • Praying |
| • To be around my pets | • Other _____ |
| • To be listening to music | _____ |
| • To be comfortable, free from pain | _____ |

What are your faith, spiritual, religious or cultural wishes that you want your family and health care provider to know about?

Please list _____

Consider the following end-of-life options:

Let's put this into perspective as we begin this section. You are not being asked about routine or urgent medical care. You are being asked to consider choices when you are at the end-of-life (unable to survive without life support machines).

So you have to ask yourself:

If I am unable to recover, do I want to be kept alive on life support machines?

Option One: Allow Natural Death - If it is determined that the **treatment** will be of **no benefit** and may **cause pain or discomfort**, and you select this option on your Advance Healthcare Directive, all treatment will be stopped and you will be allowed a natural death.

Option Two: Choice To Prolong Life - Your healthcare providers will do everything possible to keep you alive if your Advance Healthcare Directive indicates that you have chosen this option. However, there are limits to what the healthcare team can provide especially if they feel it will not provide you with meaningful results and the treatment will cause you to have pain and discomfort.

With Option Two – Choice To Prolong Life, listed below are additional treatments that you may request. Please see definitions on page 3.

- **Artificial nutrition (tube feeding) and fluids**
- **Cardiopulmonary resuscitation (CPR)**
- **Dialysis**
- **Respirator or ventilator**
- **Transfusion of blood products**

With either option, the healthcare team will meet with your healthcare agent to discuss options and seek guidance. We want to ensure that your voice is heard and your wishes are honored.

List any other wishes or important information:

Please list _____

Step Three – Expressing Wishes

Now that you have explored your wishes, it is time to document those wishes on an Advance Healthcare Directive. As you start to complete your Advance Healthcare Directive, please remember the choices you made above.

If you need assistance you can always call:

PIH Health Hospital - Whittier	Pastoral Services	562.698.0811 Ext. 12500
	Social Work Services	562.698.0811 Ext. 12453

PIH Health Hospital - Downey	Patient Planning and Review/Social Services	562.904.5313
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PIH Health Physicians	Patient Services Representatives	562.947.8478 Ext. 81299
	Social Services - Ambulatory	562.947.8478 Ext. 82513

Once you complete your Advance Healthcare Directive, please remember to:

- Inform your healthcare agent
- Inform your family
- Inform your healthcare providers

Additional Resources

Advance Health Care Directive Registry – California
916.653.3984
sos.ca.gov/ahcdr

Aging With Dignity and Five Wishes
888.594.7437
agingwithdignity.org

American Bar Association
800.285.2221
americanbar.org/aba.html

American Hospital Association
800.424.4301
Putitinwriting.org

California Hospital Association
916.443.7401
Calhealth.org

California Medical Association
800.786.4262
cmanet.org

Caring Connections
800.658.8898
caringinfo.org

Coalition for Compassionate Care of California
916.489.2222
coalitionccc.org and capolst.org

The Conversation Project
theconversationproject.org

Hospice Association of America
202.546.4759
nahc.org/HAA

Prepare for Your Care
415.735.1106
prepareforyourcare.org

U.S. Department of Veterans Affairs
losangeles.va.gov/patients/advance.asp

Notes: _____
