

# ADVANCE HEALTH CARE DIRECTIVE INFORMATION SHEET

## ◆ WHY DO I NEED AN ADVANCE HEALTH CARE DIRECTIVE?

Medical technology has given us many new options for sustaining life. This makes it important for you to discuss what kind of care you want before serious illness or accident occurs.

Now is the time to talk about these important issues while you can still make your own decisions and have time to talk about them with others.

If you don't have an Advance Health Care Directive, (commonly known as 'Advance Directive'), and even one person interested in your care disagrees, your doctor may not honor your wishes for end-of-life care.

The Advance Directive takes the place of the former living will document and gives you more options. Review your existing forms to decide if an Advance Directive will better reflect your wishes.

## ◆ WHAT DO I PUT IN MY ADVANCE DIRECTIVE?

### ○ THE KIND OF HEALTH TREATMENT YOU WANT OR DON'T WANT.

You can say whether or not you want to be kept alive by machines that breathe for you or be fed by a tube even if there is no hope you will get better.

### ○ YOUR WISHES FOR COMFORT CARE.

You can indicate whether you want medicine for pain or where you want to spend your last days. You can also give spiritual, ethical, and religious instructions.

### ○ THE PERSON OR "AGENT" YOU WANT TO MAKE DECISIONS FOR YOU WHEN YOU CANNOT.

You can identify someone you trust to act as your agent. This person does not have to be an attorney. Unless you limit this person's authority, this person has the right to accept or refuse any kind of medical care and testing, discharge or select doctors, and see all medical records.

## ◆ HOW CAN I ENSURE MY ADVANCE DIRECTIVE IS HONORED?

Share copies and talk with loved ones, family, and others who will be involved in your care. Ask all your doctors to insert your Advance Directive into your medical records.

## ◆ INSTRUCTIONS FOR ADVANCE DIRECTIVE

(in accordance with the Uniform Health Care Decisions Act, 1999)

Complete Part 1 and 2 on the enclosed form. You may add pages and make any changes you wish. You do not need an attorney to complete this form. If you need more help, consult the phone numbers included in this brochure. Complete the check list on the back page.

### ○ PART 1 – INDIVIDUAL INSTRUCTION

Give instructions to your doctor and others about any aspect of your health care. You will be given choices. Check only one box in each category and cross out all which do not apply.

### ○ PART 2 – HEALTH CARE POWER OF ATTORNEY, YOUR AGENT

Select one or more persons to be your agent and make health care decisions if you are unable. The person you appoint can be a spouse, adult child, friend, or any other trusted person. Your agent cannot be an owner or employee of a health care facility where you are receiving care unless they are related to you.

#### ▪ Ask two witnesses to sign and date the form

Both must be people you know. They cannot be health care providers, employees of a health care facility, or the person you choose as an agent. One person cannot be related to you or have inheritance rights.

#### ▪ Notary Public

If you do not have 2 witnesses, your Advance Directive must be notarized.

You have the **right to revoke or change your Advance Directive at any time** orally or in writing. Be sure to tell your agent and doctor.

## ADVANCED HEALTH CARE DIRECTIVE CHECKLIST:

- Talk with your spouse, partner, adult children, family, friends, spiritual advisors, and doctors** about what would be important to you.
- Ask someone you trust and can count on to be your health care agent.** Discuss your wishes with this person. Select an alternate health care agent in case your agent is unable to serve.
- Complete the enclosed optional Advance Directive** or make a document of your own. You can add more pages if needed.
- Have two qualified witnesses or a notary public** witness your signature.
- Inform family, friends, and doctors that you have an Advance Directive** and that you expect them to honor your wishes. Keep them informed about your current wishes.
- Give copies of the Advance Directive** to your health care agent, health care providers, family, close friends, spiritual advisors, and any other individuals who might be involved in your care.
- Place copies in your medical files.**
- Keep a copy in any easy to find place in your home.** (Not in a safe deposit box!!) You could leave a note on the refrigerator to tell people where your important documents are so they can be found when they are needed.
- You may designate “**Advance Directive**” on your driver’s license or state identification card to indicate that you have completed an Advance Directive and wish it to be honored. Hawai’i drivers’ license stations do not file Advanced Directives.
- Review your Advance Directive regularly.** In case you make changes, inform people, create a new document, and replace the old one.
- Learn about POLST:** Do you need POLST (Physician's Orders for Life Sustaining Treatment) in addition to an Advance Directive? Talk with your doctor about POLST.

*This brochure provides general information and does not constitute legal advice and may not apply to your individual situation.*