

Advance Directive

A step-by-step guide to help you make shared health care decisions for the future

Washington State Edition





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“In planning
for serious
illness, it
always
seems too
soon, until
it’s too late.”

– Ira Byock, M.D.



Why every adult should have an advance directive

Congratulations on taking the first step toward completing an advance directive.

This document allows you to name someone to speak for you if you are unable to speak for yourself. This person will make sure your wishes are honored.

When we turn 16, we can legally drive. When we turn 21, we can legally drink alcohol. And when we turn 18, we can enlist in the military, as well as choose what we would want regarding our health care. All of us could face serious illness or injury at any age. An advance directive can ease the stress on family members and loved ones if they are faced with critical decisions about your care.

Providence Health & Services believes everyone 18 and older should have an advance directive, which provides this key information for your doctor and family:

- What kind of medical treatment you want.
- Who can make decisions for you if you are unable to make them yourself.

PEACE OF MIND

Advance directives can be simple or detailed. This packet allows you to decide. You can simply name someone to make decisions on your behalf. Or you can include more instructions about treatments such as cardiopulmonary resuscitation (CPR), mechanical ventilation (breathing machine) or insertion of a feeding tube.

Know that if you change your mind about a decision, you can revise your advance directive at any time.

It's never too soon to have a conversation with your family. If you want care that takes into consideration your values, preferences and priorities, then an advance directive can help.

The following information will help you and the people you love make informed and shared health care decisions for the future.

For more information, please visit Providence.org/InstituteForHumanCaring or download this tool kit at <http://provhealth.org/AD>.

Choose your health care representative

Name someone you trust to make health care choices for you if you are unable to make your own decisions.

Your health care representative may be a family member or friend who:

- Is 18 or older.
- Knows you well.
- Is willing to accept this responsibility.
- Is able to make difficult decisions based on your wishes.
- Will communicate effectively with health care providers and family members the information that you provide in this packet.

Your representative cannot be your doctor or someone who works at the hospital or clinic where you are receiving care, unless he or she is a family member.

Your health care representative can:

- Decide where you will receive care.
- Select or dismiss health care providers.
- Agree to or say no to medications, tests and treatments.
- Say what happens to your body and organs after you die.
- Take legal action needed to carry out your wishes.

Give a copy of your signed advance directive to your health care representative, family, friends and medical providers.

“I gave my advance directive to my family as well as my health care team, so if ever I could not speak for myself, my family would know how to help guide my care.”

– Rebekah M.



Your health care representative's authority

Your health care representative can help make the following decisions for various life-support treatments:

CPR OR CARDIOPULMONARY RESUSCITATION

This may involve:

- Pressing hard on your chest to keep your blood pumping.
- Electrical shocks to jump-start your heart.
- Medicines in your veins.



BREATHING MACHINE OR VENTILATOR

A machine that pumps air into your lungs and breathes for you (While on a ventilator, you are unable to talk or eat.)



DIALYSIS

A machine that cleans your blood if your kidneys stop working

FEEDING TUBE

A tube used to feed you if you cannot swallow (The tube may be passed down your throat to your stomach or surgically inserted through your abdomen to your stomach.)



BLOOD TRANSFUSIONS

The process of giving you donated blood, usually through an IV line into a vein in your arm

END-OF-LIFE CARE

If you might die soon, your health care representative can:

- Call a spiritual leader.
- Decide if you die at home or in the hospital.
- Decide whether an autopsy will be performed.
- Decide about organ donation.
- Decide where you should be buried or cremated.

Write down any decisions you **do not** want your health care representative to make:

Name your health care representative

I want this person to make my medical decisions if I cannot make my own:

Full name

Address

Home phone

Work phone

Cell phone

Email

If the first person cannot make my medical decisions, then I designate this alternate:

Full name

Address

Home phone

Work phone

Cell phone

Email

Put a check mark next to the sentence you agree with:

- My health care representative will make decisions for me **only** after I become unable to make my own decisions.

OR

- My health care representative can make decisions for me right now, after I sign this form.

How do you want your health care representative to follow your medical wishes? Put a check mark next to the **one** sentence you most agree with:

- Total flexibility:** It is OK for my health care representative to change any of my medical decisions if, after talking with my doctors, he/she thinks it is best for me at that time.
- Some flexibility:** It is OK for my health care representative to change some of my medical decisions if, after talking with my doctors, he/she thinks it is best for me at that time.
- Minimal flexibility:** I want my health care representative to follow my medical wishes as closely as possible. Please respect my decisions, even if doctors recommend otherwise.

These are some of my wishes I particularly want respected:

Make your health care choices

Think about what makes your life worth living. Put a check mark next to **all** the sentences you agree with.

My life is always worth living no matter how sick I am.

My life is **only** worth living if I can:

Communicate with family and friends.

Wake up from a coma.

Feed, bathe, or take care of myself.

Be free from pain.

Live without being hooked up to machines.

I am not sure.

If I am dying, it is important for me to be (choose one):

At home.

In a hospital or other care center.

It is not important to me where I am cared for.

RELIGION OR SPIRITUAL BELIEFS

Is religion or spirituality important to you? No Yes

Do you have a religion or faith tradition?

What should your doctors know about your religious or spiritual beliefs?

“Filling out an advance directive gives you an opportunity to talk about what types of treatment you’d want, before something traumatic happens.” – Olivia R.



Make your health care choices

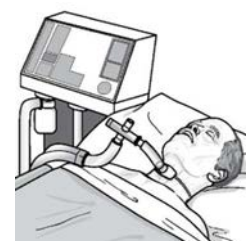
LIFE SUPPORT

Life-support treatments are used to try to keep you alive. These include CPR, a breathing machine, feeding tubes, dialysis, blood transfusions or medicine.

Put a check mark next to the **one** statement you most agree with.

If I am so sick that I may die soon, I would like my health care team to:

- Try all life-support treatments that my doctors think might help. If the treatments do not work and there is little hope of getting better, **I want to stay on life-support machines** even if I am suffering.
- Try all life-support treatments that my doctors think might help. If the treatments do not work and there is little hope of getting better, **I do NOT want to stay on life-support machines**. If I am suffering, I want to stop and be allowed to die gently.
- I do not want life-support treatments even if my doctors think they might help. **I want to focus on being comfortable**. I prefer to have a natural death.
- I want my **health care representative** to decide for me.
- I am not sure.



What other wishes are important to you?

Make your health care choices

Your doctors may ask about organ donation and an autopsy after you die.

DONATING YOUR ORGANS

Put an **X** next to the one choice you most agree with. Donating your organs can help save lives.

- I **want** to donate my organs.

Which organs do you want to donate?

- Any organ
 Only (Please specify which organ(s) or tissue, etc.)
-

- I **do not** want to donate my organs.
 I want my **health care representative** to decide.
 I am not sure.

AUTOPSY

An autopsy can be done after death to find out why someone died. It's a surgical procedure. It can take a few days.

- I **want** an autopsy.
 I **do not** want an autopsy.
 I **only** want an autopsy if there are questions about the cause(s) of my death.
 I want my **health care representative** to decide.
 I am not sure.

"An advance directive is really one of the best things you can leave with your family and friends."

- Valerie F.



Sign the form



Before this form can be used, you must:

- Sign this form if you are at least 18
- **Have two witnesses sign the form or have it notarized by a notary public**

Sign your name and write the date.

Signature

Date

Print name

Address

WITNESSES

Before this form can be used, you must have two witnesses sign the form or a notary public notarize it.

Your witnesses must:

- Be at least 18.
- Know you.
- See you sign this form.

Your witnesses cannot:

- Be the person you named as your health care representative.
- Be your doctor or other health care provider.
- Work for your medical center or health care provider.
- Be related to you in any way.
- Benefit financially – eligible for any money or property – after you die.
- Work at the place where you live.

If you do not have two witnesses, a notary public can sign on Page 14.

Name

Date of Birth

Sign the form

Have your witnesses complete this page.

By signing, I promise that I saw _____ sign this form.
Name

He/she was thinking clearly and was not forced to sign this form.

I also promise that:

- I know this person and he/she could prove who he/she was.
- I am at least 18.
- I am not his/her health care representative.
- I am not his/her health care provider.
- I do not work for his/her health care provider.
- I do not work where he/she lives.
- I am in no way related to him/her.
- I will not benefit financially – eligible for any money or property – after he/she dies.

Witness #1

Signature

Date

Print name

Address

Witness #2

Signature

Date

Print name

Address

Name

Date of Birth

Sign the form

NOTARY PUBLIC

Take this form to a notary public **ONLY** if two witnesses have not signed. The notary public will require that you have photo ID, such as a driver's license or passport, with you.

State of Washington

County of _____

I certify that I know or have satisfactory evidence that _____

(Name of Person)

is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

(Notary Seal)

Dated: _____

(Signature of Notary Public)

Title: _____

My appointment expires _____

NOTE: The advance directive to scan to health care record is eight pages, numbered 7 through 14.

Name

Date of Birth

Submit a copy of your completed advance directive to your health care providers

This advance directive is in compliance with the Revised Code of Washington Chapters 70.122 and 71.32.

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- Clinical staff at Cedars-Sinai, Los Angeles, CA

Get the Most Out of Your Advance Directive

TALK TO YOUR LOVED ONES

This is important. Your family members and close friends can help in your decision-making process. Remember, you are the expert about what matters most to you, and it's best to share this information with your loved ones in advance of any unforeseen need.

TALK TO YOUR DOCTOR

Have a conversation with your doctor to make sure he/she understands your preferences and future goals for care. It's often easiest to start with the basics. Bring this up at one of your next visits. Talk about what is important for your health and health care. Discussing the goals of treatment and care is important at any time, but especially when there has been a change in your health and/or when you are undergoing treatment for a medical condition. Your doctor and other health care providers can make sure your wishes are known and followed, but they can only do this if you have made that information available.

RECORD YOUR WISHES

Once you have chosen your health care representative, and you've decided on your preferences for future care or goals of care, use the forms in this brochure to record your decisions.

RETURN YOUR COMPLETED ADVANCE DIRECTIVE – WITNESSED OR NOTARIZED

Now that you have spoken to your family members and doctor, and everyone understands your wishes, the most important step is to have your wishes recorded in our medical record system. Be sure to make copies of your signed advanced directive. Give a copy to your primary doctor and to your health care representative. If you are admitted to a hospital for the first time, make sure you or your health care representative gives a copy to health care providers attending to you.

Only send others a photocopy or scanned version of your advance directive. Keep your original in a safe, yet easily accessible, place.

CONTINUE THE DIALOGUE

You may have several conversations with your doctor, and over time your wishes and goals may change. Continuing the dialogue ensures that everyone understands your current preferences. You can change your choice of health care representative and preferences any time. If your wishes change, fill out a new advance directive and tell your health care representative, your family and provide a photocopy or scanned version to your doctor. It's never too late or too early to reflect on goals and wishes.

REVIEW REGULARLY:

Review your health care wishes whenever any of the "Five Ds" occur:

- Decade – when you start each new decade of your life, or experience a significant life change, such as your child turning 18.
- Death – whenever you experience the death of a loved one.
- Divorce – when you experience a divorce or other major family change.
- Diagnosis – when you are diagnosed with a serious health condition.
- Decline – when you experience a significant decline or deterioration of an existing health condition, especially when you are unable to live on your own.

Advance Directive Frequently Asked Questions

WHAT IS THE DIFFERENCE BETWEEN AN ADVANCE DIRECTIVE AND POLST FORM?

POLST stands for Physician Orders for Life-Sustaining Treatment. A POLST form complements an advance directive and is not intended to replace it.

ADVANCE DIRECTIVE

- For anyone 18 and older
- Provides instructions for future treatment if the individual becomes unable to make decisions for himself or herself
- Appoints a health care representative to act on the individual's behalf if he/she loses the ability to make decisions
- Does not guide ambulance personnel or emergency medical technicians in an emergency situation
- Guides an individual's family members and doctors in making treatment decisions in the hospital, long-term care facility or home
- Patients complete their own form; must be notarized or signed by two witnesses.

POLST

- For people with serious illness — at any age
- Provides medical orders for current treatment
- Guides actions by ambulance personnel or emergency medical technicians
- Guides inpatient treatment decisions when made available

A health care professional completes the form after having a conversation with the patient; the doctor and the patient (or health care representative) must sign the POLST form for it to be valid.

WHAT IF I DON'T CHOOSE A HEALTH CARE REPRESENTATIVE?

If you are too sick to make your own decisions, your doctors will turn to family or friends or a judge to make decisions for you. These people may not know what you want.

WILL MY HEALTH CARE REPRESENTATIVE BE RESPONSIBLE FOR MY MEDICAL BILLS?

No.

WHAT IS PALLIATIVE CARE?

Palliative care means patient- and family-centered care that addresses physical, emotional, social and spiritual needs in addition to medical treatments, and seeks to improve quality of life for the ill person and his or her family. In addition to anticipating, preventing and treating suffering, palliative care teams preserve personal opportunities for ill people and their families.

WHAT IS THE DIFFERENCE BETWEEN PALLIATIVE AND HOSPICE CARE?

Palliative care is comprehensive specialized care for people with life-limiting illnesses who want to find relief and live their lives to the fullest. The goal is to help ease your suffering and enhance your quality of life while you continue to receive active disease treatment.

Hospice programs deliver palliative care through specialized teams that serve people with incurable conditions who have a limited life expectancy. It is considered when options for curing illness are either no longer available or desired by the patient. Hospice acknowledges that death is approaching, affirms life and regards dying as a natural process of human life.

Hospice and palliative care services can be provided in the patient's home or place of residence.

KEY STEPS TO HAVE YOUR WISHES HONORED

Complete an advance directive at age 18

Update advance directive periodically

Diagnosed with serious illness (at any age)

Complete a POLST form with doctor

Treatment wishes honored

Notice of Nondiscrimination and Accessibility Rights

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We:

- (1) Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - (a) Qualified sign language interpreters; and
 - (b) Written information in other formats (large print, audio, accessible electronic formats, other formats).

- (2) Provide free language services to people whose primary language is not English, such as: (a) Qualified interpreters; and (b) Information written in other languages.

If you need any of the above services, please contact the appropriate Civil Rights Coordinator below. If you need Telecommunications Relay Services, please call 1-800-833-6384 or 7-1-1.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with us by contacting the Civil Rights Coordinator for your state as listed below:

State/Service	Civil Rights Coordinator
Alaska	Civil Rights Coordinator, 3200 Providence Dr., Anchorage, AK 99508, Tel: 1-844-469-1775; Interpreter Line: 1-888-311-9127; Email: Nondiscrimination.AK@providence.org
California	Civil Rights Coordinator, 501 S. Buena Vista Street, Burbank, CA 91505; Tel: 1-844-469-1775; Interpreter Line: 1-888-311-9127; Email: Nondiscrimination.CA@providence.org
Montana	Civil Rights Coordinator, 1801 Lind Ave. SW, Renton, WA 98057; Tel: 1-844-469-1775; Interpreter Line: 1-888-311-9127; Email: Nondiscrimination.MT@providence.org
Washington	Civil Rights Coordinator, 101 W. 8th Ave., Spokane, WA 99204; Tel: 1-844-469-1775; Interpreter Line: 1-888-311-9127; Email: Nondiscrimination.WA@providence.org
Oregon	Civil Rights Coordinator, 5933 Win Sivers Dr, Suite 109, Portland, OR 97220; Tel: 1-844-469-1775; Interpreter Line: 1-888-311-9127; Email: Nondiscrimination.OR@providence.org
Senior Services (all states)	Civil Rights Coordinator, 2811 S. 102nd Street, Suite 220, Tukwila, WA 98168, Tel: 1-844-469-1775; Interpreter Line: 1-888-311-9127; Email: Nondiscrimination.pscs@providence.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, one of the above-noted Civil Rights Coordinators is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

OUR MISSION

As people of Providence,
we reveal God's love for all,
especially the poor and vulnerable,
through our compassionate service.

OUR CORE VALUES

Respect, Compassion, Justice,
Excellence, Stewardship

Providence Institute for Human Caring
Providence.org/InstituteForHumanCaring
310-543-3498

