Honoring health care choices:

Your guide to advance care planning.

Making health care choices and choosing my patient advocate.
None of us like to think about it, but a time may come when we can’t make important health care decisions for ourselves. What if you suffer a serious brain injury? What if a disease like Alzheimer’s makes it impossible for you to understand your medical options? Who will speak for you? Who will know what you would have wanted? Who will carry out your wishes?

An **Advance Directive for Health Care** is a legal document that allows you to choose a “Patient Advocate.” Your Patient Advocate should be a person you trust. It should be someone you would want to speak for you and make medical decisions for you if you become permanently or temporarily unable to make your own decisions.

This legal document also serves another important purpose. *It helps you clearly express your views so that your Patient Advocate and your physicians know what medical treatments you would — and would not — like to have.*

It’s important to understand that an Advance Directive for Health Care can only be used in situations when you are not able to make your own decisions. No one can make decisions for you if you are still able to make those decisions and speak for yourself.

**A GIFT FOR YOUR LOVED ONES**

If you don’t choose a Patient Advocate and complete an Advance Directive for Health Care form, it can be very difficult for your loved ones to try to guess what you would want. Think of an Advance Directive as a gift to your loved ones as well as a way of making sure you always have a say in your own medical care.

Everyone 18 and older should complete an Advance Directive for Health Care document. A serious illness or injury can happen at any time. It’s best to be prepared. You can always change your Advance Directive and name a new Patient Advocate at a later date by completing another document.

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Start By Having Conversations

As you read through this booklet, think about the types of medical care you’d like to receive in different situations. Talk about it with your family, friends and physician(s).

- What if you were only able to be kept alive with artificial life support?
- What if you were very ill with little hope of survival. Would you want physicians to use CPR and other methods to try to keep you alive?
- What if you were in an irreversible coma or persistent vegetative state — unconscious and/or unaware of your surroundings and likely to stay that way for the rest of your life. What would your medical goals be?

Having conversations about these important topics will be very helpful as you complete the Advance Directive form. And these conversations will help your loved ones know in advance what sort of health care you would want in different situations. Here are a few of the topics you may want to discuss with your family, friends and Patient Advocate(s):

- **Pain Management and Comfort** — Serious illness or injury often includes pain that can be frightening or disabling. You should never be afraid or embarrassed to ask your caregivers for help managing pain or any other symptom or concern that is causing you discomfort. You have a right to have your pain managed so that you are comfortable.

- **Nutrition/Hydration** — Medically supplied nutrition and hydration (also known as tube feeding and IV fluids) are sometimes needed in order to help a person recover from an illness. For some patients, medically supplied nutrition can be a big help. But there may be times when a person’s illness cannot be cured and medically supplied nutrition/hydration simply prolongs suffering. Talk to your family, physician and Patient Advocate about whether you would want medically supplied nutrition/hydration if you were in a persistent vegetative state (PVS) or other medical situation with little hope of recovery.

- **Organ and Tissue Donation** — You may already have indicated on your driver’s license or on the Michigan Organ Donor Registry that you want to be an organ donor. These wishes should also be written in your Advance Directive and conveyed to your Patient Advocate(s) and loved ones. Michigan law requires that health care providers ask about organ donation at the time of death. Your physician and family members should be aware of your wishes. Making this decision now can relieve your family and loved ones of the burden of having to make this decision in emotionally difficult times.
Choosing A Patient Advocate

Your Patient Advocate should be someone who knows you, your values and your beliefs. He or she may have to make important health care and/or mental health decisions for you if you are not able to make them for yourself.

• Your Patient Advocate needs to be at least 18 years of age.
• He/she can be a family member, but does not need to be. It should be someone you trust to honor your wishes no matter how difficult the situation may be.
• Your Patient Advocate cannot be your physician, your medical or mental health professional, or any other professionals providing care to you.
• It is important to discuss your medical preferences with your Patient Advocate and your physician(s) so that they will know what you want.
• Your Patient Advocate cannot delegate his or her responsibility to someone else. But you can choose a Successor Patient Advocate in case your first Patient Advocate is not able to fulfill his or her responsibilities.
• Your Patient Advocate and your Successor Patient Advocate must be willing to accept the responsibility that comes with this role. The Patient Advocate Acceptance Form in this booklet needs to be signed by your Patient Advocate and the Successor Patient Advocate.

Communicating With Your Physicians

As you think about these important health care decisions and prepare to fill out the Advance Directive forms, you will want to discuss your thoughts and feelings with your physicians. Be open and honest with your physicians and mental health professionals. They may be able to provide valuable insights that will help you make informed decisions.

You might also want to discuss your decisions with other health care professionals like social workers and spiritual care providers.

Once you’ve completed your Advance Directive, be sure to give a copy to your physicians as well your Patient Advocate.
What Should I Do With My Advance Directive?

You should make several copies of your completed Advance Directive forms and keep them in many places.

• Give one to your Patient Advocate.
• Give one to your Alternate Patient Advocate(s).
• Keep one in your home where you and your family members can easily find it if you need to go to the hospital or call 911.
• Give one to each of your physicians and/or mental health professionals.
• Keep one in your car.

Review your Advance Directive every time you have an annual physical or whenever one of the *Five Ds* occurs:

• **Decade** — when you start each new decade of your life.
• **Death** — whenever you experience the death of a loved one.
• **Divorce** — if you (or your Patient Advocate) experience a divorce or other major family change.
• **Diagnosis** — if you are diagnosed with a serious health condition.
• **Decline** — if you experience a significant decline or deterioration of an existing health condition, especially when you are unable to live on your own.

What If I Change My Mind?

If you ever change your mind about any part of your Advance Directive — including who you name as a Patient Advocate or Successor Patient Advocate — you can change it at any time. Here’s what you should do:

• Complete a new Advance Directive document.
• Write down, sign and date a statement that confirms you are cancelling your previous Advance Directive. In the presence of two witnesses, announce that you are cancelling your Advance Directive and notify your health care provider that it has been revoked.
• Destroy your previous documents and copies.

**DON’T GET CONFUSED**

Based on a Michigan law passed in 1990, the “Designation of a Patient Advocate” is legally binding and is sometimes called a “Durable Power of Attorney for Health Care.” *Don’t confuse the term “Durable Power of Attorney for Health Care” with the term “Durable Power of Attorney,” which relates to decisions about your financial matters.* Your Patient Advocate named in your Advance Directive for Health Care cannot make any decisions about your finances, unless you choose that same person to make financial decisions on your behalf in a separate legal document.
Allow Natural Death (AND)
This is a choice you can make about how you’d like to spend your final days and hours. If you choose to Allow Natural Death, physicians and health care providers will attend to your spiritual, social and physical needs by providing quality comfort care (excluding aggressive and invasive measures that do not provide comfort) and by encouraging the presence of family, friends and loved ones.

Brain Death
The patient is pronounced dead when the doctor determines that all brain functions that maintain vital life organs have stopped.

Cardiopulmonary Resuscitation (CPR)
An emergency procedure used to attempt to restore heartbeat when the heart and/or breathing has stopped. While this is important in an emergency, there are some situations that could make it ineffective or even undesirable. It is important that you discuss this with your doctor.

Code
An emergency response by a medical team to attempt to revive a patient whose heart or breathing has stopped.

Comfort Care
This is a means of minimizing pain and other symptoms. It includes support of family and loved ones as well as attention to your spiritual, social, emotional and physical well-being. It usually excludes the aggressive and invasive measures that can cause a person more suffering without any real benefit.

Do Not Resuscitate (DNR) Order
Also known as “Do Not Attempt Resuscitation,” this is an order that must be written by a doctor. It means that CPR would not be attempted to restore respiration and heartbeat. It is important to discuss this with your doctor. Your doctor can tell you if CPR would or would not be of benefit to you.
**Hospice Care**

Care that addresses the physical, emotional, educational, social and spiritual needs of terminally ill patients, their caregivers and families. It provides a compassionate approach to health care when curative measures are no longer an option. Hospice services can be provided by a team of professionals and volunteers in a private home, a nursing home or a hospital.

**Palliative Care**

Specialized medical care for people with a serious illness. Palliative care is focused on providing people with relief from the symptoms, pain and stress of an illness with equal attention to emotional and spiritual well-being. Palliative care is delivered by a team of doctors, nurses and other specialists who work with a person’s primary doctor to provide an extra layer of support. This type of care can be provided at the same time as treatment that is meant to cure a person.

**Persistent Vegetative State (PVS)**

A rare, incurable condition in which the person is unable to speak, think or move purposefully, but breathing and heartbeat continue with periods of apparent wakefulness and sleep.

**Terminal Condition**

A condition caused by an incurable illness or injury in which death may be expected within days or months. Life-sustaining procedures may sometimes be considered as only prolonging the dying process.
We, Mercy Health and Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

As a faith-based organization, we believe that human life is a sacred gift from God. All persons, regardless of their medical condition, possess dignity and are worthy of respect, protection and excellent care.

Respect for human dignity and human life demands that we take reasonable care of our lives. Such respect, however, does not mean that we must do everything possible to extend physical life, especially when death is inevitable or when treatments would be too burdensome for the patient. A patient’s values and wishes regarding medical decisions will be honored as long as the request is not contrary to our Catholic church teaching (e.g., assisted suicide).

If there are ever concerns about the patients’ medical decisions, we always value the opportunity to have respectful and compassionate conversations with the patient and/or family to reach a mutually agreed resolution.

For questions or more information, please call 616.685.6115 or visit MercyHealth.com/ACP