



# Caring Conversations<sup>®</sup>



## *An Introduction to Making Your Healthcare Wishes Known*

### *Caring Conversations*<sup>®</sup>

is designed to guide you, your family and your friends through the process of Advance Care Planning.



GUIDANCE AT THE CROSSROADS OF DECISION

Harzfeld Building  
1111 Main Street, Suite 500  
Kansas City, MO 64105-2116

# Advance Care Planning

---

Advance Care Planning is the ongoing process of discussing personal values, goals of care, determining and/or executing treatment directives and appointing someone to speak for you when you cannot speak for yourself.

Many people are familiar with the names of Karen Ann Quinlan, Nancy Cruzan and Terri Schiavo. The lives of these young women remind everyone of the importance of making our wishes known for our future healthcare and appointing someone to speak for us when we can no longer speak for ourselves.

The U.S. Supreme Court case of Nancy Cruzan not only changed the path of the Cruzan family, it continues to affirm the rights of adults in the United States to make decisions regarding their healthcare wishes. Specifically, the case affirms that adults with capacity:

- May choose or refuse any medical or surgical procedure
- May make advance directives and transfer their decision-making authority.

## Preparing an Advance Directive

“Advance directive” is a general term used to describe both the Durable Power of Attorney for Healthcare Decisions and the

Healthcare Treatment Directive. It is a term also used to refer to a Living Will as well as informal directives people may set down in letters or conversations. An advance directive allows you to communicate your healthcare preferences when you can no longer make your own decisions.

This booklet includes a Durable Power of Attorney for Healthcare Decisions form to appoint an agent to speak for you when you cannot speak for yourself. Also contained in this booklet is a Healthcare Treatment Directive form. You may complete one or both of these forms. They will be most helpful and informative if you discuss your wishes with your loved ones, friends and healthcare providers as part of your advance care planning.



## Conversations

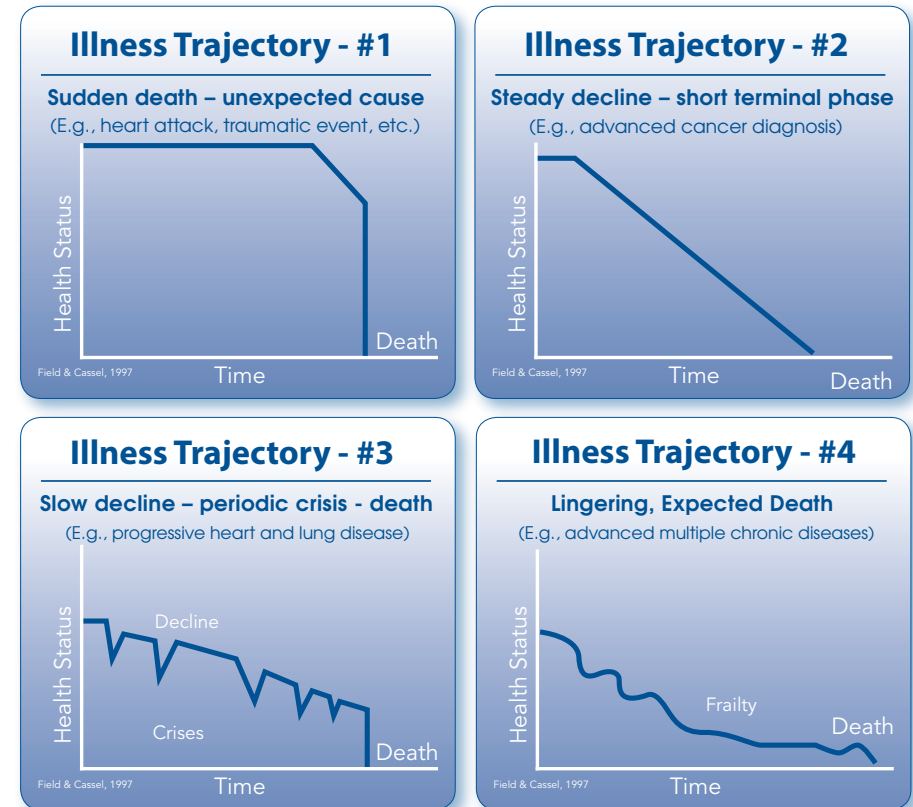
Communicating your wishes for your healthcare is important. The greatest benefit of doing advance care planning and preparing advance directive documents is the power you have to communicate your wishes. Discuss your wishes and share your advance care planning documents with your loved ones, friends, healthcare providers, clergy and your attorney (if you have one) and others whom you trust to carry out your wishes.

Completing the **Caring Conversations**<sup>®</sup> Workbook (see page 11) first will make this process easier. It provides an opportunity for you to identify and communicate your values and healthcare goals. You may order print copies of the workbook for a nominal fee at the Center's website, [www.practicalbioethics.org/resources](http://www.practicalbioethics.org/resources). You may also contact us with questions at [bioethic@practicalbioethics.org](mailto:bioethic@practicalbioethics.org) or by calling 816-221-1100.



## Pictures of Illness

When a person is 18 years of age, he or she should complete an advance directive. At any age, the existence of an advance directive can become critical when you have an unexpected traumatic event or a serious health condition. As you consider making your healthcare wishes known, it is helpful to remember that if you are diagnosed with an illness, it will have a path or trajectory that may affect your healthcare wishes and decisions. Below are pictures of four common illness trajectories.



\* Adapted from Field, M. J. & Cassel, C. K. (Ed.). (1997) *Approaching Death: Improving care at the end of life*. Division of Health Care Services. Institute of Medicine. Washington D.C.: National Academy Press.

# Frequently Asked Questions about Advance Care Planning and Advance Directives

## 1. What is an advance directive?

Usually an advance directive is composed of two parts: the appointment of an agent to make healthcare decisions for you when you are unable to make these decisions for yourself (a Durable Power of Attorney for Healthcare) and a description of the kind of medical treatment you want when you are facing serious illness (e.g., a Living Will or Healthcare Treatment Directive).

## 2. Whom should I name as my agent?

It is important that you name a person who knows your goals and values and whom you trust to carry out your wishes as your agent. You may name a family member, but it is not necessary to do so. You might choose your spouse, an adult child, or a close friend or other loved one. Be sure to talk with your agent about your wishes in detail and confirm that he or she agrees to act on your behalf. If you have completed a **Caring Conversations**<sup>®</sup> Workbook, share it with your agent.

---

## 3. Do I need an attorney to make a Healthcare Treatment Directive or a Durable Power of Attorney for Healthcare Decisions?

No. However, you may want to discuss your advance directive with your attorney, if you have one.

---

## 4. Do advance directives need to be witnessed or notarized?

Yes. Witnessing and notarizing requirements vary from state to state and from document to document. States typically require witnessing by two adults and they may limit who may witness. Some states disqualify persons as witnesses who are related to you, who will inherit from you, or for whom you are financially responsible. Because of state-to-state differences, it is a good idea to have your advance directive both witnessed and notarized.

---

## 5. What do I do with my completed advance directive?

Make copies of your advance directive to provide to any agent(s) named in your Durable Power of Attorney for Healthcare Decisions document and other appropriate individuals (i.e., physicians, family, friends, clergy and attorney), and

- Discuss the details of your advance directive with these individuals.
- Ask your physician to make it part of your permanent medical record.
- Whenever you are hospitalized or go on a trip, take a copy with you.

## 6. When does my advance directive go into effect?

As long as you can make decisions, it is both your right and your responsibility to make your own decisions. In most cases, therefore, your advance directive goes into effect only when you are no longer able to make or communicate your decisions. If, however, you are concerned about your ability to make reliable decisions, you may give your agent authority to act on your behalf on the day you sign the document.

---

## 7. How long will my advance directive be effective?

As a general rule, your advance directive is effective until the time of your death. We recommend that you review your advance directive periodically, especially when there is a change in your health status. Date and initial it following every review and discuss any changes with your family, friends and physician.

If you appoint an agent in a Durable Power of Attorney for Healthcare Decisions document, your agent can, in conformity with state law, make a few decisions following your death, for example, decisions about an autopsy, organ and tissue donation, and the disposition of your body.

---

## 8. Can I expect healthcare providers to carry out the directions in my advance directive?

Yes, you should expect that your directions will be carried out. Healthcare providers have both legal and ethical duties to respect patient directions, whether verbal or written, within any limitations of state law. However, your directions are more likely to be known and honored if you have named an agent to act on your behalf. If your directions are not being honored, your agent or loved ones should ask for help from an ethics committee, social worker, chaplain, or ombudsman.

---

## 9. Will my advance directive be honored in an emergency situation?

If you are living with a life-limiting condition, the best way to ensure that your instructions and values are honored in an emergency situation is to speak with your doctor to determine if specific medical orders should be written for first responders and hospital providers. Your agent should be made aware of any medical orders that address what types of rescue measures should be applied in your situation that coincide with your goals of care, especially as your condition changes. To learn more, see ***Caring Conversations***<sup>®</sup>...continued on page 11.

---

## 10. Can my advance directive or treatment instructions by my agent be overridden by my family members?

You and your agent will not be able to anticipate every clinical situation that may arise and it may not always be clear exactly what you would want. Your agent will need to work with your providers, other caregivers and family members to make sure everyone stays focused on how your instructions should be honored and how to protect your best interests. The more information your agent and providers have, the better equipped they are to make good decisions. You can assist your agent in preventing your wishes from being overridden by making sure family members know how much confidence and trust you place in your agent and your providers to make decisions on your behalf.

## 11. How can I describe what an “acceptable quality of life” means to me?

There is no right answer to this question; however, here are some things to consider:

- What is your own “bottom line?” Under what circumstances would dying naturally be preferable to sustaining life?
- Do religious values influence your treatment decisions? (If so, how?)
- How important is it for you to be able to care for yourself?
- What kind of living environment would you be willing to accept?

- How important is it to you to be able to engage with family and friends?

We encourage you to begin your Advance Care Planning. It starts with reflection and conversation. Please share your values and wishes with those who care for you. If you have also completed a **Caring Conversations®** Workbook, indicate that you have done so in your advance directive so that your care providers will know to look for more information.

The more you express your choices regarding medical treatment and end-of-life care, the more confidence and peace of mind you and your loved ones will have in making these important decisions.

## Additional Advance Care Planning Resources

The image displays three resources for advance care planning. On the left is a 'Conversation Starters' booklet with the title 'Conversations REAL LIFE. REAL ISSUES. REAL TIME.' and the logo for the Center for Practical Bioethics. In the center is the 'Caring Conversations® Workbook' featuring a photo of an elderly man and a younger man talking, with the text 'MAKING YOUR HEALTHCARE WISHES KNOWN' and a form for name and date. On the right is the 'TPOPP' (Talking Points for Older People) booklet, also with the Center for Practical Bioethics logo, featuring a photo of an elderly woman and a younger woman talking, with the text 'Making Your Healthcare Wishes Known'.

To order or download, go to [www.PracticalBioethics.org](http://www.PracticalBioethics.org).

## Vision

**Ethical discourse and action advance the health and dignity of all persons.**

## Mission

**To raise and respond to ethical issues in health and healthcare.**

## Our Core Value

**Respect for human dignity.**

We believe that all persons have intrinsic worth.



We promote and protect the interests of those who can and cannot speak for themselves.



We commit to the just delivery of healthcare.

---

We welcome your interest in the *Caring Conversations*® program. For more information about *Caring Conversations*® or the Center for Practical Bioethics, please contact us at 816 221-1100, visit our website [www.PracticalBioethics.org](http://www.PracticalBioethics.org), or email us at [bioethic@PracticalBioethics.org](mailto:bioethic@PracticalBioethics.org).

---



## Durable Power of Attorney for Healthcare Decisions

■ **Take a copy of this with you whenever you go to the hospital or on a trip** ■

It is important to choose someone to make healthcare decisions for you when you cannot make or communicate decisions for yourself. Tell the person you choose what healthcare treatments you want. The person you choose will be your agent. He or she will have the right to make decisions for your healthcare. If you DO NOT choose someone to make decisions for you, write NONE on the line for the agent's name.

I, \_\_\_\_\_, SS# \_\_\_\_\_ (optional, last 4 digits), appoint the person named in this document to be my agent to make my healthcare decisions.

This document is a Durable Power of Attorney for Healthcare Decisions. My agent's power shall not end if I become incapacitated or if there is uncertainty that I am dead. This document revokes any prior Durable Power of Attorney for Healthcare Decisions. My agent may not appoint anyone else to make decisions for me. My agent and caregivers are protected from any claims based on following this Durable Power of Attorney for Healthcare. My agent shall not be responsible for any costs associated with my care. I give my agent full power to make all decisions for me about my healthcare, including the power to direct the withholding or withdrawal of life-prolonging treatment, including artificially supplied nutrition and hydration/tube feeding. My agent is authorized to

- Consent, refuse, or withdraw consent to any care, procedure, treatment, or service to diagnose, treat, or maintain a physical or mental condition, including artificial nutrition and hydration;
- Permit, refuse, or withdraw permission to participate in federally regulated research related to my condition or disorder
- Make all necessary arrangements for any hospital, psychiatric treatment facility, hospice, nursing home, or other healthcare organization; and, employ or discharge healthcare personnel (any person who is authorized or permitted by the laws of the state to provide healthcare services) as he or she shall deem necessary for my physical, mental, or emotional well-being;
- Request, receive, review, and authorize sending any information regarding my physical or mental health, or my personal affairs, including medical and hospital records; and execute any releases that may be required to obtain such information;
- Move me into or out of any State or institution;
- Take legal action, if needed;
- Make decisions about autopsy, tissue and organ donation, and the disposition of my body in conformity with state law; and
- Become my guardian if one is needed.

In exercising this power, I expect my agent to be guided by my directions as we discussed them prior to this appointment and/or to be guided by my Healthcare Directive (see reverse side).

*If you DO NOT want the person (agent) you name to be able to do one or other of the above things, draw a line through the statement and put your initials at the end of the line.*

Agent's name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_

*If you do **not** want to name an alternate, write "none."*

Alternate Agent's name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_

### Execution and Effective Date of Appointment

My agent's authority is effective immediately for the limited purpose of having full access to my medical records and to confer with my healthcare providers and me about my condition. My agent's authority to make all healthcare and related decisions for me is effective when and only when I cannot make my own healthcare decisions.

**SIGN HERE** for the *Durable Power of Attorney* and/or *Healthcare Directive* forms. Many states require notarization. It is recommended for the residents of all states. Please ask two persons to witness your signature who are not related to you or financially connected to your estate.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Witness \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_\_

### Notarization:

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_, personally appeared before me the person signing, known by me to be the person who completed this document and acknowledged it as his/her free act and deed. IN WITNESS WHEREOF, I have set my hand and affixed my official seal in the County of \_\_\_\_\_, State of \_\_\_\_\_, on the date written above.

Notary Public \_\_\_\_\_  
 Commission Expires \_\_\_\_\_



# Healthcare Treatment Directive

■ *If you only want to name a Durable Power of Attorney for Healthcare Decisions, draw a large X through this page.* ■

I, \_\_\_\_\_, SS# \_\_\_\_\_ want everyone who cares for me to know what healthcare I want.  
(optional, last 4 digits)

I always expect to be given care and treatment for pain or discomfort even if such care may affect how I sleep, eat, or breathe.

I would consent to, and want my agent to consider my participation in federally regulated research related to my disorder or condition.

I want my doctor to try treatments/interventions on a time-limited basis when the goal is to restore my health or help me experience a life in a way consistent with my values and wishes. I want such treatments/interventions withdrawn when they cannot achieve this goal or become too burdensome to me.

I want my dying to be as natural as possible. Therefore, I direct that no treatment (including food or water by tube) be given just to keep my body functioning when I have

- a condition that will cause me to die soon, or
- a condition so bad (including substantial brain damage or brain disease) that I have no reasonable hope of achieving a quality of life that is acceptable to me.

An acceptable quality of life to me is one that includes the following capacities and values. (Describe here the things that are most important to you when you are making decisions to choose or refuse life-sustaining treatments.)

---



---



---



---

- Examples:
- + recognize family or friends
  - + feed myself
- + make decisions
  - + take care of myself
- + communicate
  - + be responsive to my environment

*If you do not agree with one or other of the above statements, draw a line through the statement and put your initials at the end of the line.*

In facing the end of my life, I expect my agent (if I have one) and my caregivers to honor my wishes, values, and directives.

For further clarification, please refer to my *Caring Conversations* Workbook, which is located at \_\_\_\_\_.

***Be sure to sign the reverse side of this page even if you do not wish to appoint a Durable Power of Attorney for Healthcare Decisions***

**Talk about this form and your ideas about your healthcare with the person you have chosen to make decisions for you, your doctors, family, friends, and clergy. Give each of them a completed copy.**

You may cancel or change this form at any time. You should review it often. Each time you review it, put your initials and the date here. \_\_\_\_\_

This document is provided as a service by the Center for Practical Bioethics.  
For more information, call the Center for Practical Bioethics at 816-221-1100  
Email – [center@practicalbioethics.org](mailto:center@practicalbioethics.org) • Website – [www.practicalbioethics.org](http://www.practicalbioethics.org)