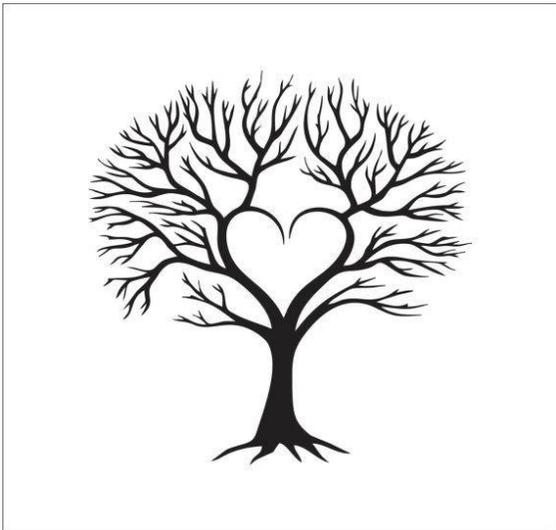


# My Medical Wishes Care Planning Workbook



**Make your medical wishes known now**

A serious accident or change in health could affect your ability to make your wishes known. Have you chosen somebody who could make medical decisions for you if you are ever unable to speak for yourself? Does your family know the types of treatments you would or would not want? We encourage people of all ages to start advance care planning before there is a need. This workbook will help you and your loved ones know what you want.

**Advance care planning** is the process of understanding your values and wishes. It lets people know what kind of health and personal care you would want in the future if you were unable to speak for yourself. It involves talking with your loved ones about your healthcare choices. Then, writing down your wishes in an advance directive document.

An **advance directive** or durable power of attorney for healthcare is a legal document. In this form, you write down who you want to make medical decisions and your end-of-life wishes. It will be used only if you are unable to make medical decisions on your own. An advanced directive is free to complete. You may never need to use the plan -- but if you do, you'll be glad it's there for you.

Notes:

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**The best time to make healthcare decisions is before you need emergency care or your health declines.**

### **Why don't people make their medical decisions known?**

Here are some common reasons:

- I am not sick enough.
- I don't think I will ever need help making decisions.
- I am not sure what to say, or how to start the conversation with my family.
- It's too upsetting to think about.
- I am not sure where to begin.
- I am young and healthy.

### **Why making your medical wishes known is important:**

- No one can honor your wishes if they do not know what they are.
- Knowing your wishes takes a heavy burden off your loved ones and medical providers. They will not have to make tough choices while trying to guess what you would want.
- Family members do not always agree, especially in stressful situations.
- You can take the time to talk to your family about what is most important to you. You can explain the type of care you want to receive.

### **There are five steps involved in advance care planning:**

1. **Decide**  
Think about who you would want to make medical decisions if you could not. Carefully consider your values to determine the end-of-life treatments you would or would not want.
2. **Document**  
Complete an advance directive document.
3. **Discuss**  
Talk to your patient advocate(s) about your personal values.
4. **Distribute**  
Make the document available to both family and your healthcare providers.
5. **Update**  
Review your advance directive and have a new conversation with any life changes.

**Give your loved ones the gift of your choices today before a crisis.**

# DECIDE

## **A) Choose your patient advocates**

These are the people you most trust to make medical decisions if you could not. It is best to choose two to three people as someone may not be available. Only one person can act as your patient advocate at a time.

### **A patient advocate:**

- Must agree to perform the role.
- Only directs your healthcare after two doctors agree you lack decision-making ability.
- Discusses with your health care team about what your answers to medical questions would be if you could give them.
- Agrees to or refuses medical treatments for you, including life-sustaining treatments.
- Allows your transfer to other facilities if needed (nursing home, other providers, another hospital).

### **Choose the right person to be your patient advocate. Select someone who:**

- Is 18 years of age or older who you fully trust (does not have to be family).
- Knows you well and understands what is important to you.
- Is willing to follow your wishes.
- Is strong enough to act on your wishes, separate from his or her own feelings.
- Would ask key questions about treatment choices.
- Can handle different opinions that may arise with family members, friends, and medical providers regarding your choices.

People I fully trust who might be good healthcare patient advocates.

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## **B) Consider your life-sustaining treatment preferences**

Planning ahead will help you and your loved ones make hard decisions in the event of a serious accident or illness. It is important to decide ahead of time what types of medical treatments you would or would not want to extend your life.



# DOCUMENT

## **Complete an advance directive document**

One advance directive option is the *Making Choice Michigan/MiHIN* document. Another term used for this type of legal document is a durable power of attorney for healthcare. There are also other types of advance directive forms available.

There are two main components that make the document legal in Michigan.

1. Be certain that your signature is witnessed by two people who are not related to you and are not directly serving as your medical healthcare providers.
2. Your patient advocates must sign they are willing to perform the role if they are ever needed. These signatures do not have to match the same date as your signature and witnesses.

### **When completing the treatment preferences or goals of care on pages (pgs. 6&7) there are some statistics that are important to make an informed choice.**

- CPR success rate is 25% if your heart stops while in the hospital. It decreases to 12% if received outside of the hospital.
- CPR success rates decrease for people who have more medical issues. Older individuals or those with more than one chronic illness generally have less than 5% chance of surviving CPR.
- Ribs are broken in up to 97% of CPR attempts.
- A breathing tube is placed during CPR. Those who survive CPR are usually monitored in the intensive care unit (ICU). The person may need a ventilator for days, weeks, months or longer to support their breathing.
- Permanent brain damage may occur from lack of oxygen in up to half of those who have CPR attempted. Damage can occur after 3-6 minutes without oxygen.

### **Questions I have about life-sustaining treatments:**

### **Things I want to talk through with my doctor or clergy/spiritual leader:**



# DISCUSS

## **Talk to your family about your choices and share the document**

This is one of the most important steps in advance care planning. You have to talk to your patient advocates and explain your preferences and personal values fully.

### **Plan the conversation with your chosen patient advocates and family**

**Who:** Invite your patient advocate and other close family members

**Where & When:** Choose a quiet, private place where you can talk openly

**How to start the conversation:** “Even though I am OK right now, I want to be prepared. I need to think about the future, will you help me?”

**What to share:** Bring your completed advance directive document so they can read about their role on page 4 and then sign the document on page 5. Bring this workbook to help guide the discussion, especially the quality of life worksheet on page 7. Please also consider using the questions below to help you express your feelings to your loved ones.

- 1) What are some of the things you really enjoy doing? What gives your life special meaning? How would you like to live until you can't?
- 2) What fears or worries do you have about death? What fears do you have about getting sick or needing medical care?
- 3) What problems do you think you may have in the future from your illness? What are your most important goals if your health situation worsens?
- 4) If you were very ill, how much are you willing to go through for the possibility of gaining more time? Are there specific medical treatments that might be too much for you?
- 5) What abilities are so critical to your life that you can't imagine living without them?
- 6) Who or what helps you when you face serious challenges in your life? Do you have any beliefs that guide you when you make medical decisions?



## DISTRIBUTE

It is very important once you have carefully put your feelings onto paper and discussed your preferences with your loved ones, that you place copies in several places so that it can be located in the event of an emergency.

### Places you could store your advance directive document:

- Bring a copy to your doctor’s office to scan into your medical record
- Give a copy to your patient advocate and close family members
- Place a copy where you keep important papers
- File-of-Life red refrigerator magnet so EMS can have quick access
- Vehicle glove box
- E-mail as attachment so family can easily retrieve on their smart phones



## UPDATE

You can make changes to your advance medical directive at any time. You can do this by making a note on the bottom of the document that you reviewed it with signature and date. We recommend you update your document every few years, or follow the 5D rule:

- Every new decade of your life
- After the death of a loved one
- After a divorce
- After any significant diagnosis
- After any significant decline in functioning

## More Resources

- <https://www.bronsonhealth.com/services/advance-care-planning/>
- Talk with your doctor with specific questions particular to your health status
- For more information or help, call: **1-269-341-8778**

### Notes on next steps to complete my advance care planning:

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- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Quality of Life Worksheet to Supplement an Advance Directive/Healthcare DPOA**

Below are questions for thought and discussion to help you plan for future healthcare. Circle one number for each statement. A rating of 4 indicates something that is very important to you. A rating of 0 indicates something that is not important.

**How important are the following items?**

	Very Important → Not Important				
Preserving my quality of life	4	3	2	1	0
Being mentally alert and competent	4	3	2	1	0
Being independent	4	3	2	1	0
Letting nature take its course	4	3	2	1	0
Being comfortable and as pain-free as possible	4	3	2	1	0
Leaving good memories for family and friends	4	3	2	1	0
Being free of physical limitations	4	3	2	1	0
Dying in a short time rather than lingering	4	3	2	1	0
Being able to relate to my family and friends	4	3	2	1	0
Living as long as possible, regardless of quality of life	4	3	2	1	0
Avoiding expensive care	4	3	2	1	0
Staying true to my spiritual beliefs and traditions	4	3	2	1	0
Being able to leave money to family, friends, charity	4	3	2	1	0
Making a contribution to medical research or teaching	4	3	2	1	0

**What will be important to you when you are dying? Describe what you would want for your end-of-life care.**

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Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

*You can attach this page to your advance directive document to offer additional information to your patient advocates. You may want to give copies to your family and healthcare providers.*