

## **MAKING AN ADVANCE DIRECTIVE PLAN TODAY FOR TOMORROW**



## PLAN TODAY FOR TOMORROW

You're wisely planning ahead by filling out an Advance Directive. By making your wishes known, you're removing any confusion about the kind of medical care you want. It also shows your concern for loved ones by freeing them from the stress of making choices that may be difficult.

## WHAT IS AN ADVANCE DIRECTIVE?

An Advance Directive is a written form that tells your family and health care team what you want if you have a serious injury or illness and are not able to speak for yourself.

Your Advance Directive will answer the question: *Who would speak for you if you couldn't speak for yourself?* If you can't make your own health care choices, they would have to be made by someone else. Family members and doctors may not be clear about what your wishes might be. They may disagree with each other.

All adults, regardless of age or health status, should have an Advance Directive. *Even though it may be unlikely that you will need to use it, completing an Advance Directive is strongly recommended early in your care.*

## HOW DO I COMPLETE AN ADVANCE DIRECTIVE AT CITY OF HOPE?

Your doctor, nurse or social worker can get you started and help you and your family understand the various important decisions you will have to make when completing an Advance Directive. You may contact the Biller Resource Center to connect you with the Advance Directive navigator at (626) 218-CARE (2273). This navigator can answer your questions and guide you through the process. There is a form called the "California Advance Health Care Directive" available at the Biller Resource Center. You can complete this on your own or with the help of the Advance Directive navigator or a clinical social worker.



## PART 1: CHOOSE A MEDICAL DECISION MAKER

A **medical decision maker** is a person who can share your wishes and make health care decisions for you if you are unable to make them yourself. You can name a family member or friend you trust as your medical decision maker. Your doctors are required to follow your medical decision maker's instructions.

You can name anyone over the age of 18 with some exceptions. You *cannot* name your doctor, nurse or any other professional who is providing health care for you or works for any place where you are receiving care. However, if an employee of your health care provider or of your health care institution is a blood relative, then that person may be your medical decision maker.

You should think very carefully about whom you want to be your medical decision maker. It is a serious responsibility and these decisions can be emotionally difficult. This person should be someone who:

- you are comfortable talking with
- you trust to do what you want
- knows your values and what is important to you
- can be there if you become seriously ill
- can stand up for what you want

Also, you should name a second person as your medical decision maker in case the person you name as your first choice is unable to do it.

It is important to talk with the person you want to name as your medical decision maker. This way, you are sure that he or she understands what this means and agrees to accept this responsibility.

## PART 2: MAKE YOUR OWN HEALTH CARE CHOICES

People feel differently about how much treatment they want under different conditions.

The Advance Directive form lets you describe what kinds of treatment you would and would not want. It may be helpful to speak with your family and doctor first about any concerns.

In this section, you can make selections from the choices listed. If you want to write down your choices, there are blank spaces available on the form.

People feel differently about how much and what type of medical care they would want in different situations. Would they want life support with a breathing machine (ventilator) or blood transfusions? Think about how much treatment you would want if:

- a long course of treatment would provide a small chance of full recovery
- you were going to be permanently unconscious
- you would recover your mental capacity but would be paralyzed
- living longer meant being in pain
- you received nutrition through tubes in order to prolong your life

These are hard things to talk about, so give yourself some time. It can help to talk to your family, friends and perhaps to a spiritual leader about this before you make any decisions.

It helps your medical decision maker, family and doctors to know what you value and how those values apply to your medical care. For example:

*How important is independence and self-sufficiency to you?*

*What role do religious beliefs play in your life?*

*What do you cherish or fear the most?*

Talking to your medical decision maker, your family and your doctors helps them to understand what you want and why you feel that way. Your wishes will be clearer to them if they have a chance to ask you questions. You want to be sure that they all know:

- 1) the person you want to make decisions for you
- 2) what decisions you want made

If you do not fill those parts out, your medical decision maker will be responsible for making those decisions for you. Your medical decision maker will do what he or she thinks is best for you and is in line with the values that you shared. Your medical decision maker has the same authority to make medical decisions about your treatment and care as you would have. There are some medical decisions that the law does not allow your medical decision maker to approve: abortion, sterilization, psychosurgery or involuntary mental health treatment.

You can use the Advance Directive form to express your wishes about the following:

- medical care such as:
  - transfusions
  - life support
- spiritual wishes
- organ donation
- funeral arrangements
- autopsy



## PART 3: SIGN THE FORM

The form is valid after:

1. You complete one or more sections of the form
2. Two witnesses or a notary public have signed it

*Note about who can be a witness:*

### WITNESS 1

- Over 18 years of age
- Knows you
- Sees you sign the form
- Not your medical decision maker(s)
- Not your health care provider
- Not an employee of your health care provider
- Does not work where you live

### WITNESS 2

- Over 18 years of age
- Knows you
- Sees you sign the form
- Not your medical decision maker(s)
- Not your health care provider
- Not an employee of your health care provider
- Does not work where you live
- Not related to you in any way
- Will not benefit financially (get any money or property) upon your death

3. You have signed and dated it

Your Advance Directive stays valid until you revoke or replace it.

City of Hope has free notary services for patients. These services are available at the Sheri & Les Biller Patient and Family Resource Center.

## WHAT DO I DO WITH THE ADVANCE DIRECTIVE ONCE I HAVE COMPLETED IT?

*Make copies.* Your form should say that you authorize the use of copies as though they were originals. If this is not included in the form, write it on the form.

Give one copy to:

- your medical decision maker(s)
- your doctor
- each family member who would know if you were hospitalized
- lawyer, if you have one (remember, your lawyer is not likely to be called if you are in a hospital and cannot make your own decisions)

*Keep the original* and put it in a safe place where you can get it easily — not in a safe deposit box. Be sure to take a copy with you if you go to a hospital or nursing home so it can be placed in your medical record.

## WHAT IF I CHANGE MY MIND OR WANT TO ADD SOMETHING?

If you want to change and/or add something, you should complete a new form. Let your medical decision maker(s), your family and your health care team know that you have a new form. Give copies of the new form to all the people who have copies of your original form and discuss the changes. Everyone should destroy the old forms after you have made a new one.

## SHARE YOUR WISHES AND EASE YOUR MIND

Thinking about what you want and including those wishes in an Advance Directive is the best way to ensure that the choices you want are followed by others. It can help your family, friends and doctors know they're doing the right thing for you.

As people who have filled out an Advance Directive can tell you, it frees everyone from the burden of stress and worry. You're making sure your voice is always heard.



## ADDITIONAL ADVANCE HEALTH CARE PLANNING RESOURCES CAN BE FOUND AT THE FOLLOWING:

### Sheri & Les Biller Patient and Family Resource Center

City of Hope

1500 E. Duarte Road

Duarte, CA 91010-3000

626-256-4673, ext. 3CARE (32273)

[CityofHope.org/BillerCenter](http://CityofHope.org/BillerCenter)

### Coalition for Compassionate Care of California

<http://coalitionccc.org/tools-resources/advance-care-planning-resources/>

### Go Wish

[www.gowish.org/](http://www.gowish.org/)

### Five Wishes

<https://www.agingwithdignity.org/five-wishes/about-five-wishes>

### National Institute on Aging

[www.nia.nih.gov/health/publication/advance-care-planning](http://www.nia.nih.gov/health/publication/advance-care-planning)

### Cancer Legal Resource Center

Get information about cancer related legal issues.

Submit a request online at

<https://disabilityrightslegalcenter.org/cancer-legal-resource-center>



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800-826-HOPE

**CityofHope.org**