



Making Choices[®]

Planning in Advance for Future Healthcare Choices

Advance Care Planning Guide



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Looking back...

Who we are, what we believe, and what we value are all shaped by experiences we have had. Religion, culture, family traditions, jobs, and friends affect us deeply.

Has anything happened in your past that shaped your feelings about medical treatment?

Think about an experience you may have had with a family member or friend who was faced with a decision about medical care near the end of life. What was positive about that experience? What do you wish would have been done differently?

Here and now...

Do you have any significant health problems now? What kinds of things bring you such joy that, should a health problem prevent you from doing them anymore, life would have little meaning? What short- or long-term goals do you have? How might medical treatment help you or hinder you in accomplishing those goals?

What about tomorrow?

What significant health problems do you fear may affect you in the future? How do you feel about the possibility of having to go to a nursing home? How would decisions be made if you could not make them?

Who should make decisions?

An important part of planning is to consider whether or not you could appoint someone to make your healthcare decisions if you could not make them yourself. Many people select a close family member, but you are free to pick anyone you think could best represent you. Whoever you appoint should have all of the following qualifications:

- Can be trusted
- Is willing to accept this responsibility
- Is able to be available to healthcare team when needed
- Is willing to follow the values and instructions you have discussed
- Is able to make complex, difficult decisions

It is helpful—but not required—to appoint one or more alternate persons in case your first choice becomes unable or unwilling to represent you. Even when only one person has authority at a time, you can instruct your representatives to discuss decisions together if time permits.

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What future decisions need to be considered?

Providing instructions for future healthcare decisions may seem like an impossible task. How can anyone plan for all the possibilities? You cannot...but you do not have to.

You need to plan for situations where you

1. Become unexpectedly incapable of making your own decisions,
2. It is clear you will have little or no recovery, and
3. The injury or loss of function is significant.

Such a situation might arise because of an injury to the brain from an accident, a stroke, or a slowly progressive disease like Alzheimer's.

To plan for this type of situation, many people state, "If I'm going to be a vegetable, let me go." or "No heroics." or "Don't keep me alive on machines." While these remarks are a beginning, they simply are too vague to guide decision making.

You need to completely describe under what circumstances your goals for medical care should be changed from attempting to prolong life to being allowed to die. In some situations, certain treatments may not make sense because they will not help but other treatments will be of important benefit.

Consider these three questions:

1. When would it make sense to continue certain treatments in an effort to prolong life and seek recovery?
2. When would it make sense to stop or withhold certain treatments and accept death when it comes?
3. Under any circumstance, what kind of comfort care would you want, including medication, spiritual, and environmental options?

Making these choices requires understanding the information, weighing the benefits and burdens from your perspective, and then discussing your choices with those closest to you.

What's next?

How do you make sure that your choices are respected? First talk about them with your family, friends, clergy, and healthcare team, then put your choices in writing. Information about putting your plans into writing—in an advance directive—is available from your healthcare organization or attorney. You may want to include some of these answers with your advance directive document.



Do you have any significant health problems?

What health problems do you fear in the future?

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Consider what frightens you most about medical treatment.

What role does religion, faith, or spirituality play in how you live your life?

How does cost influence your decisions about medical care?

In terms of future medical care, under what circumstances would you want the goals of medical treatment to switch from attempting to prolong life to focusing on comfort? Describe these circumstances in as much detail as possible.

Ask yourself: What will most help me live well at this point in my life?

Share your views with the person or people who would make your medical decisions if you could not make them.

There's no easy way to plan for future healthcare choices.

It's a process that involves thinking and talking about complex and sensitive issues.

The questions that follow will help in the advance care planning process. This is a guide for your own benefit; it's not a test, and there are no right or wrong answers. It does not need to be completed all at once. You may use it to share your feelings with healthcare team, your family, and your friends. The answers to these questions will help those you love make choices for you when you cannot make them yourself. You may want to include some of these answers with your advance directive document.





These are things I need to tell my loved ones:

What is your idea of comfort care? Describe how you would want medications to be used to provide comfort. What type of spiritual care would you want?

I need to learn more about:

I need to ask my healthcare team:

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