

ADVANCE DIRECTIVES

Making Your Wishes Known About Your Health Care Treatment Choices

Why is This Important?

We hope that you are never so ill that you need someone to speak for you. However, it could happen, either because of illness or because of an accident. In that case, it is important that you let people know:

- ✓ What you want done
- ✓ Who can speak for you

The VA and most States have a special form that you can fill out to put your wishes in writing. It is called an **Advance Directive**. You can complete the form yourself. You don't need to see a lawyer or have the form notarized.

We Want You to Know

- ❖ You have the right to make decisions about your health care.
- ❖ You have the right to accept or to refuse medical treatment.
- ❖ You have the right to make an Advance Directive, such as a Living Will.
- ❖ You are not required to execute an Advance Directive as a condition of receiving care.

What is an Advance Directive?

An Advance Directive is a way to say what you would want done about your healthcare, **if you cannot decide for yourself**. An Advance Directive can take many forms. You can discuss your concerns with your doctor, nurse or social worker. Your decisions will be included in your Medical Record. You should also fill out a form that gives us legal authority to carry out your wishes.



The VA has a legal form that can be used. It includes 3 sections:

1. **Durable Power of Attorney for Health Care**
2. **Living Will**
3. **Treatment Preference / Other Directions**

About the Durable Power of Attorney for Health Care

This section allows you to pick someone to make decisions about your health care if you cannot do so yourself. This person is called a **Health Care Agent**.

Who can you pick? You should pick someone you trust. Most people will pick their Spouse or another member of their family. It is important for you to talk to your Health Care Agent and tell her or him what you would want done. You cannot pick someone who provides health care to you.

About the Living Will

This section in the form states what you would want done if you develop a terminal illness. A terminal illness is one in which there is no cure and in which death is expected within a period of six months. This section tells us your wishes about life sustaining care.

The main problem with the Living Will section is that it only applies to patients with terminal illness. If you are in a coma, you could live longer than six months. This would not be considered a terminal illness. In this case, it would be best also to have filled out the Durable Power of Attorney for Health Care section or the Treatment Preferences / Other Directions of the Living Will section.

About Treatment Preferences / Other Directions

You can specify in this section any of your wishes not covered in other parts of this document. When you complete this section, it helps your doctor or Health Care Agent to know what treatment you would want. Some treatments / situations you might want to include are defined below.

- ❖ **Heart & Lung Resuscitation (CPR):** CPR involves pressing the chest to restore blood flow, once the heart has stopped beating. It puts air into the lungs to give you oxygen. It has also been called “mouth to mouth resuscitation”.
- ❖ **Mechanical Ventilation:** The placement of a tube down your throat and into your lungs. The tube is attached to a machine that helps you breathe.
- ❖ **Dialysis:** The cleansing of the blood by a machine when the kidneys fail.
- ❖ **Artificial Nutrition:** Liquid food given through the veins or through a tube into the stomach.
- ❖ **Artificial Hydration:** Fluids given through the veins.



Filling Out The Form

You do not need a lawyer to complete this form. **Two people must witness it.** The two witnesses can be:

- ✓ a neighbor
- ✓ a friend
- ✓ a member of another patient's family.

If none of these people are available, the following hospital staff may be willing to be a witness:

- ✓ a social worker
- ✓ a clerk or secretary
- ✓ a chaplain.

The following **cannot** be witnesses:

- a family member
- the person you appoint as your Durable Health Care Power of Attorney (or alternate)
- anyone paying your medical bills
- anyone who may inherit your estate
- hospital staff who directly take care of you, such as doctors or nurses.

Completed Form and Copies

When you complete the form, it is important to make two copies. Give one copy to the person you selected as your health care agent. Give the other copy to somebody in your primary care provider's clinic. Keep the original form for yourself.

Carrying Out Your Wishes

Once you have made these important decisions, we want to make certain that they are carried out. We will note on your chart that you have an "**Advance Directive.**" You can change your mind at any time about your decisions for treatment. A new form will need to be filled out. Please let us know if you make changes so that we can update our records.

Questions?

If you have any questions, please talk with your health care provider, nurse, social worker or chaplain.

**Portland VA Medical Center
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VA Social Work Services Ext: 57029

VA Chaplain Ext: 57021

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