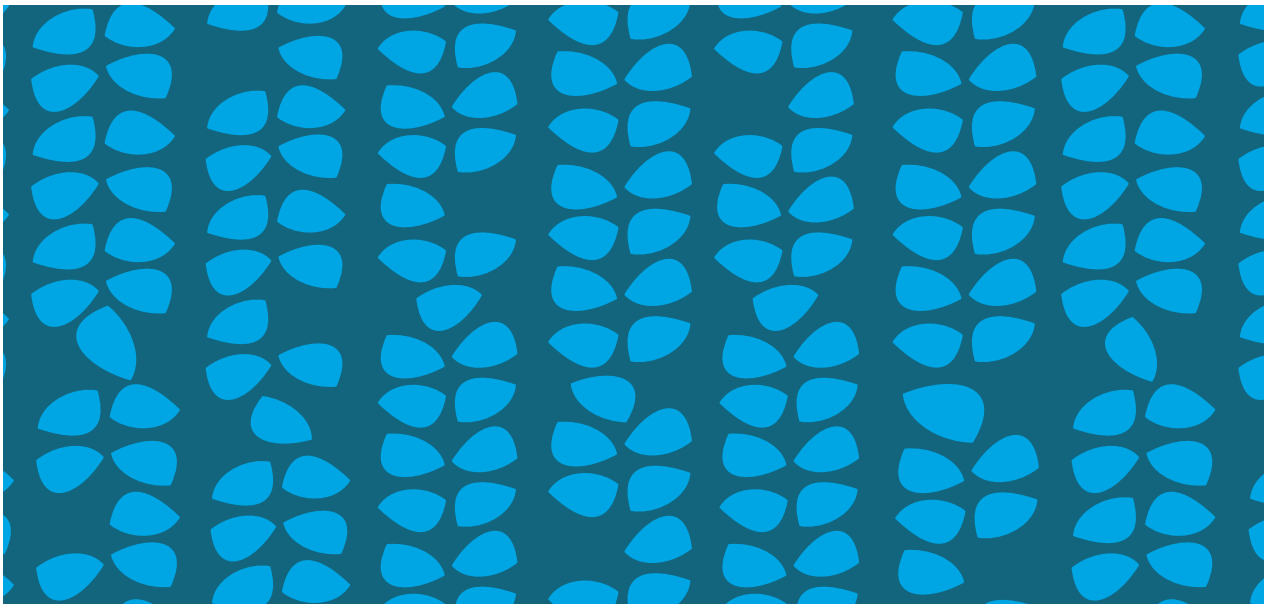
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CJE Guide to Healthcare Advance Directives



Advance Care Planning

Advance Care Planning is the *process* of making your healthcare wishes, values and preferences known. It is important for every adult to plan ahead, regardless of current health status. The best time to express yourself is now.

There are two key parts to advance care planning. First, is creating your legal healthcare advance directive documents. Second, is discussing your plans and wishes with your loved ones.

This step-by-step guide is designed to help you think about what is most important to you. Advance directives in Illinois are comprised of two documents, a Power of Attorney for Healthcare and a Living Will. Together, we call them "directives." This guide includes explanations and thoughtful exercises that can help you fill out your healthcare advance directives in a way that feels right for you. The goal of filling out healthcare advance directives is to choose someone who can make decisions for you in the event you are unable to do so. This guide can also help you start thinking about your wishes so you can make a plan for when healthcare decisions will need to be made on your behalf.

There are a number of resources available at CJE SeniorLife to help you through this process. For information on these resources please call us at 773.508.1000. Each section below corresponds to a section in the advance directives and is meant to help you think about filling out the forms. You might want to have this guide next to the forms and fill them out together.

Getting Started with Key Decisions in the Power of Attorney for Healthcare

SECTION A

Choosing Your Healthcare Agent

In this section you will choose a person to make healthcare decisions on your behalf. This person is called an "agent." Your healthcare agent should be a person who knows and will honor your wishes.

Many people choose to select an alternate person called a "secondary agent" to take the role in the event the first agent is unavailable.

What will my healthcare agent do?

If you are unable to (or choose not to) participate in decision-making about your healthcare, your healthcare agent plays a very important role, including the following:

- Meeting with healthcare providers to talk about your health
- Discussing your medications, tests and treatments
- Deciding to accept or withdraw treatment for physical or mental health conditions
- Deciding when and where you will get care
- Agreeing to admit or discharge you from a hospital or other medical facility
- Reviewing your medical records and information, if necessary
- Authorizing the release of your medical records, if necessary
- Ensuring your wishes are followed (or speaking on your behalf, if you have not expressed your wishes) about organ donation, autopsy and funeral arrangements

Note: Your healthcare agent will NOT be responsible for paying your medical bills or handling other financial or legal matters.

Who should I choose to be my healthcare agent?

You may choose any person as your healthcare agent who is over 18 years old and is not providing you any medical care. Many people choose someone close to them such as a spouse, significant other, adult child, or close friend or relative. What is most important is that you choose someone who will communicate your wishes, and act on your behalf, even in emotionally challenging situations.

You may want to choose a healthcare agent who:

- can stay calm and think clearly
- can be trusted to honor your wishes even if the agent disagrees with them
- is able to make choices that are not always easy
- is able to communicate effectively with healthcare providers and family members
- is willing to act as your agent

Once you have chosen your healthcare agent, and listed alternatives if you wish, be sure to discuss your choices with the agent and give them a copy of the power of attorney and living will. If you change your mind later, you can always complete new directives.

What will happen if I do not choose a healthcare agent?

It is not mandatory that you choose a healthcare agent. If you do not name an agent and you become unable to express your healthcare values and preferences, your healthcare team will do their best to determine those values and preferences by speaking with the people closest to you. However, conflicts that may arise between different people in your life can make it difficult for your doctors to understand what is important to you and may delay an ultimate resolution.

SECTION B

When would I like my healthcare agent to begin representing me?

There are two options for when you would like your agent to start representing you.

In the first option, the agent will begin making decisions for you ONLY when a physician determines you cannot make them for yourself.

The second option states the same two opening sentences as the first option. Likewise, it limits agency to a time when a physician determines that you cannot make decisions for yourself. However, it adds an important component often called a HIPAA release. This addition allows your agent to have access to your medical records upon signing the document. Your agent could review medical records and communicate with healthcare professionals upon signing. However, the decision-making authority will only come later.

The third option gives the agent authority to make decisions at the time the document is signed and continuing into the time when you are unable to make decisions for yourself. You can still make decisions for yourself if you choose. Choose this option if you do not want your agent to have to wait for a physician to determine you are no longer able to make decisions for yourself. The agent's decision will not override your own while you are able to make decisions.

My Healthcare Goals, Values and Preferences

Sections C, D and E are optional portions of the power of attorney. This section is designed to help you think about different possibilities for healthcare and life choices before filling out the directives. It allows you to share what is meaningful in your life and explain what quality of life you would find acceptable. This information will help your agent and healthcare professionals better understand who you are and what is most important to you. This can be a challenging topic – it makes you think about what makes your life worth living, what you value most about your mental, spiritual and physical health, and what you could not live without. The healthcare system is designed to automatically provide all necessary procedures treatments and interventions to keep your body alive. You may or may not feel comfortable with this for yourself, which is why it is so important that you express your preferences here.

The essential component of this section is what is important to you regarding how you live your life. Keep in mind that healthcare planning is a process, not a single event. You may choose to revisit these questions annually, or as your wishes change.

The following pages include a series of phrases that can help you express your values and help your agent and healthcare professional know what matters most to you. Read each phrase and circle the number using a 1-5 scale that most accurately reflects how important that feature of life is to you.

1. Not at all Important – Something I could live without
2. Slightly Important
3. Somewhat Important – Something important to me, but I can imagine continuing to find life worth living without it
4. Very Important
5. Extremely Important – Something I could NOT live without

Physical and Bodily Considerations

Remaining fully independent in all of my daily activities (e.g. feed myself, bathe myself, dress myself)

Not at all Important	Slightly Important	Somewhat Important	Very Important	Extremely Important
1	2	3	4	5

Being in control of my bodily functions (e.g. bowel, bladder)

Not at all Important	Slightly Important	Somewhat Important	Very Important	Extremely Important
1	2	3	4	5

Being as comfortable (without pain) as possible

Not at all Important	Slightly Important	Somewhat Important	Very Important	Extremely Important
1	2	3	4	5

Being able to walk

Not at all Important	Slightly Important	Somewhat Important	Very Important	Extremely Important
1	2	3	4	5

Being able to get out of bed

Not at all Important	Slightly Important	Somewhat Important	Very Important	Extremely Important
1	2	3	4	5

Being able to move around without someone else's help

Not at all Important	Slightly Important	Somewhat Important	Very Important	Extremely Important
1	2	3	4	5

Being able to go outside

Not at all Important	Slightly Important	Somewhat Important	Very Important	Extremely Important
1	2	3	4	5

Cognitive Considerations

Being able to take part in decision-making about my healthcare

Not at all Important	Slightly Important	Somewhat Important	Very Important	Extremely Important
1	2	3	4	5

Being conscious (minimally aware)

Not at all Important	Slightly Important	Somewhat Important	Very Important	Extremely Important
1	2	3	4	5

Interactive, Social and Community Considerations

Communicating verbally with other people

Not at all Important	Slightly Important	Somewhat Important	Very Important	Extremely Important
1	2	3	4	5

Communicating in some way with other people

Not at all Important	Slightly Important	Somewhat Important	Very Important	Extremely Important
1	2	3	4	5

Being able to interact in a meaningful way

Not at all Important	Slightly Important	Somewhat Important	Very Important	Extremely Important
1	2	3	4	5

Having my family or friends (not strangers) take care of me

Not at all Important	Slightly Important	Somewhat Important	Very Important	Extremely Important
1	2	3	4	5

Contributing to my family's well-being

Not at all Important	Slightly Important	Somewhat Important	Very Important	Extremely Important
1	2	3	4	5

Having a sense of purpose or meaning to my life which I would define as:

Not at all Important	Slightly Important	Somewhat Important	Very Important	Extremely Important
1	2	3	4	5

Knowing that I am not a burden to others financially

Not at all Important	Slightly Important	Somewhat Important	Very Important	Extremely Important
1	2	3	4	5

Knowing that I am not a burden to others who care for me

Not at all Important	Slightly Important	Somewhat Important	Very Important	Extremely Important
1	2	3	4	5

Having privacy when I want it

Not at all Important	Slightly Important	Somewhat Important	Very Important	Extremely Important
1	2	3	4	5

Living outside of a healthcare facility (such as a hospital or nursing home) unless it is for a limited time

Not at all Important	Slightly Important	Somewhat Important	Very Important	Extremely Important
1	2	3	4	5

Mental Health Considerations

Being free from unbearable emotional pain

Not at all Important	Slightly Important	Somewhat Important	Very Important	Extremely Important
1	2	3	4	5

Being free from persistent anxiety

Not at all Important	Slightly Important	Somewhat Important	Very Important	Extremely Important
1	2	3	4	5

End of Life Considerations

Living free of being permanently connected to mechanical life support

Not at all Important	Slightly Important	Somewhat Important	Very Important	Extremely Important
1	2	3	4	5

I am fearful of dying alone

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	2	3	4	5

I am willing to endure shortness of breath to have life prolonged

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	2	3	4	5

I am willing to endure significant pain to have life prolonged

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	2	3	4	5

I am willing to endure significant pain to remain alive for a family occasion (such as a wedding or Bar Mitzvah)

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	2	3	4	5

I am willing to accept aggressive pain medications even if that means I will not be awake and will be unable to participate in decision-making about my healthcare

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	2	3	4	5

Other Considerations

As a patient, in general I would like to know:

Nothing about my condition and my treatment, please inform my designated healthcare agent		Only the basics about my condition and my treatment		All the details about my condition and my treatment
1	2	3	4	5

If I have a terminal illness, I would prefer to:

Not know any details or how quickly it is progressing				Know all details and my doctor's best estimation for how long I have to live
1	2	3	4	5

You may use the lined spaces provided in your power of attorney to write down additional thoughts. You may also uses additional pages.

There may be other factors to keep in mind when thinking about whether you would be willing to undergo certain medical procedures, treatments, and interventions. These include:

- How invasive they are
- How risky they are
- How long you will need them
- How much pain and suffering they will cause you
- Emotional, financial, or social impact they might have on you or your family
- Spiritual or religious implications

Once you have reviewed this section, you can continue to the optional portions of the power of attorney.

SECTION C (OPTIONAL)

Life sustaining treatments

In this section, you are given two options regarding life sustaining treatments. Choose the first option if the quality of your life is more important than the length of your life. This means you would prefer to skip life-prolonging treatments if a medical professional has determined there is no likelihood of recovery; no likelihood of recovering the ability to think, communicate or experience your surroundings. It also states that you would like treatment to keep you comfortable and free from pain while not prolonging your life.

Choose the second option if you would like to be kept alive no matter how much pain and suffering you might endure. This option will guide your agent to keep you alive for as long as possible.

SECTION D (OPTIONAL)

Specific Exclusions

Your agent has the authority to start or stop any medical treatment on your behalf. If there is a treatment that you absolutely do not want, you should indicate that here. Keep in mind that this should also be part of a conversation with your agent about your general goals, values, and preferences.

SECTION E (OPTIONAL)

Choosing a Rabbi or faith leader

You may want to appoint a rabbi or faith leader for your agent to consult with to ensure that all decision-making about your healthcare is done in accordance with your religious values.

Just like with your healthcare agent, once you have completed your advance healthcare directives, be sure to discuss your selections with your rabbi or faith leader and give them a copy. This section is an addition to the standard Illinois Power of Attorney for Healthcare form and is optional.

Signing My Healthcare Power of Attorney

In Illinois, a healthcare power of attorney must be signed by one witness over 18 years old. It need not be notarized. The witness must not be related to you, the agent, or the successor agent and, also must not be a healthcare professional treating you. The witness cannot be the owner of a healthcare facility where you reside.

The role of the witness is to watch you sign the power of attorney. The witness need not know the content of the power of attorney. The witness should sign the document immediately after you sign and include his or her address, printed name and the date. The witness does not need a keep a copy of the power of attorney.

Considerations for the Living Will

A living will explains your wishes for end of life medical care. The language of a living will in Illinois is set by statute and so it may not be right for every person. It says to your loved ones, your agent, and medical professionals that you wish to decline life sustaining treatments in the event you have an illness that can cannot be cured or reversed and treatment will only delay death. It also says that you would accept medical care that will keep you comfortable during the dying process. If there are specific procedures or treatments you would like to accept or decline, they should be discussed with your agent and your healthcare providers. A living will is important because it provides further direction to your agent and healthcare providers.

Signing My Living Will

A living will must be signed by you and two witnesses. The witnesses must watch you sign the living will and sign immediately after. The witnesses does not need to keep a copy of the living will.

My Advance Directives are Completed and Signed, Now What?

Completing advance directives is a major accomplishment. Once your directives are signed, be sure to keep them in a safe but accessible place. A safe deposit box is not the best place because it cannot be quickly accessed. Give a copy of your directives to your agent and your physician. You may also choose to give a copy to your rabbi or faith leader.

Finally, take the time to discuss your wishes with your agent. There is no better time than today. It is a good idea to review your directives once a year.

Conclusion

Completing advance directives is the best way to ensure your healthcare wishes are known and can be followed. If you have any further questions or need help filling out your directives, contact CJE SeniorLife.

This guide was based on the Cedars-Sinai Hospital Step by Step Guide for Completing Your Advance Healthcare Directive. We are so grateful for the permission to use their model.

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THE CJE ADVANTAGE: Since 1972, CJE SeniorLife has been a central resource and champion for older adults and their families by providing community-based and residential care options. We provide solutions that enhance their quality of life while honoring their unique healthcare, lifestyle and socio-economic needs.

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