

ADVANCE CARE PLAN FOR:

Print your name

Date

Address

City/State/Zip

## This Advance Care Planning Guide Will...

- Help you think about who you want to make medical decisions for you if you become unable to make them yourself. You can use that information to complete a Medical Power of Attorney form naming your medical decision-maker. This guide is not a substitute for completing the Medical Power of Attorney form and you *cannot* name someone in this guide to be your medical decision-maker.
- Help you think about and write down your own health care choices now. Then, your medical decision-maker knows what you want to happen if you get so sick from a terminal or irreversible illness that you cannot get well and cannot speak, write, or let people know what you are thinking. You can also use this guide as your Directive to Physicians and Family or Surrogates (also known as a Living Will). A “surrogate” is another name for your medical decision-maker.

### Why should I have a Medical Power of Attorney?

Your Medical Power of Attorney names an adult that you trust to make medical decisions for you if you become unable to make your own decisions. If you do not complete a Medical Power of Attorney form, Texas law will appoint a family member to make decisions for you. If you don't have any family members to make decisions for you, a member of the clergy or your attending physician and another physician who is a member of the hospital's ethics committee may make them for you.

### Why should I have an Advance Care Plan?

You will have a say about what treatments you get when you are so sick that you cannot get well and cannot speak for yourself.

You will help your family and those who care for you know what you want. That way no one has to guess what you want, including your doctors.

If your family **does not know** what you want concerning medical treatments, it may place excessive emotional and spiritual burdens on them.

If you are seriously ill, it can create very strong emotions within your family. Strong emotions can make it difficult for them to make good decisions.

If your family **knows what you want** before you become seriously ill, your family will tend to cope better than families of patients who don't have a plan.

### What if I have questions or need help completing this Advance Care Plan or the Medical Power of Attorney form?

Our staff can help you complete these documents. There is no charge for this. Neither form requires a lawyer to help you, but you should talk to a lawyer if you have legal questions.

### What should I do with this Advance Care Plan and the Medical Power of Attorney form after I complete them?

Make copies and share them with the people who care for you: doctors, nurses, social workers, chaplains, family, your health care agent and friends so they will know what you want. Your plan should not be a secret to those who will be involved in your future health care.

IF YOU WANT TO COMPLETE THE MEDICAL POWER OF ATTORNEY FORM, THINK ABOUT WHO YOU WANT TO BE YOUR HEALTH CARE AGENT.

## Who should I choose to be my health care agent?

### A family member or friend or anyone you trust who:

- Is at least 18 years old.
- Knows you well and can be there for you when you need them.
- You trust to follow your wishes and can tell your doctors about the decisions you made on this handout.
- Is willing to serve as your agent. You should ask this person if they are willing to serve before you name them in your Medical Power of Attorney.

Your agent cannot be your doctor or someone who works at your hospital, clinic, home health agency, nursing home or residential care home unless they are a family member.

A person may not want to serve as your agent if they think that they will be responsible for your medical bills. Serving as your agent does not make them responsible for your medical bills.

### When can my health care agent make medical choices for me?

This can only happen when you are no longer able to make your own choices.

### What kind of decisions can my agent make?

**An agent can decide which doctors will care for you, which medical facilities you are treated at or transferred to and which treatments you receive, such as:**

1. Breathing machines that pump air in and out of your lungs.
2. Dialysis machines that clean your blood when your kidneys stop working.
3. Heart machines that support or replace your heart when it no longer works.
4. Stomach tubes for artificial nutrition.
5. Blood transfusions.
6. Surgery.

An agent can also help choose whether you die at home, at a nursing home, in a hospice, other nursing care centers, etc.

### Are there any limits on the decisions or choices made for me by my agent?

Your agent is required by law to tell your doctors what **you** want concerning treatments and should not reverse decisions you have already made. Your agent cannot limit or stop pain medication.

### I've decided who I want to be my health care agent and that person has agreed to serve, so what do I do now?

Complete the Medical Power of Attorney form that is provided with this handout. Then use the rest of this handout to help make a plan if you become so sick that you cannot get well. Discuss your choices with your agent and family.

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IF YOU WANT THIS ADVANCE CARE PLAN TO SERVE AS YOUR DIRECTIVE TO PHYSICIANS AND FAMILY OR SURROGATES (LIVING WILL), THINK ABOUT THE FOLLOWING THINGS:

### What is most important to me in life if I get seriously ill?

Think about what is most important to you in life if you are so sick from a terminal or irreversible illness that your doctors can't make you well. On the lines below, mark an X next to the ones that apply to you so the people who care for you will not have to guess.

#### 1. My life is only worth living to me if I can:

- talk to family and friends.
- wake up from a coma.
- feed, bathe, or take care of myself.
- be free from pain.
- live without being on a machine.

#### 2. My life is always worth living to me no matter how much pain or sickness I have.

#### 3. If I am dying, it is important for me to be:

- at home  in a facility  I am not sure.

### What medical treatments do I want or not want if I am so sick that I can't ever get well?

If you are sick, your doctors and nurses will always try to keep you comfortable and free from pain. Think about treatments you will accept or not accept if you are so ill that your doctors can't make you well.

**After you've read all of the choices below in 1 through 5, mark an X next to the one choice you most agree with:**

1. \_\_\_ My doctors should try all life support treatments that they think might help. If the treatments do not work and there is little or no hope of getting better, then **stop**.
2. \_\_\_ My doctors should try all life support treatments that they think might help. If the treatments do not work and there is little or no hope of getting better, **I still want to stay** on life support machines.
3. \_\_\_ I do not want **any** life support treatments or machines if there is little or no hope of getting well.
4. \_\_\_ My doctors should try all life support treatments that they think might help, **but not** these treatments.

**Mark what you do not want.**

- \_\_\_ stomach tube for nutrition
- \_\_\_ dialysis (kidney failure machine)
- \_\_\_ blood transfusion
- \_\_\_ breathing machine
- \_\_\_ heart machine
- \_\_\_ electrical shock
- \_\_\_ IV drugs to keep my heart working
- \_\_\_ surgery
- \_\_\_ other treatments \_\_\_\_\_

5. \_\_\_ I want my health care agent (if I've completed a Medical Power of Attorney form), or the person designated as my medical decision-maker under Texas law, to decide for me.

**What other things do I want if I am so sick that I can't ever get well?**

**Other health care choices**—I want those who care for me to know about the following health care choices I have.

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**Spiritual information**—I want those who care for me to know the following about my religion, faith, or spirituality.

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**Personal thoughts**—If I am nearing my death and I cannot speak, I want those who care for me to know that I have the following thoughts and feelings.

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**Final spiritual care**—If I am nearing my death and I cannot speak, I want the following type of spiritual care, ceremonies, or rituals.

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**What if I change my mind about what I want after I complete this Advance Care Plan form or the Medical Power of Attorney form?**

If you change your mind about your choices, you must complete new forms. Tell the people who care for you about your changes and share the new forms with them.

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## Before You Finish, Make Sure You Understand The Following:

This handout, if signed by me and witnessed or notarized below, will be my Directive to Physicians and Family or Surrogates (Living Will).

I cannot name someone in this document to be my health care agent. If I complete the Medical Power of Attorney form, I should attach it to this document.

## Signature and Witnesses/Notary:

By signing below, I intend for this document to serve as my Directive to Physicians and Family or Surrogates, also called the Living Will. If I have named someone in the Medical Power of Attorney form to be my health care agent and they are not available, or if I have not designated a health care agent, I understand that a medical decision-maker will be designated for me under Texas law. If, in the judgment of my physician, my death is imminent within minutes to hours, even with the use of all available medical treatment provided within the prevailing standard of care, I acknowledge that all treatments may be withheld or removed except those needed to maintain my comfort. I understand that under Texas law this Living Will has no effect if I have been diagnosed as pregnant. This Living Will will remain in effect until I revoke it. No other person may do so.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
City, County, and State of Residence

## Option 1: Signature in the Presence of Two Witnesses:

Two competent adult witnesses must sign below, acknowledging the signature of the patient. The witness designated as Witness 1 may not be a person designated to make a treatment decision for the patient and may not be related to the patient by blood or marriage. This witness may not be entitled to any part of, or have a claim against, the patient's estate. This witness may not be the attending physician or an employee of the attending physician. If this witness is an employee of a health care facility in which the patient is being cared for, this witness may not be involved in providing direct patient care to the patient. This witness may not be an officer, director, partner or business office employee of a health care facility in which the patient is being cared for or of any parent organization of the health care facility.

\_\_\_\_\_  
Witness 1

\_\_\_\_\_  
Witness 2

## Option 2: Signature in the Presence of Notary Public:

State of Texas County of \_\_\_\_\_

This instrument was acknowledged before me on

\_\_\_\_\_, 20\_\_\_\_

by \_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Notary Public Signature

(Personalized Seal)