

# *My Choices*

Advance Planning Guide for  
Health Care and End-of-Life Decisions



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## Advance Planning Guide for Health Care and End-of-Life Decisions

MY CHOICES is designed to help you and your loved ones plan for your future medical care in the event that you become unable to speak for yourself. Legal documents are included to help you communicate your choices to your family and caregivers.

Inside, you will find more information about these Advance Directive Documents:

- Durable Power of Attorney for Health Care
- Instructions for Health Care (Living Will)
- Comfort One®/ Do Not Resuscitate Orders

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# About Advance Directives

Today's technology has advanced to the point where patients with little or no hope of recovery can be kept alive almost indefinitely. It is more important than ever to plan ahead for the kind of care you would want in critical situations.

Who would make decisions about your care if you were in a coma? Who decides when enough is enough?

## **You should.**

Advance planning ensures that you can continue to make health care decisions for yourself. If for any reason you should become seriously ill and unable to speak for yourself, you can direct the decisions others will have to make on your behalf by creating advance directives. Your advance directives can be created through informal discussions with your family or they can be legal documents signed by you and witnessed by others.

This booklet helps you talk to your family and doctor about how you want to be treated if you become seriously ill. We also provide legal documents that will help you put your choices in writing. You can place these documents in your medical record and give copies to your doctor and family.

Advance planning for your health care could help your family during a very difficult time. Planning ahead protects your family from having to make hard choices without knowing your wishes. Many families tell us these discussions and documents are invaluable when difficult decisions have to be made.

# Frequently Asked Questions

## WHO

### Who can make an advance directive?

We encourage all persons 18 years or older to create an advance directive. Advance health care planning helps families and caregivers understand how you would like to be treated if you become unable to speak for yourself.

### Do I need a lawyer to make an advance directive?

You do not need a lawyer to make an advance directive. The advance directive documents included with this booklet are legal if properly signed and witnessed. However, legal advice is certainly appropriate and it would be wise to make sure copies are supplied to your lawyer.

### Whom should I tell about my advance directive?

Make sure your doctor and family know about your choices. Talk about your choices with your family, close friends and others who care about you. Make sure you give copies of your advance directive documents to people who are most likely to be near you if you should become incapacitated.

### Will my doctor follow my advance directive?

As a practical matter, a doctor's professional ethics can make it hard for him/her to follow your advance directive. Critical illness is a difficult time for doctors as well as patients and their families, but courts have ruled the advance directive should prevail. Communication beforehand, with your doctor as well as with your family, can help avoid conflicts.

An advance directive is like a contract between you and your doctor. Be sure you take time to discuss your choices with your doctor and that you are comfortable with your agreements. You can reduce the chances of controversy and miscommunication at the end of your life by putting your

choices in writing. Also, having more than one discussion about these issues with your doctor and family ahead of time is a good way to reinforce and clarify your decisions.

## WHAT

### What is an advance directive?

An advance directive is a general term that refers to your verbal and written instructions about your future medical care, in the event that you are unable to speak for yourself.

We provide information about three different advance directives in this booklet.

- 1) Durable Power of Attorney for Health Care
- 2) Instructions for Health Care (Living Will)
- 3) Comfort One®/Do Not Resuscitate Order

The forms provided allow you to create a Durable Power of Attorney for Health Care and a Living Will. Specific information on how to enroll in the Comfort One® program is also included.

### What is a Durable Power of Attorney for Health Care?

A Durable Power of Attorney for Health Care allows you to choose a health care agent, another person to make your health care decisions, if you are not able to make them yourself. This person could be called upon during any episode of illness in which you were unable to speak for yourself. This could include an illness from which you were expected to recover and regain your abilities to communicate.

### What is a Living Will?

In Wyoming, a "living will" is known as Instructions for Health Care. These Instructions tell your doctor and family what choices you would make if you develop an illness or injury that cannot be cured and will lead to death. They can include specific instructions about the use of life-sustaining treatment. The Instructions can provide direction to your surviving spouse or family or to the agent named as your Durable Power of Attorney if you have selected one.

## **Do I need both a Durable Power of Attorney and Instructions for Health Care?**

**No.** Some people are comfortable selecting someone they trust to speak for them in any health care situation and have only a Durable Power of Attorney.

Some people want to leave specific information about their end-of-life care in the Instructions and not place anyone in the role of having to make those decisions.

Some people have both a Durable Power of Attorney and the Instructions. We provide a single form for you to choose either one or both of these options.

## **What is a Comfort One®/Do Not Resuscitate Order?**

This is a document provided by the Wyoming State Emergency Medical Services Office that tells emergency medical personnel that you do not wish to be resuscitated. Once this form is processed, your name will be placed in a state-wide database for emergency personnel. You will be provided with an identification bracelet that alerts emergency medical personnel, health care providers and health care facilities that you wish to be allowed to die naturally and not receive cardiopulmonary resuscitation. This document requires a physician's signature. The state charges a small registration fee for this service.

## **What about Organ Donation?**

Organ donation is an important end-of-life decision.

Anyone can donate organs or tissues; there are no age limits or physical requirements. Medical suitability is determined at the time of death. Becoming a donor would never affect the quality of care you receive. Every effort is made to save your life before donation is considered. If you are concerned about expense, remember the donor's family does not pay for the cost of donation. All expenses are paid by the recipient.

Organ transplants save lives. Every day, 60 people receive a transplant but another 15 die

because not enough organs are available. The decision to donate your organs upon your death needs to be made by you, in advance, and communicated to your doctor and family.

You can help your family clearly represent your wishes after your death. Even if you have signed a donor card, indicated your intent on your drivers license and/or placed your decision in writing in your advance directive, your family will be asked to give consent before donation can occur. It is essential that your family know your wishes about this important decision.

For more information on organ donation or becoming a donor, contact the Donor Alliance at 1-888-868-4747. The State of Wyoming has a web site at <http://www.wdhfs.state.wy.us/donor> or call 1-800-458-5847 for more information.

## **What about a Psychiatric Advance Directive?**

If you need mental health treatment in the future and believe that you might be found incompetent to make your own decisions at that time, an advance directive for psychiatric care empowers you to make your treatment preferences known. While advance directives for health care have been around a long time, their use for psychiatric care is a very new area of law. It is not yet known how courts will deal with them, especially when safety issues arise. However, many mental health consumers who are now using these documents find that an advance directive increases the likelihood that doctors, hospitals and judges will honor their choices. For more information on psychiatric advance care planning, consult <http://www.bazon.org/advdir.html>.

## **What laws govern the use of an advance directive?**

Both federal and state laws govern the use of an advance directive. The federal law, The Patient Self-Determination Act, requires health care facilities that receive Medicaid and Medicare funds to inform patients of their rights to execute an advance directive. All 50 states and the District of Columbia have laws recognizing the use of an advance directive.

## What are my rights?

It is important to remember that signing an advance directive must be completely voluntary. No one can force you to sign an advance directive. You also have the right to change your advance directive.

As a patient, you always have the right to information about your medical condition, diagnosis, prognosis, possible treatments and probable outcomes. You also have the right to refuse any treatment, including life-sustaining treatment. You have the right to a second opinion.

Health care providers, and those authorized by you to make decisions on your behalf, are legally obligated to follow the choices you express in your advance directive. A physician who does not wish to comply with your choices must transfer your care to another physician who is comfortable accommodating the decisions you express in your advance directive.

## What happens if I don't have an advance directive?

As long as you are able to make your own decisions, you will do so. If you don't have an advance directive in place and you become too ill to make your own decisions, Wyoming law allows your closest relatives to make health care decisions for you. Making such decisions without knowing for certain what you would have wanted can be very stressful for your family.

If your closest eligible relatives are not reasonably available, an adult who has exhibited special care and concern for you, and who is familiar with your personal values, may act as your substitute decision-maker.

## What if I change my mind?

You can express that you have changed your mind at any time by:

1. Destroying all the copies of the document or any previous documents, or
2. Writing REVOKED across the document, signing and dating it, or
3. Telling another person of your intent to revoke the document and having them sign and date it, or

4. Making a new document: This automatically revokes an older document. If you have executed the Durable Power of Attorney, and then wish to revoke either the appointment or authority of the health care agent, you will also need to notify the agent in writing. You may also record the revocation with the County Clerk's office.

## WHEN

### When should I make an advance directive?

The best time to make an advance directive is when you are well, when you can think clearly and communicate your decisions. This document will help you think through and communicate your choices to your family, friends and doctor. No adult is too young to write an advance directive; accidents can happen at any time.

### When will my advance directive be used?

As long as you are able to express your own decisions, caregivers will communicate directly with you. You can accept or refuse any medical treatment. If you lose the ability to participate in decisions about your own treatment, your doctor and family would refer to your advance directive for guidance.

## WHERE

### Does an advance directive cover health care in extended care facilities and hospice?

Your advance directive applies not only in a hospital setting but also if you live in a long-term care facility or hospice. Listing your choices about where you would like to receive care in your advance directive can make transfers to any of these facilities easier.

### What about in emergency rooms and ambulances?

In any crisis situation, emergency medical technicians (EMTs) will not have quick access to an advance directive you may have placed in your medical records. If 911 has been called or you are taken to the emergency room, EMTs are obligated to begin cardiopulmonary resuscitation (CPR) if your heart or breathing stops. They will start this procedure unless it is clearly futile.

If you have stated in an advance directive that you do not want to be resuscitated and CPR has been started, it will be stopped as soon as your medical record with your advance directive is made available.

The only way to inform emergency medical personnel of your desire not to be resuscitated is by filing a Comfort One®/Do Not Resuscitate Order. Once you have filed this document, the State Emergency Medical Services will supply you with a special bracelet that you can wear to alert emergency medical personnel that you do not want to be resuscitated. The Comfort One® program is a state program. The bracelet may not be recognized in other states.

### **What about travel?**

If you travel, you may consider carrying a copy of your advance directive in your suitcase. It is also helpful to carry a wallet card stating the existence and location of your advance directive in case of an emergency. A wallet card has been provided for you on the inside back cover.

## **WHY**

### **Why do I need an advance directive?**

Preparing an advance directive gives you a voice in decisions about your medical care when you are unconscious or too ill to communicate. With your advance directive as a guide, your family and caregivers will have a clearer understanding about how you want to be treated. They will be saved the additional stress of having to make critical decisions for you without your guidance.

# **Directions for Completing Your Advance Directive**

Advance Care Planning is a process. The completion of an advance directive document is one part of this process. It can be extremely valuable for you, your family and loved ones to discuss your health, goals and values before you complete your advance directive document. The use of a trained facilitator, who can work with you and your loved ones, may also be beneficial. A list of trained Advance Care Planning Facilitators is available from the Wyoming Medical Center employee development office, at (307)577-2456.

**STEP 1. Fill in your name, address, date of birth, and telephone number.**

**STEP 2. Complete Section I if you want to create a Durable Power of Attorney for Health Care.**

This section allows you to legally appoint another person or persons to make your health care decisions if you become unable to make these decisions for yourself. The person(s) you choose becomes your health care agent. Your health care agent could be called upon at any time in your life and would speak for you if you were either temporarily or permanently unable to speak for yourself.

This document gives your health care agent authority to make your decisions only when you have been determined incapable of making decisions by your doctor(s). For instance, your doctor would want to consult your agent if you were in a temporary coma and needed to be transferred to another facility for care. Your doctor would also ask your agent to determine your wishes if your illness were so serious that you would never regain the ability to communicate.

You may state in an attachment to this document any type of health care that you do or



do not desire, and you may limit the authority of your health care agent. If your health care agent is unaware of your desires with respect to a particular health care decision, he or she may be asked to determine what decisions would be in your best interest.

This document does not give your health care agent any authority to make your financial or business decisions. It does not give your health care agent permission to place you in a mental health treatment facility. Your health care agent cannot authorize any act which would end your life other than withholding or withdrawal of health care as you direct in this document.

### **Picking the Right Person to be Your Health Care Agent**

Choose someone who knows you very well, whom you trust, who cares about you and who can make difficult decisions in stressful situations. A spouse or family member may not be the best choice because they may be too emotionally involved. Sometimes they are the best choice. You know best. Choose someone who is able to stand up for you so that your choices are followed. Also choose someone who is likely to be nearby so they can help when you need them. Be sure to indicate a second choice if the first person is unavailable.

Make sure you talk about this document with the person or persons you have chosen and be sure they agree to respect and follow the choices you make.

Your health care agent must be 18 years or older and should not be your health care provider, including the owner or operator of a health or residential or community care facility serving you, or an employee of your health care provider assigned to provide your direct care.

### **If You Change Your Mind**

While you are competent, you may revoke the Durable Power of Attorney for Health Care at any time by providing a written notice both to the agent(s) you have chosen and to your doctor. Also, creating a new Durable Power of Attorney for Health Care automatically replaces an earlier document. A divorce or annulment revokes the

designation of the divorced spouse as health care agent.

### **Leaving Section 1 Blank**

If you leave this section blank, indicating you do not wish to appoint a health care agent, health professionals will attempt to contact your closest relatives if you should become unable to speak for yourself. If your relatives are not reasonably available, an adult who has exhibited special care and concern for you, and who is familiar with your personal values may act as your substitute decision-maker.

### **STEP 3. Complete Section II if you want to create a Instructions for Health Care (Living Will).**

The Instructions will provide guidance to your physician and substitute decision-maker about your wishes for care at the end of life, when you have an incurable and irreversible condition that will result in death within a relatively short time, or if you become unconscious and to a reasonable degree of medical certainty, will not regain consciousness, or the risks and burdens of treatment would outweigh the expected benefits.

## Life-Sustaining Treatment Decisions

You can indicate in your Instructions if you do or do not want certain types of life-sustaining treatments utilized if you are in the above described conditions. Listed below are some common treatments for sustaining life to help you decide what is right for you.

Treatment	Benefits	Drawbacks	End of Life Decisions
<p>1) <b>Cardiopulmonary Resuscitation (CPR)</b></p>	<ul style="list-style-type: none"> <li>• Involves several treatments used to restart the heart and to provide artificial respiration when breathing has stopped.</li> <li>• Most useful in the event of a potentially reversible heart or lung problem.</li> </ul>	<ul style="list-style-type: none"> <li>• CPR can include electric shock to the chest and connecting the person to a machine called a ventilator by putting a tube down the windpipe.</li> <li>• CPR can be quite traumatic. If you do not respond to it quickly you could suffer irreversible brain damage or eventually die.</li> </ul>	<ul style="list-style-type: none"> <li>• CPR was not designed to revive you if you have advanced cancer or are in shock due to a severe infection.</li> <li>• CPR should not be used to keep you alive for a few hours or days if you are hopelessly ill. It will only prolong your suffering.</li> </ul>
<p>2) <b>Artificial Ventilation</b></p>	<ul style="list-style-type: none"> <li>• A ventilator can take over your breathing and support your lungs until they recover enough to breathe again on their own.</li> <li>• A “trial period” on the respirator may be beneficial if you have a disease such as emphysema. Some people choose to live on a respirator for long periods of time.</li> </ul>	<ul style="list-style-type: none"> <li>• The tube that is placed down your throat can cause some discomfort. If you are “intubated,” you cannot talk or eat orally.</li> <li>• You might become machine dependent if your lungs are unable to function again.</li> </ul>	<ul style="list-style-type: none"> <li>• If you decide not to accept a respirator or do not wish to live out your life on a machine, you can be kept comfortable on medication and oxygen.</li> <li>• You may indicate to your doctors that if a “trial period” does not help, you do not want to continue on a respirator. Of course, you DO want to be kept very comfortable until you die.</li> </ul>
<p>3) <b>Use of blood or blood products</b></p>	<ul style="list-style-type: none"> <li>• Blood products can improve symptoms associated with anemia such as shortness of breath, fatigue and chest pains.</li> </ul>	<ul style="list-style-type: none"> <li>• Some infections such as HIV or hepatitis could be transmitted through blood products.</li> <li>• There can be spiritual issues or religious prohibition to sharing blood.</li> <li>• Blood products are expensive.</li> <li>• Repeated transfusions can cause liver disease.</li> </ul>	<ul style="list-style-type: none"> <li>• Blood products are useful only for a matter of days. If the problem is long-term the use of blood products will only prolong suffering.</li> <li>• Anemia that results from avoiding blood products does not cause pain or increase suffering.</li> </ul>

Treatment	Benefits	Drawbacks	End of Life Decisions
4) <b>Dialysis</b>	<ul style="list-style-type: none"> <li>• When your kidneys no longer work you can be attached to a machine to clean your blood of toxic substances that normally accumulate.</li> <li>• Some people choose to live for years with artificial dialysis treatments.</li> </ul>	<ul style="list-style-type: none"> <li>• Dialysis can be physically draining.</li> <li>• Hemodialysis usually has to be done three times a week and takes three to four hours each time.</li> </ul>	<ul style="list-style-type: none"> <li>• Dialysis for the hopelessly ill may only prolong the dying process.</li> <li>• Without dialysis, if you have kidney failure, you usually slip into a coma and die peacefully.</li> </ul>
5) <b>Antibiotics</b>	<ul style="list-style-type: none"> <li>• Antibiotics help the body fight infection.</li> <li>• Side effects can include</li> </ul>	diarrhea, rash and fungal infections. <ul style="list-style-type: none"> <li>• At the end of life the body loses the ability to</li> </ul>	absorb nutrients and fight infections. Use of antibiotics will only prolong suffering.
6) <b>Surgery or invasive diagnostic tests</b>	<ul style="list-style-type: none"> <li>• Diagnostic tests can provide more information for doctors to use in developing accurate treatment plans.</li> </ul>	<ul style="list-style-type: none"> <li>• Pain and complications.</li> <li>• A diagnosis may not be associated with a treatment or cure.</li> </ul>	<ul style="list-style-type: none"> <li>• Diagnosis may not be related to the patient's terminal condition and treatment would only prolong suffering.</li> </ul>
7) <b>Feeding tube</b>	<ul style="list-style-type: none"> <li>• If you are unable to eat, a feeding tube can be put into your stomach or small bowel to provide nutrition.</li> <li>• If you are ill but expected to recover, feeding tubes can be very helpful in providing nutrition needed for healing.</li> </ul>	<ul style="list-style-type: none"> <li>• It is a common belief that hopelessly ill patients will “starve to death” unless placed on a feeding tube. In reality, you will not feel hungry or thirsty if you suffer from an advanced disease such as cancer, Parkinson’s or Alzheimer’s.</li> <li>• By providing your body with foods and liquids, feeding tubes may actually extend a painful life beyond what you would wish. Without liquids you will usually die in a few days.</li> </ul>	<ul style="list-style-type: none"> <li>• Most people choose not to be kept alive by a feeding tube if their quality of life would be very poor, with no chance of improvement or recovery.</li> <li>• If you choose not to have a feeding tube or to use a feeding tube on a trial basis and your illness is hopeless, you can be kept very comfortable with medication.</li> </ul>

Parts of this chart were adapted from Brandenburg M, Gifford: Developing a multidisciplinary brochure to teach patients and families about life-sustaining treatments, *Dimens of Crit Care Nurs* 16:328-332, 1997

# My Choices Advance Directives

Advance Directive for: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

This document has significant medical, legal and possible ethical implications and effects. Before you sign this document, you should become completely familiar with these implications and effects. The operation, effects and implications of this document may be discussed with a physician, a lawyer and/or a clergyman of your choice.

*Please fill out SECTION I and/or SECTION II. SECTION III is required for this document to be valid.*

**SECTION I: Durable Power of Attorney for Health Care.** If you choose to leave this section blank, health professionals will attempt to contact your closest relatives if you should be unable to speak or make decisions for yourself. If your relatives are not reasonably available, a qualified substitute decision-maker may be allowed to make decisions for you.

I DO \_\_\_\_ I DO NOT \_\_\_\_ want to designate another person as my health care agent to make medical treatment decisions for me if I should become incapacitated or unable to speak for myself.

The person I choose as my health care agent is:

My second choice is:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Day phone: \_\_\_\_\_

Day phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

Evening phone: \_\_\_\_\_

Street address: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State/Zip: \_\_\_\_\_

City, State/Zip: \_\_\_\_\_

**SECTION II: Instructions for Health Care (Living Will).** If you choose to leave this section blank, health professionals will attempt to contact your closest relatives if you should be unable to speak or make decisions for yourself. If your relatives are not reasonably available, a qualified substitute decision-maker may be allowed to make decisions for you.

I, \_\_\_\_\_, ask that my family, my doctors and other health care providers, respect my choices as I have communicated them to my health care agent or as I have indicated below. I understand that this document will be referred to only when I am unable to make decisions or speak for myself and when I have an incurable and irreversible condition that will result in death within a relatively short time, or if I become unconscious and to a reasonable degree of medical certainty, will not regain consciousness, or the risks and burdens of treatment would outweigh the expected benefits.

END-OF-LIFE DECISIONS: I direct that my health care providers and others involved in my care provide, withhold or withdraw treatment in accordance with the choice I have initialed below:

(a) **Choice Not to Prolong Life**

I do not want my life to be prolonged if (i) I have an incurable and irreversable condition that will result in my death within a relatively short time, (ii) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consios-ness, or (iii) the likely risks and burdens of treatment would outweigh the expected benefits, OR

(b) **Choice to Prolong Life**

I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

In addition, if I am in the condition described above, I feel especially strongly about the following forms of treatment.

- 1) I DO \_\_\_\_ DO NOT \_\_\_\_ want cardiopulmonary resuscitation.
- 2) I DO \_\_\_\_ DO NOT \_\_\_\_ want artificial ventilation.
- 3) I DO \_\_\_\_ DO NOT \_\_\_\_ want blood or blood products.
- 4) I DO \_\_\_\_ DO NOT \_\_\_\_ want dialysis.
- 5) I DO \_\_\_\_ DO NOT \_\_\_\_ want antibiotics.
- 6) I DO \_\_\_\_ DO NOT \_\_\_\_ want any form of surgery or invasive diagnostic tests.
- 7) I DO \_\_\_\_ DO NOT \_\_\_\_ want a feeding tube.

I realize if I do not specifically indicate my preference regarding any forms of treatment listed above, I may receive that form of treatment.

**SECTION III: Signatures of Declarant and Witnesses.**

I am thinking clearly, I agree with everything that is written in this document and I have made this document willingly. If any part of this form cannot be legally followed, I ask that all other parts be followed according to the laws of the state. I also revoke any previous health care directives I have made before.

My signature: \_\_\_\_\_ Date \_\_\_\_\_

My name: \_\_\_\_\_ Date \_\_\_\_\_

*If I cannot sign my name, I can ask someone to sign for me.*

Signature of the person who I asked to sign this document for me.

\_\_\_\_\_ Date \_\_\_\_\_

Print the name of the person who I asked to sign this document for me.

\_\_\_\_\_ Date \_\_\_\_\_

**Statement of Witnesses**

I personally know the person who signed this document. I believe him or her to be of sound mind and at least 18 years of age. I personally witnessed him or her sign this document, and I believe that he or she did so voluntarily.

By signing as a witness I certify that I am:

- at least 18 years of age;
- not a health care agent appointed by the person signing this document;
- not related to the person signing this document;
- not directly financially responsible for that person’s health care;
- not a health care provider directly serving the person at this time;
- not an employee of the health care provider directly serving the person at this time; and
- not aware that I am entitled to or have a claim against the person’s estate.

Note: A witness may be a hospital volunteer.

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Optional Attachments: Initial if you have included any of these forms with this document.

\_\_\_ What I Want my Health Care Agent to Know

\_\_\_ What I Want my Family to Know

# *My Choices Attachment 1:*

## *What I Want My Health Care Agent to Know*

Attachment 1: Advance Directive for \_\_\_\_\_.

Dated \_\_\_\_\_

*Initial statements you agree with.*

I understand that my health care agent can make health care decisions for me. I want my agent to be able to do the following:

### **General Authority of the Health Care Agent**

- Make choices for me about my medical care or services, like tests, medicine or surgery. This care or service can be to find out what my health problem is or how to treat it. It can also include care to keep me alive. If the treatment or care has already started, my health care agent can keep it going or have it stopped.
- Interpret any instructions I have given in this form or given in other discussion, according to my health care agent's understanding of my choices and values.
- Review and release my medical records and personal files as needed for my medical care.
- Move me to another state if needed.
- Determine which health professionals and organizations provide my medical treatment. My agent may arrange for admission to a hospital, hospice or nursing home for me. My agent can hire any kind of health care worker I may need to help me or to take care of me. My agent can also fire a health care worker if needed.

### **Specific Health Care Decisions**

#### **Life-Sustaining Treatment**

If I reach a point where it is reasonably certain that I will not recover my ability to interact meaningfully with my family, friends, and environment, I want to stop or withhold all treatments that might be used to prolong my existence.

*Treatments I would not want if I were to reach this point include:*

- Tube feedings
- Artificial ventilation
- Cardiopulmonary Resuscitation (CPR )
- Antibiotics
- Major surgery
- Blood or blood products

*I would not choose to be kept alive with life-sustaining treatments if:*

- I am likely to die in a short period of time and life support would only delay the moment of my death.
- I am in a coma and not expected to recover.
- I have permanent and severe brain damage and am not expected to recover.

(complete other side)

Listed here are any other conditions under which I would not wish to be kept alive.

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**Pain and Symptom Control**

\_\_\_ If I reach a point where efforts to prolong my life are stopped, I want medical treatments and nursing care that will make me comfortable, even if it increases the risks of my dying sooner.

**End-of-Life Care**

If there is a opportunity to choose, I would prefer to receive my final care:

- \_\_\_ at home,
- \_\_\_ in a hospital,
- \_\_\_ in an extended care facility, or
- \_\_\_ in a hospice.

**Organ Donation**

In the event of my death I wish my agent and caregivers to know:

- \_\_\_ I *wish to donate only the following* organs or tissues if possible (name the specific organs or tissue)\_\_\_\_\_
- \_\_\_ I *wish to donate any* organs or tissues if I am a candidate.
- \_\_\_ I *do not wish to donate any* organs or tissues.

I also want my health care agent and caregivers to know the following: \_\_\_\_\_

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## *My Choices Attachment 2:*

### *What I Want My Family and Loved Ones to Know*

Attachment 2: Advance Directives for \_\_\_\_\_.

Dated \_\_\_\_\_

*Please initial the statements you agree with.*

*The people I consider to be my closest family members are:*

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*This is how I want to be treated if I am near death and cannot speak for myself:*

\_\_\_ I would like to have members of my church or synagogue notified that I am sick and ask them to pray for me.

\_\_\_ I would like to have a cool cloth put on my head if I have a fever.

\_\_\_ I would like to be kept clean, have warm baths as often as I can and clean linens at all times.

\_\_\_ I would like to have my hand held.

\_\_\_ I would like to have my favorite music played. *Suggestions:* \_\_\_\_\_

\_\_\_ I would like pictures of my loved ones near my bed.

\_\_\_ I would like to have my personal care such as shaving, nails, hair and teeth attended to as long as it does not cause me pain.

\_\_\_ I would like to have people with me.

\_\_\_ If I show signs of depression, nausea, shortness of breath or hallucinations, I want my caregivers to do what they can to help me.

\_\_\_ I would like people to pray for me.

\_\_\_ I would like to be cared for with kindness and cheerfulness.

\_\_\_ I would like my lips and mouth kept moist.

*I want my family and loved ones:*

\_\_\_ to know I love them.

\_\_\_ to remember me at my best.

\_\_\_ to forgive me if I hurt them.

\_\_\_ to have joyful memories of my life.

\_\_\_ to forgive each other and make peace.

\_\_\_ to know I forgive them for any hurt they may have caused me.

*I want to be remembered in the following ways:*

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(complete other side)



*I want my family to know that if there is an opportunity to choose, I would prefer to receive my final care:*

- at home,
- in a hospital,
- in an extended care facility, or
- in a hospice.

*I want my family to know the following about the donation of my organs or tissues:*

- I wish to donate only the following organs or tissue if possible (name the specific organs or tissues), \_\_\_\_\_
- I wish to donate any organs or tissues if I am a candidate.
- I do not wish to donate any organs or tissues.

*I also want my family to know:*

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*If there is a memorial, I would like to include the following songs, messages, readings etc.*

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#### **STEP 4. Complete Section III: Signature of Declarant and Witnesses.**

You are the Declarant. Before you sign your document, be sure you fully understand the contents of the completed document and can declare that it clearly reflects your choices.

You may have someone sign for you if you are unable to sign for yourself.

Be sure your signature is properly witnessed. Witnesses must meet the qualifications listed in the document.

#### **STEP 5. Complete the optional attachments if desired.**

These attachments are simple check lists that you may complete if you wish to include specific directions for your health care agent, caregivers and family. You may want to explain what kind of care you would expect in a specific situation or information about how your spiritual beliefs influence your decisions. You can include instructions for pain control, organ donation, and other end of life issues that are important to you.

- A) What I Want my Health Care Agent and Caregivers to Know
- B) What I Want my Family to Know

#### **STEP 6. If you want to ensure that emergency medical personnel are aware of your desire not to be resuscitated, complete a Comfort One®/DO NOT RESUSCITATE ORDER.**

The Comfort One® program is offered by the Wyoming State Emergency Medical Services office. You can order a Comfort One® form by calling the EMS office at (307) 777-7955. There is a registration fee for filing a Comfort One® form and this form must be signed by your doctor. Mail completed form with your payment to:

Wyoming Department of Health  
Office of Emergency Medical Services  
Attn.: CPR/DNR  
Hathaway Building, Room 527  
Cheyenne, Wyoming 82002

Forms are also available from Wyoming Medical Center Social Services office at 577-7951 and from the Chaplaincy office at 577-2417.

#### **STEP 7. Make copies of the signed advance directive.**

Make several copies of your signed documents. Give copies to:

- A) anyone appointed by you to make decisions on your behalf, and
- B) your primary doctor and any specialists you are seeing.

You may have a copy placed in your medical record by mailing it to:

Wyoming Medical Center  
Medical Records  
1233 East Second  
Casper, Wyoming 82601

If you are being admitted to the hospital or nursing home, bring a copy with you and have it placed in your record.

Keep the originals in a folder. Make sure they are easily accessible, not in a safety deposit box or locked cabinet.

### **MOST IMPORTANTLY**

**Make sure your family and loved ones understand that these documents communicate your choices about health care and end-of-life health decisions.**

# *Glossary of Terms Used in this Document*

**Advance Directive** - directions for health care, usually a legal document, like a living will, signed by a living, competent person that provides guidance for medical and health care decisions in the event that the person becomes incompetent to make such decisions.

**Advance Care Planning** - an organized approach to initiating discussion, reflection and understanding regarding an individual's current state of health, goals, values and preferences for future treatment decisions. "My Choices" can help to guide this discussion, which should take place between individuals and their family or loved ones, and may include a facilitator.

**Antibiotics** - medicine prescribed to kill specific microorganisms.

**Artificial Ventilation** - the process of restoring breathing by forcing air in and out of the lungs.

**Cardiopulmonary Resuscitation (CPR)** - a procedure designed to restore a normal heart rhythm and breathing in the event of a cardiac arrest.

**Caregiver** - non-family individuals involved in delivering medical care; doctors, nurses and medical personnel.

**Coma** - a state of profound unconsciousness caused by disease, injury or poison.

**Comfort One®/Do Not Resuscitate (DNR) Order** - a program that allows you to alert emergency medical personnel that you do not wish to be resuscitated in an emergency. A physician's written order instructing health care providers not to attempt cardiopulmonary resuscitation in case of cardiac or respiratory arrest.

**Diagnostic** - methods used to identify a disease.

**Dialysis/Hemodialysis** - the process of removing blood from an artery, purifying it by dialysis and returning it to the vein of a patient with a non-functioning kidney.

**Durable Power of Attorney for Health Care** - the legal appointment of a health care agent or person to make health care decisions on your behalf.

**Extended care facility, also known as long term care facility or nursing home** - a facility where nursing care is provided for those individuals who can no longer care for themselves.

**Family** - those people that you consider your family.

**Feeding Tubes** - tubes that can be placed directly into the stomach or small bowel to supply nutrition.

**Guardian or Guardian ad litem** - someone appointed by the court to represent the interests of a minor or incompetent person in a legal proceeding.

**Health care agent, also known as health care proxy, surrogate decision maker, substitute decision maker** - the person(s) you choose to make your health care decisions if you should be unable to speak for yourself.

**Health Care Provider** - includes caregivers and organizations that provide health care including hospitals, doctors' offices, home health agencies, long-term health care facilities and hospices.

**Hospice** - a program or facility that provides a caring environment for the physical and emotional needs of a terminally ill patient and family.

**Incapacitated** - unable, without assistance to properly make decisions or care for yourself or your property as a result of: infirmities of old age; use of controlled substances; mental illness; mental retardation; or mental deficiency.

**Invasive** - involving entry into a living body by incision or insertion of an instrument.

**Life-sustaining treatment, also known as, life support, life prolonging treatment** - equipment, material and treatment needed to keep a seriously ill or injured patient alive.

**Instructions for Health Care (Living Will)** - a document which provides end-of-life instructions in the event the signer should become terminally ill and unable to communicate. The purpose of the Instructions are to guide family members and doctors in deciding how aggressive to be in the use of medical interventions that prolong life.

**Organ Donation** - the act of giving one's organs or tissues to another upon your death.

**Psychiatric Advance Directives** - when a person is concerned that they may be subject to involuntary psychiatric commitment or treatment at some future time, this document expresses that individual's choices about psychiatric treatment. The document is also called an Advance Directive for Mental Health Decision making.

**Terminal** - leading ultimately to death, close to death or being in the final stages of a disease.

**For more information on advance directives, contact:**

Wyoming Medical Center Library  
Any private attorney  
[www.partnershipforcaring.org](http://www.partnershipforcaring.org)  
[www.agingwithdignity.org](http://www.agingwithdignity.org)  
[www.wyhealth.natrona.net](http://www.wyhealth.natrona.net)  
[www.donoralliance.org](http://www.donoralliance.org)



## Wyoming Medical Center

1233 E. Second St.  
Casper, WY 82601  
307-577-7201  
1-800-822-7201