



CEDARS-SINAI®

## STEP-BY-STEP GUIDE for Completing Your Advance Healthcare Directive

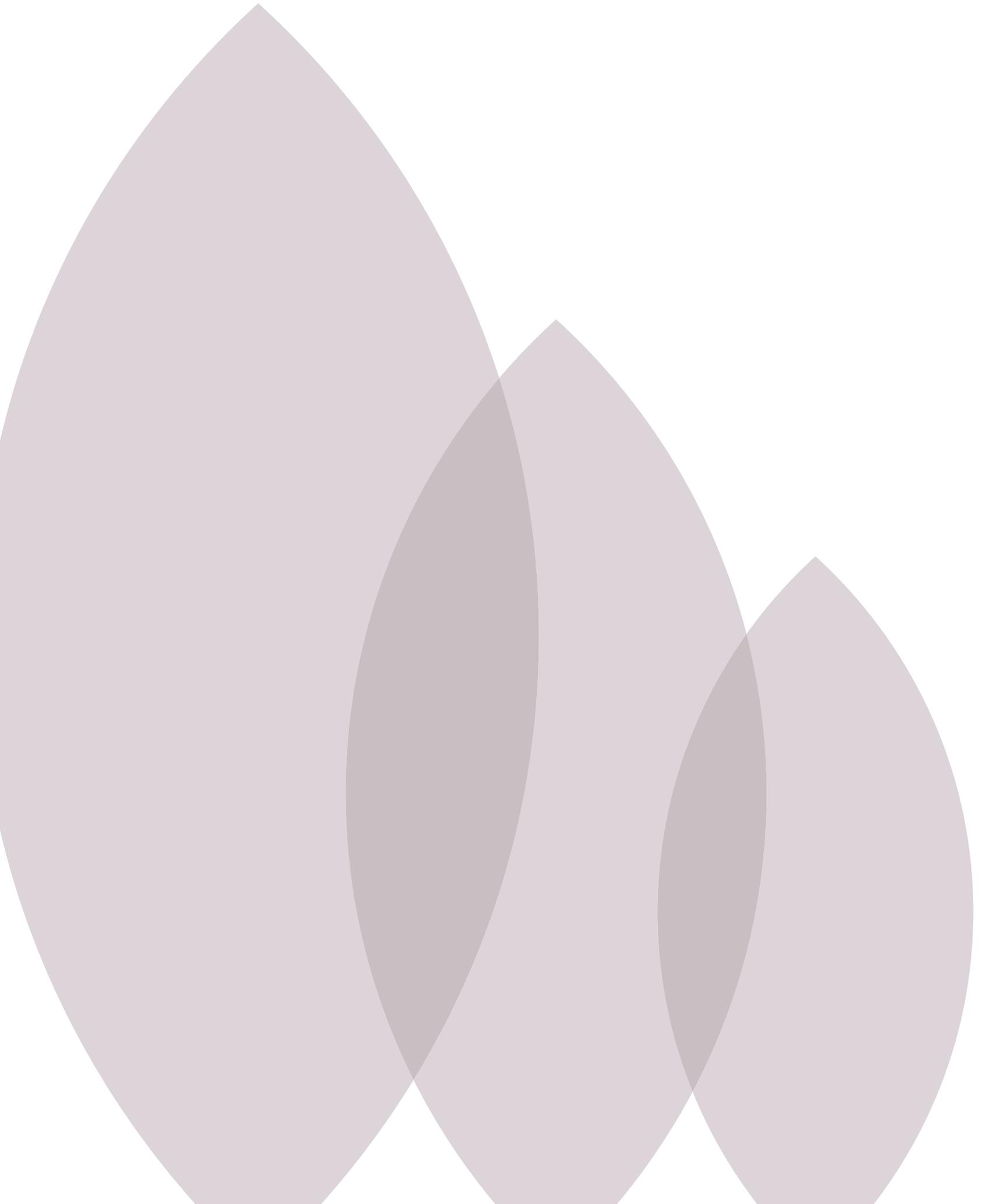
Advance Care Planning is about making your healthcare goals, values and preferences known. It is important to plan ahead, and the best time to express yourself is now.

Completing your Advance Healthcare Directive will provide comfort and guidance to the people in your life who may, at some point, be asked to speak on your behalf.

This step-by-step guide is designed to help you think about what is most important to you. It includes explanations and thoughtful exercises that can help you fill out your directive in a way that feels right for you. The colored bars along the side of the pages of this guide match the same sections in your directive.

There also is a number of resources available at Cedars-Sinai to help you complete your directive, including social workers, spiritual care experts and a free Advance Care Planning class. For information on these and other resources, please see the back cover of this guide.

**Let's get started!**



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# PART 1: My Healthcare Agent

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## SECTION A

## CHOOSING MY HEALTHCARE AGENT

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- This section is designed to help you complete Part 1 Section A of your directive (Page 2).
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It asks you to identify your Healthcare Agent (also known as Durable Power of Attorney for Healthcare or DPOA).

### HERE ARE THE THINGS YOU NEED TO KNOW:

#### What is a healthcare agent?

A healthcare agent is someone you trust who will communicate your healthcare goals, values and preferences. Once you make the important decision of choosing your healthcare agent, you will want to name him or her in this section of your directive.

#### 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 will play a very important role, including to do the following:

- Meet with healthcare providers to talk about your health
- Discuss your medications, tests and treatments
- Provide informed consent on your behalf for procedures and surgeries when indicated
- Decide when and where you will get care
- Review your medical records and information, if necessary
- Authorize the release of your medical records, if necessary
- Make sure your wishes are followed (or speak on your behalf, if you have not expressed your wishes) about organ donation, autopsy and funeral arrangements (including cremation or burial)

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

#### Who should I choose to be my healthcare agent?

It is up to you who will serve as your healthcare agent. Many people select the person closest to them—this person can be your spouse, significant other, sibling, adult child, close friend or any person you trust. What is most important is that you name someone who will communicate your wishes even in emotionally challenging situations.

## Part 1, Section A (continued)

### **Your healthcare agent should:**

- Be at least 18 years old
- Know you well
- Be trusted to honor your wishes
- Be able to make choices that are not always easy
- Be able to stay calm and think clearly
- Be able to communicate effectively with healthcare providers and family members
- Be willing to act as your agent

### **You also should keep the following in mind:**

- Your healthcare agent does not have to live near you, as long as they are available.
- Your healthcare agent cannot be a licensed medical professional who is actively involved in your medical care.

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

If you want to make sure that your healthcare team turns to someone you trust to speak on your behalf, the best thing to do is to name a healthcare agent.

However, it is not mandatory to select a healthcare agent. If you do not name a healthcare agent and in the future you become unable to express your healthcare values and preferences, your healthcare team will do their best to determine what is most important to you by speaking with the people closest to you. Keep in mind that this is not ideal—without an appointed healthcare agent, conflicts between different people in your life can make it difficult for your doctors to understand what is important to you.

### **Alternate healthcare agents—Do I need to list more than one person?**

The short answer is “no.” However, your directive lets you name a primary healthcare agent and several alternates. In order of priority, an alternate healthcare agent will be called upon if the person you choose as your primary healthcare agent is unable or unwilling to serve in that role. This is why it is important to name an alternate healthcare agent.

Once you have chosen your healthcare agent and completed your directive, be sure to discuss your selections with that person and give them a copy of your directive.

If you change your mind later, you can always modify your choice(s) by completing a new directive.

SECTION B

WHEN WOULD I LIKE MY HEALTHCARE AGENT TO BEGIN REPRESENTING ME?

- This section is designed to help you complete Part 1 Section B of your directive (Page 3).

The section will clarify when you would like your healthcare agent to speak on your behalf.

If you prefer to participate in decision-making about your healthcare for as long as possible, you will want to choose option 1:

***“When my physician determines that I am unable to express my own goals, values and preferences.”***

However, if you would like your healthcare agent to participate in decision-making about your healthcare right away, you will want to choose option 2:

***“From this time forward, even if I am still able to speak for myself.”***

If you change your mind later, you can always modify your choice(s) by completing a new directive.



## PART 2:

# My Healthcare Goals, Values and Preferences

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### SECTION A

### QUALITY OF LIFE

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- This section is designed to help you complete Part 2 Section A of your directive (Page 4).
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This section allows you to share with your medical team what quality of life you would find acceptable. This information will help your medical team 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 my life worth living?
- What do I value most about my mental and physical health?
- What could I not live without?

The following pages include a series of exercises that can help you fill out this section.

They are organized into three categories: ***Physical and Bodily Considerations***, ***Cognitive Considerations***, and ***Interactive, Social and Community Considerations***. Based on how you score each phrase, you may want to mention the ones you score highly in the matching space in this section of your directive.

### Instructions

Read each phrase on the following pages and circle the number that most accurately reflects how important that feature of life is to you.

Please use the following 1–5 scale:

**1: Not Important**

Something I could live without

**3: Somewhat Important**

Something important to me, but I would be willing to live without it

**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 Important		Somewhat Important		Extremely Important
1	2	3	4	5

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

Not Important		Somewhat Important		Extremely Important
1	2	3	4	5

**Being as comfortable (without pain) as possible**

Not Important		Somewhat Important		Extremely Important
1	2	3	4	5

**Living without being permanently connected to mechanical life support**

Not Important		Somewhat Important		Extremely Important
1	2	3	4	5

**Being able to get out of bed**

Not Important		Somewhat Important		Extremely Important
1	2	3	4	5

**Being able to walk**

Not Important		Somewhat Important		Extremely Important
1	2	3	4	5

**Being able to move around without someone else's help**

Not Important		Somewhat Important		Extremely Important
1	2	3	4	5

**Being able to go outside**

Not Important		Somewhat Important		Extremely Important
1	2	3	4	5

**COGNITIVE CONSIDERATIONS**

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

Not Important		Somewhat Important		Extremely Important
1	2	3	4	5

**Being awake**

Not Important		Somewhat Important		Extremely Important
1	2	3	4	5

**Being conscious (aware)**

Not Important		Somewhat Important		Extremely Important
1	2	3	4	5

**Being able to think clearly**

Not Important		Somewhat Important		Extremely Important
1	2	3	4	5

**INTERACTIVE, SOCIAL AND COMMUNITY CONSIDERATIONS**

**Knowing that I am not a burden to others**

Not Important		Somewhat Important		Extremely Important
1	2	3	4	5

**Talking with other people**

Not Important		Somewhat Important		Extremely Important
1	2	3	4	5

**Communicating in some way with other people**

Not Important		Somewhat Important		Extremely Important
1	2	3	4	5

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

Not Important		Somewhat Important		Extremely Important
1	2	3	4	5

**Contributing to my family’s wellbeing**

Not Important		Somewhat Important		Extremely Important
1	2	3	4	5

**Living outside of a healthcare facility (such as a hospital or nursing home)**

Not Important		Somewhat Important		Extremely Important
1	2	3	4	5

**Not dying alone**

Not Important		Somewhat Important		Extremely Important
1	2	3	4	5

You are welcome to write down additional thoughts on any of the lined spaces provided in your directive. You may also include any of these responses in your directive—simply attach these pages to your directive.

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SECTION B

SCOPE OF TREATMENT

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In the previous section, you had a chance to think about **quality** of life. In this section, we explore **how much or how many medical procedures, treatments or interventions** you would be willing to undergo to get there.

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- This section is designed to help you complete Part 2 Section B of your directive (Page 5).
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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.

**This section asks you to complete the sentence below:**

*“If my physician believes that I have a reasonable chance of recovering to the quality of life I stated on page 4, I would be willing to undergo the following”*

There are three options for you to choose from:

**Option 1:**

***All procedures, treatments and interventions offered by my healthcare team***

By selecting this option, you would be telling your healthcare providers that, in order to achieve your goals, there are no limits to the degree of invasive medical procedures, treatments or interventions you would be willing to undergo.

It is important for you to understand that if we provide you with all procedures, treatments and interventions, they may cause unintentional side effects. Your healthcare providers will always try to minimize these consequences, but you may still experience complications or side effects.

## Option 2:

### *All procedures, treatments and interventions offered by my healthcare team, EXCEPT:*

Some people feel very strongly about **not** wanting to undergo certain medical interventions. By selecting this option, you would be telling your healthcare providers that there are certain things that you **know** you would **never** want to experience. Examples include: being placed on a breathing machine (e.g., ventilator), or receiving chest compressions or electric shock. This is critically important information because your healthcare providers would never want to put you through something you would not want—even if not doing these things could possibly result in your death.

There are many 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 might need them
- How much pain and suffering they might cause you
- The emotional, financial or social impact they might have on you or your family
- The spiritual or religious implications

## Option 3:

Despite all of this information, you still might not be sure how to answer this question. If that's the case, simply select the third option:

### *I am not sure.*

If you select this option, it simply means what it says—you're not sure yet. That's perfectly fine. You can change your mind (and your advance healthcare directive) at any time. Rest assured, your treatment team will always do their very best to check with you and/or your healthcare agent(s) before putting you through any procedures, treatments or interventions.

If you have questions about any of this, please speak to your physician and those who are closest to you. There are also a number of helpful resources that might help you with these important decisions—they are listed on the back cover of this guide.

## PART 3 (OPTIONAL): Additional Preferences

- This section is designed to help you complete Part 3 of your directive (Page 7).
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### Organ Donation

Donating your organs and tissues when you die can save other people's lives. If you would like to be an organ donor, please indicate your preferences in this section of your directive. We also recommend that you register formally by having this preference stated on your driver's license.

Your family members still must authorize the release of your organs after you die, so be sure to let them know your preferences.

To learn more about organ and tissue donation, go to [donatelifecalifornia.org](https://donatelifecalifornia.org)

### My Wishes for After I Die

You may wish to leave instructions about what you want to happen after you die.

For example, you may want to be buried in a certain place, such as a cemetery with other family members. Or you may prefer to be cremated and have your ashes placed or scattered in a special place.

You also may have specific wishes about what kind of funeral or memorial service you want, where you want it held, which songs or readings you want included, where you would like donations sent or information for your obituary. This is the section where you should express those wishes.

## PART 4:

# How Strictly Do I Want My Advance Healthcare Directive Followed?

- This section is designed to help you complete Part 4 of your directive (Page 8).
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Answering this question will help you communicate how strictly you want the choices you made in your directive to be followed. There are two options, each of which means different things.

Before answering the question in this section, please consider the following explanations:

### **Option 1: Serve as a general guide, based on what I know now**

This option indicates that you want your choices to be used as a “**general guide.**” This means that, although you have expressed your preferences, you recognize that it is impossible to predict all circumstances or how you would want to be treated in each one. By choosing this option, you are saying that it is OK for your healthcare agent(s) and/or healthcare team to decide something different from what you wrote in your directive. Of course they would only consider doing so if they believe that a different choice would be more fitting with who you are and the kinds of values you hold at the time.

### **Option 2: Be followed strictly, under all circumstances**

This option indicates that you want your choices to be “**followed strictly,**” no matter what. This means that the preferences you express in your directive should be followed exactly as written, *under all circumstances*. This option is appropriate if you feel very strongly and clearly about what you stated in your directive, and you would never want someone to make a decision that differs from what you have stated.

Please use the extra space on the bottom of page 8 of your directive to share additional thoughts or information that you would like to include in this directive.

If you have further questions about any of this, please speak to your physician and those who are closest to you.

## PART 5 (OPTIONAL):

# Identifying My Physician

- This section is designed to help you complete Part 5 of your directive (Page 9).
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You may have physicians who understand your goals, values and preferences very well. If so, and if you would like them involved in conversations about your healthcare, please list them in this section.

Remember also to discuss your goals, values and preferences with this physician(s) and provide him/her/them a copy of your directive.

If you are a patient at Cedars-Sinai and you give a copy of your directive to your physician, it will be uploaded into the electronic health record system, called CS-Link™. This will make it much simpler for any member of your treatment team to view it.

## PART 6:

# Signing My Advance Healthcare Directive

- To make your directive legal and valid, you must sign it in Part 6 of your directive, either in the presence of a notary public OR with two witnesses (Pages 11-15).
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### Page 13: Signing My Advance Healthcare Directive With a Notary

Using an impartial notary may be helpful if you think that disagreements or conflicts may arise within your family.

If you are filling out this directive at Cedars-Sinai, we can help you find a notary.

If you are filling this out at home, you can find a notary at any number of places, including: local banks, travel or real estate agencies, courthouses, and insurance or law offices. There are also mobile notaries who can come to you.

### Page 14: Signing My Advance Healthcare Directive With Witnesses

#### Your witnesses must:

- Be over 18 years old
- See you sign this form

#### Your witnesses cannot:

- Be your healthcare agent
- Be your healthcare provider
- Work for your healthcare provider
- Work at the place where you live

Also, at least one of your witnesses must not be related to you in any way nor benefit financially by inheriting money or property from you after you die—this presents a potential conflict of interest that may complicate your care planning and decision-making in the future.

### Page 15: Special Witness Requirement

If you are a patient in a nursing home or skilled nursing facility, you also must have the additional signature of the patient advocate or ombudsman.



# Frequently Asked Questions

## What if I do not have an Advance Healthcare Directive?

You will get medical care whether or not you have a directive. A directive simply gives you a chance to make your goals, values and preferences known, in case you are unable to do so in the future.

## What if I change my mind about the choices I make?

A properly completed advance healthcare directive stays active until you say differently, and you can change your choices at any time. The best way to do so is to fill out a new one, discard your old one and tell everyone who needs to know about the changes. A newly completed directive overrides any previous versions. You should review your directive on at least an annual basis to make sure it continues to contain accurate information and reflects your goals, values and preferences.

## How do I make healthcare choices that are not on this form?

You can write down anything you would like on the extra pages of your advance healthcare directive (pages 16–17) or include information on extra pages. Be sure to attach any extra pages to your directive.

## I have completed my Advance Healthcare Directive, now what?

1. Have your directive notarized or signed by two eligible witnesses.
  - Option 1: Sign the document in the presence of a notary public.
  - Option 2: Have two eligible witnesses sign the document.
2. Share copies with:
  - Your healthcare agent(s)
  - Your loved ones
  - Your main physician
  - Your lawyer
3. Make sure it is uploaded into your electronic medical record, using one of the following options:

Upload to My CS-Link™	Fax to Cedars-Sinai	Mail to Cedars-Sinai	Email an electronic copy to Cedars-Sinai
<p><b>Website:</b> <a href="http://mycslink.org">mycslink.org</a></p> <p>Use the Advance Healthcare Directive page listed under Resources.</p> <p><i>Please include your name and date of birth on the first page.</i></p>	<p><b>Fax Number:</b> 310-248-8078</p> <p><i>Please include your name and date of birth on the first page.</i></p>	<p><b>Mailing Address:</b> Health Information Department 8700 Beverly Blvd. South Tower, Room 2901 Los Angeles, CA 90048</p> <p><i>Please include your name and date of birth on the first page.</i></p>	<p><b>Email Address:</b> <a href="mailto:groupMNSHID@cshs.org">groupMNSHID@cshs.org</a></p> <p><i>Please include your name and date of birth on the first page.</i></p>

4. Keep the original copy in a safe (but accessible) place.

### Where should I keep my Advance Healthcare Directive?

After a copy of your directive is uploaded into your electronic medical record, give copies to your healthcare agent(s), loved ones, physician(s) and lawyer(s) and keep the original in a safe but accessible place.

### What is a POLST form and do I need one in addition to an Advance Healthcare Directive?

**POLST** stands for Physician Orders for Life-Sustaining Treatment. It is a form printed on bright **pink paper** that is signed by both you and your physician, nurse practitioner or physician assistant. A **POLST** does not replace your directive; rather, they work together. A **POLST** has instructions written by your physician, nurse practitioner or physician assistant regarding types of treatment you will receive based on your healthcare provider's best medical judgment and your goals, values and preferences. Included in a **POLST** is space to indicate whether or not CPR (cardiopulmonary resuscitation) is appropriate for you, for example.

While all adults should have a directive, not everyone needs a **POLST**. Only individuals with a serious illness who are closer to the end of life should have a **POLST**. Please talk to your physician about whether a **POLST** makes sense for you.

### What is the difference between a “living will” and a regular will?

A living will, like all advance healthcare directives, relates only to healthcare. It is active while you are alive. On the other hand, a regular will applies to your estate and property and only goes into effect after your death.

### Is my Advance Healthcare Directive valid in multiple states?

While each state has different laws and different forms, a properly completed directive should be honored in all states. Any form is legal if it has these things:

- Your signature and date
- The signatures of two qualified witnesses or a notary
- The additional signature of a patient advocate or ombudsman if you are a nursing home patient or skilled nursing facility patient

If you have questions about this, it would be best to discuss with legal representatives in the state(s) in question.