



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 whether you are young, old, healthy or sick. The best time to express yourself is now.

Completing your Advance Healthcare Directive (or “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. The corresponding pages in your directive also are listed at the beginning of each of section.

There are a number of resources available at Cedars-Sinai to help you with this process 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!

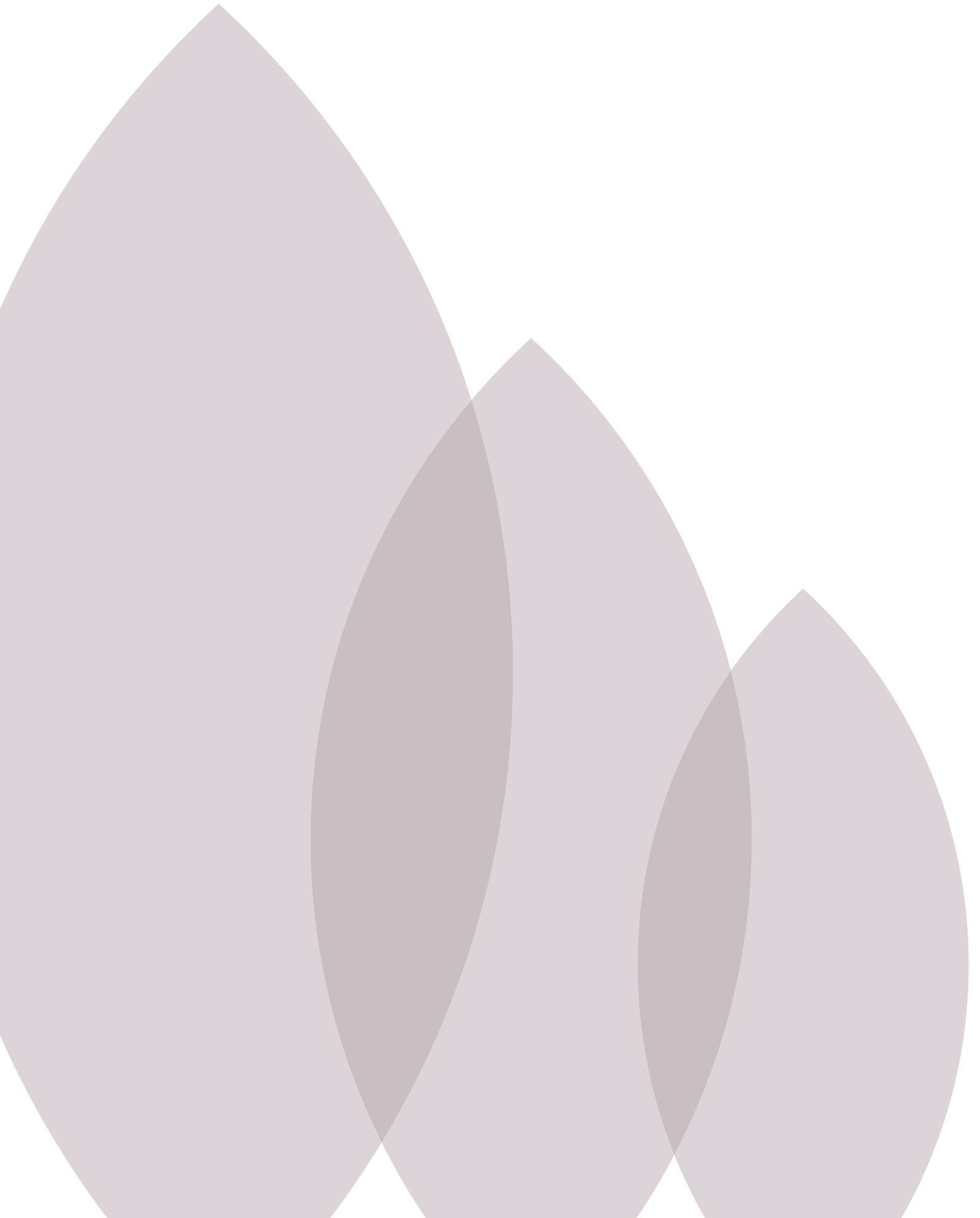


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PART 1: My Healthcare Agent

SECTION A

CHOOSING MY HEALTHCARE AGENT

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

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 when and where you will get care
- 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?

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)

There are a few other important considerations. 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 medical professional who is actively giving you 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 that you select a healthcare agent. If you do not name a healthcare agent and 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. 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 to this question 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, as well as anyone else who might be contacted when such decisions need to be made for you.

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

SECTION B

CHOOSING A RABBI

- This section is designed to help you complete page 3 of your directive and lets you appoint a rabbi.
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You also have the option, if you so desire, to appoint a rabbi (as well as an alternate rabbi and/or institutions) for your agent to consult with to ensure that all decision-making about your healthcare is done in accordance with Jewish values.

Just like with your healthcare agent, once you have completed your Advance Healthcare Directive, be sure to discuss your selections with your rabbi and give them a copy of your Directive.

SECTION C

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

- This section is designed to help you complete page 4 of your directive and lets you designate when you would like your healthcare agent to speak on your behalf.
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If you prefer to participate in decision-making about your healthcare for as long as possible, you may want to choose option 1:

“Only when my physician determines that I am unable to express my own values and choices.”

However, if you would like your healthcare agent to participate in decision-making about your healthcare right away, you may 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 simply by completing a new directive.

PART 2:

My Healthcare Goals, Values and Preferences

SECTION A

QUALITY OF LIFE

■ This section is designed to help you complete page 5 of your directive.

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 your life worth living, what you value most about your mental, spiritual and physical health, and what you could not live without.

Because Judaism places such a high value on life itself, what is at issue here is NOT whether or when your quality of life might outweigh the sanctity of your life but rather what is important to you regarding how you *live* your life. These concerns thus apply to many areas of healthcare, but are for the most part NOT relevant regarding end of life interventions as they relate to Jewish law. It is important to receive Rabbinic guidance because Jewish values in healthcare sometimes differ from the broader society, such as concerns related to withdrawal of life sustaining interventions and the necessity of nutrition, hydration and oxygen.

Providing the proper care for a patient often requires that one's rabbi and medical team know what matters most to the patient. The following pages include a series of phrases that can help you express your values. They are organized into four categories: Physical/Bodily Considerations, Cognitive Considerations, Interactive, Social and Community Considerations, and End of Life Considerations. Based on how you score each phrase, you may want to mention it in the matching space of your directive. Read each phrase on the following pages and circle the number using a 1-5 scale that most accurately reflects how important that feature of life is to you.

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

Being able to walk

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 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 conscious (minimally aware)

Not Important		Somewhat Important		Extremely Important
1	2	3	4	5

INTERACTIVE, SOCIAL AND COMMUNITY CONSIDERATIONS

Talking to 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

Knowing that I am not a burden to others

Not Important		Somewhat Important		Extremely Important
1	2	3	4	5

Part 2, Section A (continued)

Having privacy when I want it

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

END OF LIFE CONSIDERATIONS

Living free of being permanently connected to mechanical life support

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

Willing to endure much pain to have life prolonged

Disagree		Somewhat Agree		Strongly Agree
1	2	3	4	5

Willing to endure much pain to remain alive for a family occasion (such as a wedding or Bar/Bat Mitzvah)

Disagree		Somewhat Agree		Strongly Agree
1	2	3	4	5

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

Disagree		Somewhat Agree		Strongly Agree
1	2	3	4	5

OTHER CONSIDERATIONS

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

Nothing about my condition and my treatment		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 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.

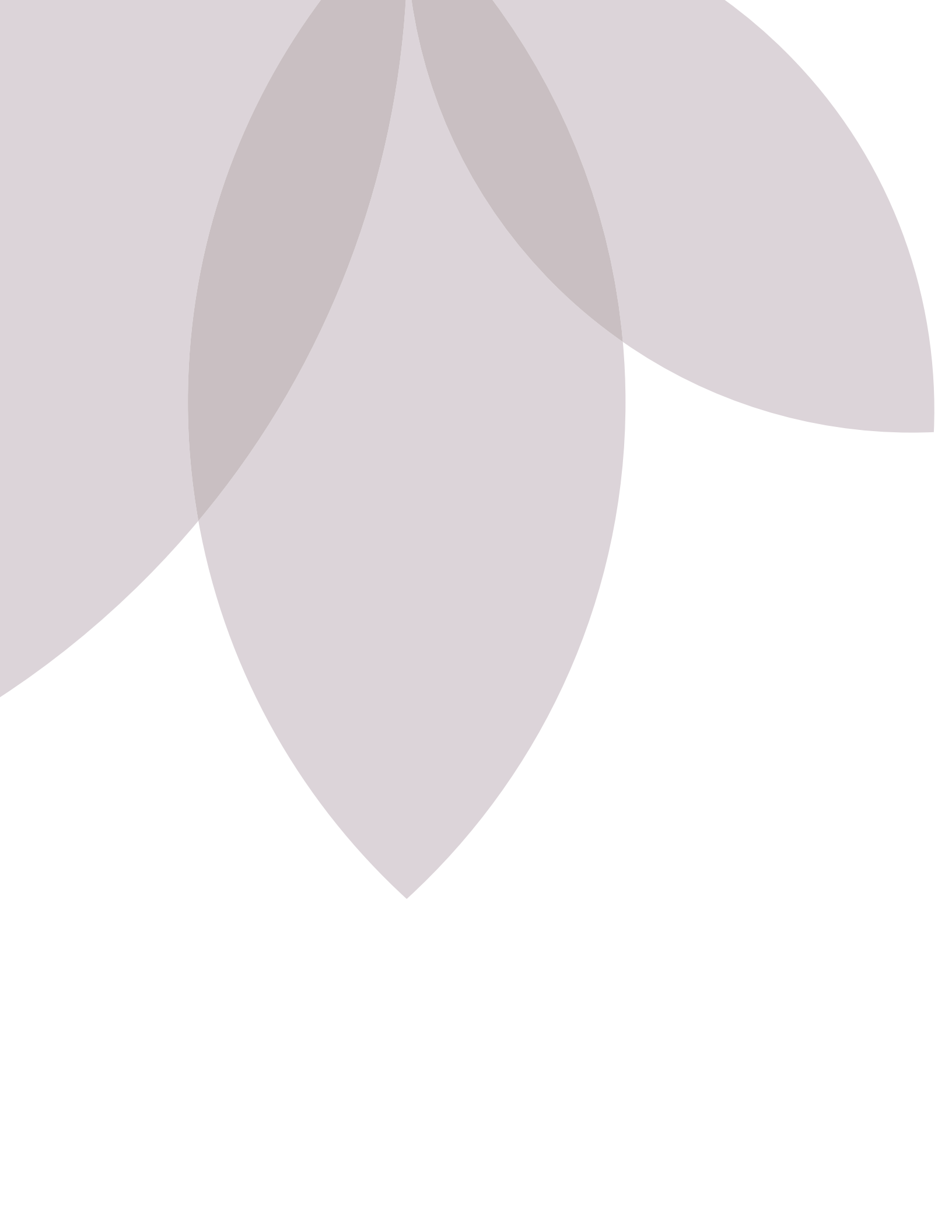
In this section, you also have the opportunity to explore ***how many medical procedures, treatments or interventions*** you would be willing to experience to recover to the minimal quality of life you outlined.

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.

Consultation with a rabbi is crucial for specific determinations. This is a tool for helping your healthcare agent, rabbi and medical team get to know you.

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



PART 3:

How Strictly Do I Want My Advance Healthcare Directive Followed?

- This section is designed to help you complete page 7 of your directive and 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.
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Before answering the question in this section, please consider the following explanations:

Option 1

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. They would only consider doing so *if they believe at the time that a different choice would be more fitting with who you are and the kinds of values you hold.*

Option 2

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 are to be followed 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 expressed.

Please use extra lined spaces in your directive to share additional thoughts or information that you would like to include in this directive. If you have further questions about any this, please speak to your physician and those who are closest to you.

PART 4 (OPTIONAL): Additional Preferences

■ This section is designed to help you complete page 8 of your directive.

Cadaveric Organ Donation

Note: This section is relevant only if death has been determined as defined by Jewish law and custom in consultation with your rabbi.

Becoming an organ and tissue donor when you die can save other people's lives and improve their quality of life. If you would like to be an organ donor, it is important to discuss this with your rabbi, and then indicate your preferences in this section of your Directive. It is often recommended that one register formally and have this preference stated on their driver's license, but if and how you do this should be discussed with your rabbi.

Please know that family members still must authorize the release of your organs after you die. Remember also to let them

know your preference. To learn more about organ and tissue donation, go to donatelifecalifornia.org

My Wishes for After I Die

Some people wish to leave instructions about what they want to happen after they die.

For example, you may want to be buried in a certain place, such as a cemetery with other family members.

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.

PART 5 (OPTIONAL): Identifying My Physician

■ This section is designed to help you complete page 9 of your directive.

You may have doctors who understand your goals, values and preferences. If so, and you would like them involved in conversations about your healthcare, please list them in this section of your directive. They then can be contacted to work with your designated healthcare agent(s).

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 on page 10 of your directive, either in the presence of a notary public (page 12) OR have two witnesses sign it with you (page 13).
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Option 1: Signing My Advance Healthcare Directive With a Notary

Using an impartial notary, as opposed to two witnesses, may be helpful if you think that disagreements or conflicts within your family could happen.

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.

Option 2: 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.

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 on page 14.



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 15–16) 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
 - Your rabbi
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>Website: mycslink.org</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>Fax Number: 310-248-8078</p> <p><i>Please include your name and date of birth on the first page.</i></p>	<p>Mailing Address: 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>Email Address: groupMNSHID@cshs.org</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.

