



making choices[®]

*planning in
advance for future
healthcare
choices*



**Ready to have a conversation with one of our
Advance Care Planning Facilitators?**
Visit nghs.com/respecting-choices
to ask a question or make an appointment.

life choices

You make choices on a daily basis—choices about where you want to live, whom you want to marry, your career, your home, your life. Perhaps one of the most important choices facing you is your choice for future medical care.

Technology has advanced to a point where patients with little or no hope of recovery can be kept alive through life sustaining treatments for extended periods of time. For that reason, it's more important than ever for people to talk about what kind of care they would want if they would become unable or choose not to make their own decisions. Now is the time to decide about the kind of care you want while you are capable of making your own decisions.

Discussing with your family what living well means to you, or circumstances where you want medical intervention, or circumstances where you don't - these are all part of a conversation that benefit each of you. It allows you to incorporate your goals, values and beliefs into your healthcare choices. Plus, you let your family know what means most to you and how they can honor your wishes. This conversation is a gift for both you and your loved ones.

We at Northeast Georgia Health System want to empower you to share your voice in your healthcare choices. This planning guide will help you begin your conversation about the kind of care you want and prepare you to complete your own advance directive.

knowing the language

Advance Care Planning

Advance care planning is the process of having a conversation to: understand possible, future health choices; reflect on these choices in light of the values and goals important to you; discuss your choices with those close to you and the health professionals who care for you; and make a plan for future healthcare situations

Advance Directives for Health Care (ADHC)

An Advance Directive for Health Care is the legal written plan for your future healthcare. A Georgia advance directive offers two major healthcare choices.

The first is to appoint someone to make your healthcare decisions if you are unable or choose not to make them. The person you appoint is called your healthcare agent. The second is your choice for preferences in requesting or refusing medical treatment.

getting started

There is no easy way to plan for future healthcare choices.

It is a process that involves thinking and talking about complex and sensitive issues.

The questions that follow will help in the advance care planning process. This is a guide for your own benefit; it is not a test, and there are no right or wrong answers. It does not need to be completed all at once. You may use it to share your feelings with healthcare providers, your family and your friends.

Looking back...

Who we are, what we believe and what we value are all shaped by experiences we have had. Religion, family traditions, jobs and friends affect us deeply.

Has anything happened in your past that shaped your feelings about medical treatment?

Think about an experience you may have had with a family member or friend who was faced with a decision about medical care near the end of life. What was positive about that experience? What do you wish would have been done differently?

Here and now...

Do you have any significant health problems now? What does living well mean to you? How might medical treatment help or hinder you in your ability to live well? What short or long-term goals do you have? How might medical treatment help you or hinder you in accomplishing those goals?

What about tomorrow?

What significant health problems do you fear may affect you in the future? How do you feel about the possibility of not being able to live independently? How would decisions be made if you could not make them?

What future decisions need to be considered?

Providing instructions for future healthcare decisions may seem like an impossible task. How can anyone plan for all the possibilities? You cannot...and you do not have to.

You want to plan for situations that may arise, such as a severe permanent brain injury or terminal illness.

To plan for these types of situations, many people state, "If I'm going to be a vegetable, let me go," or "No heroics," or "Don't let me die." While these remarks are a beginning, they are too vague to guide decision making.

Consider these three questions:

- When would it make sense to continue certain treatments in an effort to prolong life and seek recovery?
- When would it make sense to stop or withhold certain treatments and accept death when it comes?
- Under any circumstance, what kind of comfort care would you want, including medication, spiritual, and environmental options?

what's next?



Below are some scenarios and questions to help you begin your conversation.

Imagine... You are in a hospital facing a life-threatening illness. Despite the best medical treatment, your physicians believe that it is unlikely you will leave the hospital alive. You are no longer able to interact with anyone. At this point, your heartbeat and respiration can be prolonged for some time through continued use of artificial life support.

In this situation, what would your goals be for medical treatment?

Imagine... You have suffered a severe, permanent brain injury. You are totally unconscious of your environment, yourself and others. It is not expected that you will regain consciousness. With proper medical and nursing care, your heart and other vital organs can be maintained for an indefinite period of time (a condition called a persistent vegetative state that may be caused by trauma to the head or lack of blood flow to the brain).

In this situation, what would your goals be for medical treatment?

Imagine... You are living at a nursing home because you have lost the ability to make your own decisions. You can feed yourself and interact, but you no longer know who you are, who your family members are or what happens from one moment to another.

In this situation, if your condition deteriorates over time, what would your goals be for medical treatment?

What views do you need to share with the person or people who would make your medical decisions if you could not make them?

How does cost influence your decisions about medical care?

What type of spiritual care would you want?

What type of comfort care would you want?

I need to ask my healthcare provider:



choosing a healthcare agent to speak for you

What is a healthcare agent?

A healthcare agent is a person (a loved one, family member, or friend) chosen to make future healthcare decisions, including end-of-life decisions, in the event a person is unable to or chooses not to make his or her own decisions. In the case of end-of-life decisions, two physicians, one of whom must be the patient's attending physician, will certify in writing that the patient is in a terminal condition or a state of permanent unconsciousness before you will be asked to make such decisions.



A healthcare agent should be able to state

- I am willing to take this role and responsibility
- I know what the person would want for future medical care
- I can make the decisions they would want, even if I disagree with the decisions
- I am able to make difficult medical decisions in stressful situations

A healthcare agent may need to make decisions about

- medical care and services, such as tests, medicine, and surgery
- discontinuing treatment based on the person's instructions or what is in the person's best interest
- releasing medical records
- which organization and healthcare professional should provide care

A healthcare agent, may NOT make decisions for

Behavioral health treatment such as, sterilization, psychosurgery, or involuntary treatment or hospitalization for mental health matters

Clarify for your healthcare agent what the following statements mean to you

- What is important to you to live well
- When would life be worth living
- When would life not be worth living
- When you would want doctors to initiate treatments that keep you alive
- When you would want doctors to stop treatments that keep you alive
- Describe a peaceful death

While talking about these issues with a healthcare agent may be uncomfortable, the more they understand, the better prepared they will be if they are called on to make healthcare decisions for you. Think about this as an act of love.

gifts we can give our children

Linda Butterworth's Story

It occurred to me that my mother gave me a very loving and insightful gift in my life—namely, careful direction about what to do when she became irreversibly ill and unable to make her own decisions.

I was thankful that we discussed her choices years before she was the victim of Alzheimer's disease because at that point, it was necessary to become her advocate and rely on the direction she had given me.

My first decision occurred when my mom's doctor asked, "We need to know what your mother's choice would be if her heart should stop." She had prepared me for this—the answer was clearly not to initiate resuscitation.

I lost my mom on April 30—not to Alzheimer's disease but heart failure. Amidst the sadness, there was peace. Peace in knowing that many times she had said to me, "No medical intervention when there's nothing that can be done for me."

I am grateful that I didn't have to struggle with decisions during that time.



talk with your doctor

A Physician's Story

I had a patient with a serious lung disease. His life consisted of moving from his bed to a nearby chair, and even that would leave him short of breath. We talked about what he would want us to do if his lungs failed. Since it was likely he would be totally dependent on a machine for the rest of his life, he refused to consider it as an option.

His wife understood his decision and was very supportive, and his decision was recorded in his medical record as an advance directive.

Six months later, he was brought to the hospital very short of breath; and, without mechanical support, he would clearly die. The physician on duty asked him what he wanted them to do. He, again, said he only wanted to be comfortable, he didn't want assistance from mechanical breathing machines. The physician did not know the patient or his family, so she was not sure if a lack of oxygen was affecting his judgment.

The written advance directive in his chart indicated that this decision was carefully considered by him and his family.

His choices were respected by the medical staff and he died according to his wishes. Discussing his medical care in advance, with both his family and physician, made his final hours less traumatic.

Talk about your concerns, your fears and your decisions with your own physician. It's critically important.



frequently asked questions

Advance Care Planning

Who do I talk to?

Talk to those who are close to you and most likely to be involved in healthcare decision making for you. Just because you have a close relationship with someone does not necessarily mean they know what you think or want for future medical care.

What do I talk about?

Think about what your goals for medical treatment would be if you had a sudden incident that left you without the ability to speak for yourself.

Do I need to talk with my physician?

When possible, it is important for you to talk with your physician to make sure your wishes are clear, complete, and are added to your medical record for healthcare providers to access.

When is an advance directive used?

An advance directive is activated when you are unable or choose not to make your healthcare decisions.

Can my advance directive be changed?

Yes, your advance directive can be changed at any time, as long as you are capable of making decisions.

What if I am injured or become ill when I am away from home?

The best way to ensure that you receive the type of care you want is to discuss your choices with your healthcare agent and make sure they have a copy of your advance directive.

What happens in an emergency?

In the event of an emergency, life-sustaining measures may be started, possibly before your medical record is available. Treatment can be stopped if it is discovered that it is not what you would have wanted.

Do I have to have a lawyer to complete an advance directive?

No, Georgia law does not require an attorney to complete an advance directive.

start planning now

This process may only take a short period of time or it may take many months. What is most important is that you begin now and take the time you need to understand, reflect, discuss, and make a plan that will work best for you and those closest to you.





Northeast Georgia Health System

respecting **choices**[®]
Person-Centered Care

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