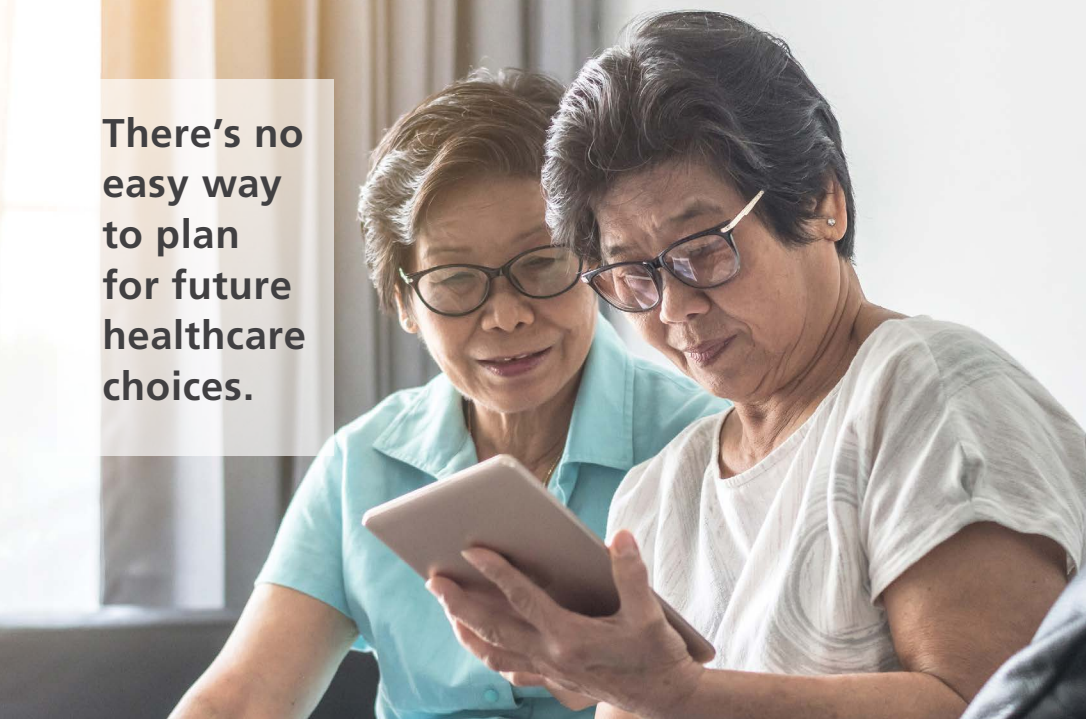


There's no easy way to plan for future healthcare choices.



Advance care planning (ACP) is a process that involves thinking and talking about complex and sensitive issues regarding your future healthcare. The questions that follow will help you and those closest to you understand what you need to do.

This guide is for your benefit. It's 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 your healthcare providers, family, and friends.

The answers to these questions will help those you love and respect make choices for you when you cannot make them yourself.

These are things I need to tell my loved ones:

What is your idea of comfort care? Describe how you would want medications to be used to provide comfort. What type of spiritual care would you want?

I need to learn more about:

I need to ask my healthcare provider about:

Respecting Choices®
PERSON-CENTERED CARE

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Making Choices®
ADVANCE CARE PLANNING



PEACE OF MIND
COMES FROM
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LOOKING BACK

Who we are, what we believe, and what we value are all shaped by our life experiences. 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 in which a family member or friend 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 kinds of things bring you joy? If a health problem kept you from doing them any longer, would your life's meaning change? What short- or long-term goals do you have? How might medical treatment help or hinder your efforts to attain those goals? What are the risks?

WHAT ABOUT TOMORROW?

What significant health problems do you fear may affect you in the future? How do you feel about the possibility of having to go to a nursing home? How would decisions be made if you could not make them?

WHO SHOULD MAKE DECISIONS?

An important part of planning is to consider whether you should appoint someone to make your healthcare decisions if you can't make them yourself. Many people select a close family member, but you are free to pick anyone you think could best represent you. You need to be able to trust this person and know that they are:

- Willing to accept this responsibility.
- Willing to follow the values and instructions you have discussed.
- Able to make complex, difficult decisions.

It's helpful—but not required—to appoint one or more alternate persons in case your first choice becomes unable or unwilling to represent you. It's best if only one person has authority at a time, but you can instruct your representatives to discuss decisions together if time permits.

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 can't, and you don't have to. However, you DO need to plan for situations in which you:

1. Become unexpectedly incapable of making your own decisions.
2. Will clearly have little or no recovery.
3. Have an injury or loss of function that is significant.

These situations might be caused by an injury to the brain from an accident, stroke, or a slowly progressive disease like Alzheimer's.

To plan for this type of situation, many people say, "If I'm going to be a vegetable, let me go" or "No heroics" or "Don't keep me alive on machines." While these remarks are a beginning, they are too vague to guide decision making.

You need to completely describe the circumstances when the decision would change from attempting to prolong life to allowing you to die. In some situations, certain treatments may not make sense because they will not help, but other treatments will be of important benefit.

Consider these three questions:

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

Making these choices requires understanding the information, weighing the benefits and burdens from your perspective, and then discussing your choices with those closest to you.

WHAT'S NEXT?

How do you make sure that your choices are respected? First, talk about them with your family, friends, clergy, and doctor. Then, put your choices in writing. Information about putting your plans into writing—in an advance directive—is available from your healthcare organization or attorney.

Do you have any significant health problems? What health problems do you fear in the future?

Consider what frightens you most about medical treatment.

What role does religion, faith, or spirituality play in how you live your life?

How does cost influence your decisions about medical care?

In terms of future medical care, under what circumstances would you want the goals of medical treatment to switch from attempting to prolong life to focusing on comfort? Describe these circumstances in as much detail as possible.

Ask yourself: What will most help me live well at this point in my life?

How will you share your views with the person(s) who would make your medical decisions if you could not make them yourself?