

Instructions for completing your Advance Directive

At OHSU, we strive to provide the best care possible. To meet this goal, it is important for us to know the level of care you desire and have a way to honor your wishes. One way to ensure that we do just that is by completing an Advance Directive. An Advance Directive is a document that helps communicate your health care wishes when you are not able to express them yourself. We encourage all of our patients, regardless of their health status or age, to have an Advance Directive. A copy of your Advance Directive should be in our health record because an unexpected injury or illness could happen to anybody at any time.

How to complete your Advance Directive

How to complete the Oregon Advance Directive Form, step by step

The Advance Directive doesn't apply to any of your care right now.

It only applies to care you would choose or refuse if you become too sick to speak for yourself. It is designed to be filled out while you are healthy and capable. Hopefully, it won't be needed for many years to come. It may never be needed. But if it is needed, you will be prepared.

The Oregon Advance Directive Form is a legal document under Oregon laws. If you receive your health care in State of Oregon, this form will be legally valid. If you receive health care in other states, your wishes in this form may be respected but may not be legally valid in other states.

The first section is a general description of the Advance Directive. In summary, it says that:

- a. You may name a person to make health care decisions for you when you cannot make the decisions in this form. This person is called a **health care representative**.
- b. If you do not name your health care representative in this form, your healthcare representative will be the first of the following:
 - 1) Your legal guardian who is authorized to make health care decisions
 - 2) Your spouse or registered domestic partner
 - 3) Majority of your adult children
 - 4) Your parent
 - 5) Majority of your adult siblings
 - 6) Your adult relative or adult friend

- c. Your health care representative and health care providers will use the Advance Directive only when you are not able to make health care decisions for yourself.
- d. This Advance Directive is not effective until you and health care representative(s) sign, and it is signed by two witnesses or notarized.
- e. If you have completed an Advance Directive before, this new Advance Directive will replace any older legal health care directives including Power of Attorney for Health Care.
- f. You can cancel or change the Advance Directive at any time.

1. ABOUT ME. Print your name, birth date, telephone numbers, address and email.

2. MY HEALTH CARE REPRESENTATIVE. This is the section where you name the person(s) who will make your health care decisions for you if and when you are unable to do so. This person will be called your “health care representative” in this form. This person may also be called “health care proxy” or “durable power of attorney for health care” in some documents.

A health care representative is someone who:

- a. Is willing to accept the role of health care decision-maker for you
- b. Understands what is important to you
- c. You trust to honor your health care wishes
- d. You trust to make the right decisions for you in a difficult or unclear situation

How to complete your Advance Directive

- 1) When you select someone, ask the person if he or she is willing to be your health care representative. Print the name, relationship, telephone number and address of this person in the blank spaces.

2. My Health Care Representative

I choose the following person as my health care representative to make health care decisions for me if I can't speak for myself.

Name _____ Relationship _____

Telephone numbers (Home) _____ (Work) _____ (Cell) _____

Address _____

E-mail _____

- 2) If you want to name a second (and a third) health care representative, print the name, relationship, telephone number, address and email of that person in the next spaces.

- 3) The person(s) you selected should know that you chose him or her (or them) as your health care representative(s). He or she (or they) needs to sign on Section 7 of the form.

7. Acceptance by my Health Care Representative

I accept this appointment and agree to serve as health care representative.

HEALTH CARE REPRESENTATIVE

Printed name _____

Signature or other verification of acceptance _____

Date _____

- 4) Because family members often have different opinions, it is important to let your entire family know who your health care representative is. That way, everyone will clearly understand who is going to make health care decisions for you in the event you cannot make them yourself.

How to complete your Advance Directive

3. INSTRUCTIONS TO MY HEALTH CARE REPRESENTATIVE.

Before filling out this section of the Advance Directive, you should carefully review Section 4, DIRECTIONS REGARDING MY END OF LIFE CARE.

Section 4 is where you can specify whether you would want tube feeding and/or life support when you are close to the end of your life.

You do not have to fill out Section 4 if you do not wish to make these choices in advance. You have the option of leaving these choices to your health care representative(s) and/or your care providers.

However, if you do fill out Section 4, and:

- 1) You want to require your health care representative(s) to follow your instructions, write your initials in the first statement.

- 2) If you want your health care representative(s) to use your instruction in Section 4 as a guide to make decisions about your care, write your initials in the second statement.
- 3) If you have wishes that you want your health care representative(s) to honor, you can write additional instructions in the space and initials in the last line.

3. Instructions to my Health Care Representative

If you wish to give instructions to your health care representative about your health care decisions, initial one of the following three statements:

_____ To the extent appropriate, my health care representative must follow my instructions.

_____ My instructions are guidelines for my health care representative to consider when making decisions about my care.

_____ Other instructions _____

How to complete your Advance Directive

4. DIRECTIONS REGARDING MY END OF LIFE CARE. In this section, you can express what kind of care you want to receive when you are not able to communicate your choices and you are in one of the following conditions:

- 1) **Close to Death.** Many people want life support and tube feeding if there is a chance they might get better. That is NOT what “close to death” means in this document. This document is asking if you want life support and tube feeding to prolong your dying process.
- 2) **Permanently Unconscious.** If you are permanently unconscious, you do not know where you are or who you are with. This document asks if you would want life support or tube feeding to keep you alive in this state.
- 3) **Advanced Progressive Illness.** This is a terminal illness in its late stages. Often, advanced progressive illness involves physical discomfort and a sharply reduced quality of life. Life support or tube feeding does not make the illness better but can prolong the time you are in this state.
- 4) **Extraordinary Suffering.** This is a situation in which you experience severe pain or discomfort, and nothing can significantly ease your suffering. Life support or tube feeding can prolong your life in this condition but not lessen your suffering.

Note: These instructions are in case you are in any of these conditions. They do NOT apply to your current health care.

Tip: If you are not sure what life support and tube feeding are, or the medical conditions described here, talk to your health care provider about this.

A. Statement Regarding End of Life Care. If you do not want life support or tube feeding in any conditions described above, write your initials in the space provided.

A. Statement Regarding End of Life Care. You may initial the statement below if you agree with it. If you initial the statement you may, but you do not have to, list one or more conditions for which you do not want to receive life support.

_____ I do not want my life to be prolonged by life support. I also do not want tube feeding as life support.
I want my health care provider to allow me to die naturally if my health care provider and another knowledgeable health care provider confirm I am in any of the medical conditions listed below.

B. Additional Directions Regarding End of Life Care. By writing your initials next to your choices, you can select whether or not you would want to receive tube feeding and/or life support in any of the conditions described in Section 4.

INITIAL ONE:

_____ I want to receive tube feeding.

_____ I want tube feeding only as my health care provider recommends.

_____ I DO NOT WANT tube feeding.

INITIAL ONE:

_____ I want any other life support that may apply.

_____ I want life support only as my health care provider recommends.

_____ I DO NOT WANT life support.

Tip: “My health care provider” (in the second choice) usually refers to the health care providers who work in the intensive care unit or hospital where you are admitted. It does not refer to your health care provider who sees you regularly and knows you well. The hospital health care providers will probably not know how you think or what is important for you.

How to complete your Advance Directive

C. Additional Instructions. If you have any additional instructions about the kind of care you want to receive in any specific condition, write them under Section C or attach additional writing or recording of your values and beliefs to this document.

Tip: It is hard to predict what may happen in the future. Your health care representative(s) may have to make a decision that you have never talked about before. You could be in some type of critical condition other than those described above, requiring your representative(s) to make choices for you. The following are examples of statements other patients have included to help guide their health care representative(s) in making decisions:

Examples

- “I trust my health care representative to make the decisions that she feels are best for me at that time, even if she is not sure what I would have chosen.”
- “I want my health care representative to do what he thinks I want, even if it makes him a little uncomfortable.”
- “If you have to decide between making me more comfortable or more awake, I would rather be more _____.”

5. MY SIGNATURE.

For this Advance Directive to be effective, you need to sign and date here.

5. My Signature

My signature _____ Date _____

6. WITNESS.

For this Advance Directive to be effective, this form needs to be notarized OR signed by two witnesses.

- A. **NOTARY:** If you choose to notarize the form, bring this form to a notary public.
- B. **WITNESS DECLARATION:** If you choose to use witnesses, ask two persons to witness that you have completed and signed this Advance Directive. Neither witness can be your health care representative or your alternative health care representative. Your witness may also not be your attending health care provider.

The person completing this form is personally known to me or has provided proof of identity, has signed or acknowledged the person's signature on the document in my presence and appears to be not under duress and to understand the purpose and effect of this form. In addition, I am not the person's health care representative or alternative health care representative, and I am not the person's attending health care provider.

Witness Name (print) _____

Signature _____ Date _____

Tip: Your witnesses must be personally known to you or, if not, have seen your proof of identity. Your witnesses must see you sign your Advance Directive.

How to complete your Advance Directive

7. ACCEPTANCE BY MY HEALTH CARE REPRESENTATIVE. The person(s) you selected in Section 2 needs to understand and accept the role of health care representative.

Discuss your preferences and instructions with your health care representative(s). Make sure he or she (or they) knows what's important to you. Then ask him or her (or them) to sign on Section 7.

Congratulations, you now have a plan!

What are my next steps?

- ❑ Give a copy of your Advance Directive to everyone in your family who is likely to show up when you get very ill.
- ❑ Talk about your Advance Directive with everyone in your family who is likely to show up when you get very ill. Make sure they know who you have named to make your health care decisions when you are not able to make them for yourself. If you did not name a health care representative in the Advance Directive, make sure your family understands your wishes regarding the kind of care you want if you are not able to make decisions for yourself.
- ❑ Sometimes talking about what is important to you and what kind of care you want is difficult. For helpful information about having this conversation with your family, go to **theconversationproject.org**.
- ❑ Make sure that you give a copy of your Advance Directive to your health care providers and discuss the care that you want to receive. Ask your health care providers to upload your Advance Directive into your electronic medical record.