

## GENTLE REFLECTIONS on some HARD CHOICES

**Hospitalization is an opportunity to reflect on significant issues and priorities.** Coming to terms with serious illness / injury and treatment options can be a difficult process, requiring over time conversation and reflection as questions arise and preferences take shape. Your physicians and the hospital staff welcome any questions you have about your healthcare rights and choices.

Being hospitalized sometimes requires thinking about choices that have only recently become possible through new medical technology. You may already have thought about your own values, ideas and decisions about use of modern medical treatments. Advances in medical technology present some options and require some choices you may not have considered before.

Your physicians and the hospital staff seek to provide care that fits your physical needs as well as your personal goals. We need to know about your goals and hopes regarding treatment in order to provide the right healthcare for you. The pamphlet is an invitation to this conversation.

### SOME PARTICULARLY CHALLENGING DECISIONS

Some medical treatments and technologies restore health, some are intended to slow the process of disease, and some provide comfort. Some treatments can prolong life or the process of dying without providing any of these benefits. Your physician will provide information / recommendations. You make decisions among the medically reasonable options.

Your values and hopes may lead you to set some limits to the use of technology. It is reasonable to set some limits to treatments you want, even to decline some life-sustaining interventions.

These are hard choices to make, and are usually not made quickly. They require good current information, gentle reflection and discussions over time. Decisions can be made and reviewed at any time; any treatment can be started and then later discontinued.

Usually, life sustaining interventions are attempted in order to bring a patient through a crisis; sometimes such treatments either do not work or only ‘prolong death’ or suffering at the end of life. Sometimes aggressive medical interventions prevent immediate death but cause severe burdens in living. A “Do Not Attempt Resuscitation” (DNAR) order is a signal that the focus of care is support for a natural death, ensuring patient comfort and meeting social / spiritual needs.

### Some medical interventions create special challenges in decision making:

1. **Cardiopulmonary resuscitation (CPR)**, which includes -
  - cardiac drugs to restore the heartbeat
  - electrical shock to reestablish a normal heartbeat (“defibrillation”)
  - chest compressions (rhythmically pressing on the chest to manually circulate blood)
  - breathing support, including placing a tube in the wind pipe and use of a ventilator
2. **Ventilator** (also called respirator or breathing machine) in chronic pulmonary illnesses
3. Artificial provision of **fluids and nutrition** for permanently unconscious persons

Other treatments that sometimes might reasonably be declined in certain circumstances:

kidney dialysis, antibiotics, blood transfusions, chemotherapy, radiation therapy, surgery, and even x-rays, CAT-scans, MRI, blood tests and other diagnostic tests

Please discuss with your family, friends and physician your preferences for medical treatment including any limits that make sense to you. If a time comes when you cannot express your desires, your loved ones or doctor won’t be forced to make choices without your guidance.

# Your Right To Make Decisions About Medical Treatment

This brochure explains your right to make healthcare decisions and how you can plan now for your medical care if you are unable to speak for yourself in the future.

A federal law requires us to give you this information.

We hope this information will help increase your control over your medical treatment.



## Who decides about my treatment?

Your doctors will give you information and advice about treatment. You have the right to choose. You can say "Yes" to treatments you want. You can say "No" to any treatment that you don't want, even if the treatment might keep you alive longer.

## How do I know what I want?

Your doctor must tell you about your medical condition and about what different treatments and pain management alternatives can do for you. Many treatments have "side effects". Your doctor must offer you information about problems that medical treatment is likely to cause you.

Often, more than one treatment might help you and people have different ideas about which is best. Your doctor can tell you which treatments are available to you, but your doctor can't choose for you. That choice is yours to make and depends on what is important to you.

## Can other people help with my decisions?

Yes. Patients often turn to their relatives and close friends for help in making medical decisions. These people can help you think about the choices you face. You can ask the doctors and nurses to talk with your relatives and friends. They can ask the doctors and nurses questions for you.

## Can I choose a relative or friend to make healthcare decisions for me?

Yes. You may tell your doctor that you want someone else to make healthcare decisions for you. Ask the doctor to list that person as your healthcare "surrogate" in your medical record. The surrogate's control over your medical decisions is effective only during treatment for your current illness or injury or, if you are in a medical facility, until you leave the facility.

## What if I become too sick to make my own healthcare decisions?

If you haven't named a surrogate, your doctor will ask your closest available relative or friend to help decide what is best for you. Most of the time that works. But sometimes everyone doesn't agree about what to do. That's why it is helpful if you can say in advance what you want to happen if you can't speak for yourself.

## Do I have to wait until I am sick to express my wishes about health care?

No. In fact, it is better to choose before you get very sick or have to go into a hospital, nursing home, or other healthcare facility. You can use an Advance Health Care Directive to say who you want to speak for you and what kind of treatments you want. These documents are called 'advance' because you prepare one before healthcare decisions need to be made. They are called 'directives' because they state who will speak on your behalf and what should be done.

In California, the part of an advance directive you can use to appoint an agent to make healthcare decisions is called a Power of Attorney For Health Care. The part where you can express what you want done is called an Individual Health Care Instruction.

## Who can make an Advance Directive?

You can if you are 18 years or older and are capable of making your own medical decisions. You do not need a lawyer.

## Who can I name as my agent?

You can choose an adult relative or any other person you trust to speak for you when medical decisions must be made.

## When does my agent begin making my medical decisions?

Usually, a healthcare agent will make decisions only after you lose the ability to make them yourself. But, if you wish, you can state in the Power of Attorney for Health Care that you want the agent to begin making decisions immediately.

### **How does my agent know what I would want?**

After you choose your agent, talk to that person about what you want. Sometimes treatment decisions are hard to make, and it truly helps if your agent knows what you want. You can also write your wishes down in your advance directive.

### **What if I don't want to name an agent?**

You can still write out your wishes in your advance directive, without naming an agent. You can say that you want to have your life continued as long as possible. Or you can say that you would not want treatment to continue your life. Also, you can express your wishes about the use of pain relief or any other type of medical treatment.

Even if you have not filled out a written Individual Health Care Instruction, you can discuss your wishes with your doctor, and ask your doctor to list those wishes in your medical record. Or you can discuss your wishes with your family members or friends. But it will probably be easier to follow your wishes if you write them down.

### **What if I change my mind?**

You can change or cancel your advance directive at any time as long as you can communicate your wishes. To change the person you want to make your healthcare decisions, you must sign a statement or tell the doctor in charge of your care.

### **What happens when someone else makes decisions about my treatment?**

The same rules apply to anyone who makes healthcare decisions on your behalf - a healthcare agent, a surrogate whose name you gave to your doctor, or a person appointed by a court to make decisions for you. All are required to follow your Health Care Instructions or, if none, your general wishes about treatment, including stopping treatment. If your treatment

wishes are not known, the surrogate must try to determine what is in your best interest.

The people providing your health care must follow the decisions of your agent or surrogate unless a requested treatment would be bad medical practice or ineffective in helping you. If this causes disagreement that cannot be worked out, the provider must make a reasonable effort to find another healthcare provider to take over your treatment.

### **Will I still be treated if I don't make an advance directive?**

Absolutely. You will still get medical treatment. We just want you to know that if you become too sick to make decisions, someone else will have to make them for you. Remember that:

A Power of Attorney For Health Care lets you name an agent to make decisions for you. Your agent can make most medical decisions - not just those about life sustaining treatment - when you can't speak for yourself. You can also let your agent make decisions earlier, if you wish.

You can create an Individual Healthcare Instruction by writing down your wishes about health care or by talking with your doctor and asking the doctor to record your wishes in your medical file. If you know when you would or would not want certain types of treatment, an Instruction provides a good way to make your wishes clear to your doctor and to anyone else who may be involved in deciding about treatment on your behalf.

These two types of Advance Healthcare Directives may be used together or separately.

### **How can I get more information about making an advance directive?**

Ask your doctor, nurse, social worker, or healthcare provider to get more information for you. You can have a lawyer write an advance directive for you, or you can complete an advance directive by filling in the blanks on a form.



To implement Public Law 101-508, the California Consortium on Patient Self-Determination prepared this brochure in 1991; was revised in 2000 by the California Department of Health Services, with input from members of the consortium and other interested parties, to reflect changes in state law.



## **Additional questions and answers about ADVANCE DIRECTIVES**

### **Are Advance Directives a good idea even if I'm not seriously ill?**

The best time to complete an Advance Directive is not when you are very ill. If you are in the hospital for a short time, it is a good opportunity to complete an Advance Directive. Don't wait until a medical crisis. Complete your Advance Directive now.

Advance Directives and conversations about related issues are gifts of love to the people who love and care for you and may one day be required to make some hard decisions related to your care.

When you cannot speak for yourself, health care providers will comply with your Advance Directive, including instructions from your agent, the same as if you were able to voice your own wishes. Knowing you have taken care of this can be a source of peace of mind.

### **What sort of directions can I give my agent?**

You can write down your preferences for health care treatments, and particularly the limits of what you would want done for you in certain circumstances. You can also write about your personal values and goals - for example, the quality of life that you would consider the minimum acceptable to you.

It is important to discuss your particular medical situation and decisions that might need to be made with your physician. You and your physician should also discuss your\* preferences, so that you are assured your physician understands and will in good conscience be guided by them.

You may also want to discuss your preferences with your pastor, rabbi or another who provides spiritual / ethical guidance you trust.

The document and conversations you have with key people about your preferences provides some real comfort to those who might have to make tough decisions on your behalf. They can be assured that they are doing what you had carefully thought about and decided on.

### **Can I make an Advance Directive verbally?**

You can verbally designate a surrogate or agent to make health care decisions by personally informing your primary care physician. This verbal designation is effective during the course of treatment, illness, or stay in the hospital. It is good to speak up on these matters, and when convenient to write your preferences down as an Advance Directive.

### **What do I do once I've filled the form out?**

The hospital provides Advance Directive forms free of charge and social workers on staff will help you understand the form and your various options. It is not required that you use an Advance Directive, and we do not discriminate in any way between patients with or without such a document.

After completing an Advance Directive sign and date it when you can have your signature witnessed or notarized. You do not need both witnesses and a notary, and a notary is available free of charge through the hospital. The Directive should not be signed until a notary or witness is present, since it is your signature that the notary or witness is acknowledging.

After signing, make copies. A copy of the completed form is just as legally valid as the original. You should give one copy to your agent, one to your physician, and one to each family member who would know if you were hospitalized. When you come into a hospital for any reason, bring a copy along so it will be part of your medical record – even if you've brought one in for a previous hospitalization.

Keep the original yourself and put it in a safe place where you or other can get at it easily (not, for example, in a safe deposit box).

St. Joseph Hospital, Eureka,  
and Redwood Memorial Hospital, Fortuna  
provide this information to patients, families,  
and the community

To clarify information or issues in this pamphlet  
please ask for help from a social worker.