Advance Care Planning

An Overview and Advance Directive

WSMA Washington State Medical Association
Physician Driven, Patient Focused

This form meets the requirements of Washington state law.

What is advance care planning?

Advance care planning is thinking about what health care you might want in the future. This type of planning includes talking about, writing down, and sharing what is important to you. This helps others make health care decisions for you if you cannot make your own decisions. In this situation, a person close to you would need to make decisions for you. This person is called a health care agent, also known as an attorney-in-fact, surrogate, or legal medical decision-maker.

It is important that you prepare your health care agent by sharing your completed documents and how you would want them to make health care decisions for you.

What is an advance directive?

An advance directive is a voluntary, legal way to write down your advance care planning decisions. You should share your advance directive with people who matter to you—like your health care agent and loved ones—and your physician, health care team, clinic, and hospital. An advance directive should be updated regularly. All adults 18 and older can complete an advance directive.

There are two types of advance directives in Washington state: 1) a durable power of attorney for health care and 2) a health care directive.

The Washington State Medical Association advance directive is a durable power of attorney for health care, or DPOA-HC. The DPOA-HC is based on Washington state law (chapter 11.125 RCW). This legal form allows you to name your health care agent to make health care decisions for you if you cannot make your own decisions. This form also helps you prepare your health care agent by sharing your goals, values, and preferences. Research shows that the best way to ensure your wishes are followed is to name and prepare a health care agent.

The health care directive is based on Washington state law (chapter 70.122 RCW). Health care directives are also known as living wills. You may consider also completing a health care directive, which is a directive to withdraw or withhold life-sustaining treatment in specific situations under Washington state law. Visit the Northwest Justice Project at www.washingtonlawhelp.org for more information on the health care directive or talk with your physician or health care team.

What is a health care agent?

A health care agent is the person you choose to make health care decisions for you if you cannot make them for yourself. You should tell your health care agent what is important to you, like your personal values and goals for treatment. This information can guide your health care agent, physician, and health care team to make the best possible decisions on your behalf if you cannot make your own decisions. By completing this advance directive (a durable power of attorney for health care) you allow this person to make decisions with your physician and health care team about your care. Your health care agent will not be personally financially responsible for care they select for you as your health care agent.

What makes a good health care agent?

Your health care agent SHOULD:

- Understand what a health care agent does and be willing to fill this role.
- Share your goals, values, and preferences with your health care team, and describe what “living well” or a “good day” means to you.
- Carry out your decisions, even if they do not agree with your decisions.
- Be able to make decisions in difficult or stressful times.

Your health care agent CANNOT be:

- Under 18 years old.
- Your physician or your physician’s employee (unless they are your spouse, state-registered domestic partner, parent, adult child, or adult sibling).
- An owner, administrator, or employee of a health care facility or long-term care facility where you receive care or live (unless they are your spouse, state-registered domestic partner, parent, adult child, or adult sibling).

What can a health care agent do?

If you cannot make your own health care decisions, your health care agent will be asked to make health care decisions for you. Your health care agent can use the information you share in this advance directive and in conversations to guide your care.

Consistent with state law and using their understanding of your goals, values, and preferences, your health care agent can:

- Decide on treatments and surgeries, including whether to use cardiopulmonary resuscitation (CPR), a breathing machine, a feeding tube, and other treatments.
- Decide whether to end life-support treatment and focus on comfort care.
- Review and release medical records for your care and apply for health care insurance benefits on your behalf.
- Choose the health care professionals and organizations to provide your health care.

What is CPR?

Cardiopulmonary resuscitation, or CPR, is a procedure used when your heart and breathing stop. CPR works best if your body is healthy and CPR is started right away after your heart stops. CPR is less likely to be successful if you are weak, elderly, or have a serious illness.

If you survive, you might need a ventilator (breathing machine) because of weakened lungs. It is important to talk to your physician and health care team about whether CPR would meet your goals.

Standard care in Washington state is to provide CPR to people if their heart and breathing stop. Sharing your CPR wishes on this DPOA-HC form can guide your "code status" if you are hospitalized. Code status means the type of emergent treatment a person would or would not receive in the hospital if their heart or breathing stop.

Some people who choose not to receive CPR in a hospital also do not want CPR in other settings. In this situation you should ask your physician or other member of the health care team about completing a Portable Orders for Life-Sustaining Treatment, or POLST. POLST is a medical order that communicates health care decisions to emergency responders and other medical professionals.

What is life support?

Life-support (also known as life-sustaining) treatments are medical treatments that keep you alive by supporting or replacing important body functions. These treatments do not cure medical conditions. They keep you alive until you either get better or you are taken off life support and are allowed to die naturally. Some examples of life-support treatments are CPR, breathing machines, feeding tubes, blood transfusions, and kidney dialysis. It is important to know that easing pain and providing comfort are part of routine care and not considered life-support treatments.

What happens if I do not name a health care agent?

If you cannot make your own health care decisions and a health care agent is not named, your health care team will follow Washington state law to determine who can act as your medical decision-maker. This means they will ask family members or friends to make health care decisions for you. If family or friends cannot be identified from the list below, your physician or other member of the health care team may ask a court to appoint a guardian to make health care decisions on your behalf.

Your health care team will contact people in the following order until they can identify a medical decision-maker for you (chapter 7.70.065 RCW).

1. A guardian appointed by a court (if applicable)
2. Named health care agent(s)*
3. Spouse or registered domestic partner
4. Adult children*
5. Parents*
6. Adult siblings*
7. Adult grandchildren who are familiar with the patient*
8. Adult nieces and nephews who are familiar with the patient*
9. Adult aunts and uncles who are familiar with the patient*
10. A close adult friend who meets certain criteria

* *For any group that has more than one person, everyone in the group must agree to the care.*

If you are not naming a health care agent in this form

Although a primary goal of this form is to name a health care agent, you have the option not to name one. If a health care agent is not named, your health care team will follow Washington state law to determine who can act as your medical decision-maker (chapter 7.70.065 RCW).

If you complete the other sections of this form, it will be considered a personal values statement and not an advance directive. A personal values statement is a summary of your goals, values, and preferences. This information can guide your medical decision-maker on how to make decisions on your behalf.

In this situation, you may also consider completing a health care directive, also known as a living will, which is a directive to withdraw or withhold life-sustaining treatment in specific situations under Washington state law. For more information on a health care directive, visit www.washingtonlawhelp.org or talk with your physician or health care team.

What should I do with this advance directive?

Once you complete this advance directive, you should talk about your wishes and give copies to the people who matter to you—like your health care agent and loved ones—and your health care team, clinic, and hospital. If it applies, consider sharing copies with your nursing home or assisted living facility too. It is important that everyone has a copy.

What if I change my mind?

If you change your mind about the decisions in your advance directive, tell everyone who has a copy, including your health care agent, loved ones, health care team, clinic, and hospital. You can revoke or void your advance directive at any time. You will need to tell your physician or other member of the health care team that you want to revoke it either by writing them a letter (make sure to sign and date it) or by verbally telling them. It is important to complete a new advance directive. Be sure to give copies of the new advance directive to the people who matter to you—like your health care agent and loved ones—and your health care team, clinic, and hospital.

What about organ and tissue donation?

Indicate your decisions regarding organ, tissue, and eye donation at www.donatelifetoday.com, then inform your health care agent, family, and health care team of your choice. Registering to be a donor is a legally binding decision.

What about decisions for after death?

The authority of those named in a DPOA-HC ends at time of death. For more information on how to guide decisions after death and to document how you want your body cared for when you die, visit www.washingtonfuneral.org or speak to a local funeral home or hospice agency.

Who can I contact if I need help with advance care planning?

If you need support with advance care planning contact your health care team.

ATTENTION HEALTH CARE TEAM

MY NAME: _____

MY DATE OF BIRTH: ____ / ____ / ____

MY HEALTH CARE PROVIDER: _____

PROVIDER OFFICE PHONE: ( ) _____

PLEASE HONOR MY WISHES

MY HEALTH CARE AGENT (named on DPOA-HC)**:** _____

BEST PHONE: ( ) _____

MY ☐ ADVANCE DIRECTIVE ☐ POLST CAN BE FOUND AT: _____

Clip and carry this wallet card with you to let others know you have a health care agent.

Advance Directive: Durable Power of Attorney for Health Care

This advance directive, a durable power of attorney for health care, allows you to name and prepare your health care agent. This form meets the requirements of Washington state law.

My information:

FULL NAME: PRONOUNS (optional):

(i.e., he/she/they)

ADDRESS, CITY, STATE, ZIP:

DATE OF BIRTH: / /
(mm/dd/yyyy)

NAMING A HEALTH CARE AGENT

The person I designate as my health care agent is:

FULL NAME: PRONOUNS (optional):

RELATIONSHIP: BEST PHONE: ( ) ALTERNATE PHONE: ( )

ADDRESS, CITY, STATE, ZIP:

The people I designate as my alternate agents are:

If the person listed above is unable or unwilling to make my health care decisions, then I designate the people listed below as my first and second alternate health care agents.

First alternate

FULL NAME: PRONOUNS (optional):

RELATIONSHIP: BEST PHONE: ( ) ALTERNATE PHONE: ( )

ADDRESS, CITY, STATE, ZIP:

Second alternate

FULL NAME: PRONOUNS (optional):

RELATIONSHIP: BEST PHONE: ( ) ALTERNATE PHONE: ( )

ADDRESS, CITY, STATE, ZIP:

WSMA Washington State Medical Association
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PRINTED NAME:

DATE OF BIRTH: / /
(mm/dd/yyyy)

PREPARING A HEALTH CARE AGENT

Consider sharing the following. Be specific. Add pages if needed. Cross out any sections you prefer not to complete.

What matters most to me?

This section helps you think about what matters most to you. This information can guide the people who matter to you—like your health care agent and loved ones—to make health care decisions for you if you cannot make them yourself.

- **What do you love to do, mentally and physically, that you can't imagine living without (e.g., being able to care for yourself, staying in your own home, knowing who you are and who you are with, etc.)?**

- **What do you value most in your life?**

What are my beliefs, preferences, and practices?

It is important for the people who matter to you—like your health care agent and loved ones—and your health care team to know about your beliefs, preferences, and practices.

- **What provides you support, comfort, and strength during difficult times (e.g., touch, music, temperature, environment, who is in the room, etc.)?**

- **Are there medical treatments you would want or not want? (e.g., blood transfusion, pain management, artificial feeding, etc.)?**

- **Do you have specific beliefs that you would like to guide your medical treatment?**

I would want the following person(s) contacted to support my beliefs, preferences, and practices: *(They will not have power to make health care decisions.)*

NAME: ROLE:

PHONE: ( ) ORGANIZATION:

PRINTED NAME:

DATE OF BIRTH: / /
(mm/dd/yyyy)

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PREPARING A HEALTH CARE AGENT

In answering the following questions, I am sharing my health care preferences. If I cannot make health care decisions for myself, I want my health care agent to use this information to guide their decisions. I understand that this information can guide my care, but it might not be possible to follow my wishes exactly in every situation.

CPR: What are my wishes?

Standard care in Washington state is to provide cardiopulmonary resuscitation (CPR) to people if their heart and breathing stop. This section can guide your health care agent and health care team on whether to perform CPR if you are hospitalized and your heart and breathing stop (also known as "code status").

If I am hospitalized and my heart and breathing stop:

☐ I want CPR attempted.

☐ I want CPR attempted, unless there has been a change in my health, and I have:
- Little chance of living a life that aligns with the goals and values I have stated in this form and/or discussed with my health care agent; or
- A disease or injury that cannot be cured, and I am likely to die soon; or
- Little chance of survival even if my heart is started again.

☐ I do not want CPR attempted. I want to be allowed to die naturally. *(Talk to your health care team about a POLST form.)*

Life support: What are my wishes?

Your response below is intended to guide your health care agent. Answering this question does not make this form a health care directive, which is a directive to withdraw or withhold life-sustaining treatment in specific situations under Washington state law. For more information on a health care directive, visit www.washingtonlawhelp.org or talk with your physician or health care team.

If I am so sick or injured that I am likely to die soon or am in a coma and unlikely to recover, I want my health care agent to:

☐ Use all life-support treatments to keep me alive even if there is little chance of recovery. I want to stay on life support.

☐ Continue to try all life-support treatments that my health care team thinks might help extend my life (you can give a time frame for how long to continue to try all life support – days/weeks/months/years: _____).
If the treatments do not work and there is little chance of living a life that aligns with my goals and values, I do not want to stay on life support. At that point, allow me to die naturally.

☐ Allow me to die naturally. I do not want to be on life support. If life-support treatments have been started, I want them to be stopped.

☐ I want my health care agent to decide for me.

Additional directions

If I am dying and my medical care, support system, and resources allow, my preference would be to die:

☐ At my home or the home of a loved one (with hospice if desired).

☐ In a medical facility.

☐ I do not have a preference.

☐ Other (please describe): _____

continued >

PRINTED NAME: _____

DATE OF BIRTH: ____/____/____
(mm/dd/yyyy)

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Additional directions *(continued)*

Additional information you want your health care agent, health care team, or others to know about your health care wishes. You may include a statement such as "At the time of my death I am/am not an organ donor and my wish is… (e.g., cremation, burial, human composting, etc.)." Note that your wishes for organ donation and plans for your remains may be documented separately.

AUTHORIZING A HEALTH CARE AGENT

Authority I give my agent: I grant my agent complete authority to make all decisions about my health care. This includes, but is not limited to (a) consenting, refusing consent, and withdrawing consent for medical treatment recommended by my physicians, including life-sustaining treatments; (b) requesting particular medical treatments; (c) employing and dismissing members of the health care team; (d) changing my health care insurers; (e) signing a Portable Orders for Life-Sustaining Treatment (POLST) form; (f) transferring me to or placing me in another facility, private home, or other places; and (g) accessing my medical records and information.

I attest to the following: I understand the importance and meaning of this durable power of attorney for health care (DPOA-HC). This form reflects my health care agent choices and my goals, values, and preferences. I have filled out this form willingly. I am thinking clearly. I understand that I can change my mind at any time. I understand I can revoke and replace this form at any time. I revoke any prior durable power of attorney for health care. I want this DPOA-HC to become effective if a physician or licensed psychologist determines I do not have the capacity to make my own health care decisions. This directive will continue as long as my incapacity lasts.

MY SIGNATURE: DATE:

Witnesses or notary requirement

You must have your signature either witnessed by two people or acknowledged by a notary public.

OPTION 1 – TWO WITNESSES

Witness attestation: I declare I meet the rules for being a witness.

WITNESS #1 SIGNATURE: DATE:

NAME PRINTED:

WITNESS #2 SIGNATURE: DATE:

NAME PRINTED:

Rules for witnesses:

- Must be at least 18 years of age and competent.
- Cannot be related to you or your health care agent by blood, marriage, or state-registered domestic partnership.
- Cannot be your home care provider or a care provider at an adult family home or long-term care facility where you live.
- Cannot be your designated health care agent.

OPTION 2 – NOTARY

STATE OF WASHINGTON)
)
COUNTY OF _____)

This record was acknowledged before me on this day of ,

by (name of individual):

Signature: Title: Exp:

PRINTED NAME:

DATE OF BIRTH: / /
(mm/dd/yyyy)

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