



What is advance care planning?

Advance care planning is a five-step process that helps you decide how you want to be treated if you are very ill or near death.

The process is completed while you are of sound mind and not under stress. This is better than taking a chance that one day illness may make it impossible for you to make your wishes known.

The process:

STEP 1: Explore your beliefs and values

Think about what you would want to happen if you could not communicate with anyone.

STEP 2: Know your health care options

Find out what decisions regarding medical treatment you will need to make if you become very ill.

STEP 3: Talk with your family and doctors

It may be difficult to talk about illness and dying, but it will help you make informed decisions.

STEP 4: Complete an advance directive

This legal document puts your health care choices in writing.

STEP 5: Tell others about your choices

Give copies of your advance directives to the people who need to know about your decisions.

Why you should participate in advance care planning

Going through the advance care planning process will help you to clarify your beliefs and values about life, death and your health care choices. Documenting these choices will help ensure that your wishes are respected.

Advance care planning and your choices for end-of-life treatment

Your doctors and family will be faced with hard decisions near the time of your death. Having an advance care plan can help ensure that you are treated according to your values and wishes, whether you can speak for yourself or not.

Advance care planning and the use of advance directives can help eliminate the confusion, indecision and anxiety associated with difficult end-of-life choices.

Questions and answers

Asking questions and choosing your options are part of the advance care planning process. You should talk with your doctor about the issues addressed in this brochure and the medical treatments discussed. Then talk with your family or other advisors as you consider what is best for you and what choices best fit your personal values and goals.

Contact information

Where can I get help?

Legal Hotline for Older Texans

1-800-622-2520

www.tlsc.org

Free legal assistance for low-income Texans

www.TexasLawHelp.org

For more information concerning advance care planning and to download advance directive forms

www.TexasQualityMatters.org



For more information and help with the advance care planning process, please contact

Advance Care Planning

Helping you and your family plan for your future health care needs.



TEXAS DEPARTMENT OF AGING AND DISABILITY SERVICES

FREQUENTLY ASKED QUESTIONS ABOUT ADVANCE CARE PLANNING AND END-OF-LIFE CARE



If I get too sick to state what kind of help I want (or don't want) from doctors or nurses, what can I do?

Putting your wishes in writing before you find yourself in that position is the only way to make sure everyone knows what you want.

You can do this using an advance directive called the Directive to Physicians, Family and Surrogates. This form is sometimes called a living will.

Do I have to fill out a form?

No. But without the form, your doctors and family may not know what you want if you can't tell them.

When does the form go into effect?

This form can be used only if you can't tell people what you want. If you are able to communicate, then that is the only thing that matters.

Can I change my mind?

Yes. Just fill out a new form and throw the old one away. It is also a good idea to tell your family and doctor that you have changed your wishes.

Can someone speak for me if I am not able to say what I want?

Yes. You can fill out a form called a medical power of attorney. This form lets you name an "agent" to speak for you. It is then important to let your agent and family know what your wishes are. If you don't name someone to be your agent, then state law has a set of rules for how decisions will be made for you if you can't speak for yourself.

Do I need a lawyer to fill out these forms?

No. You can ask a lawyer to help you if you want, but you do not have to. To make the forms legal, you must sign them in front of two qualified witnesses. You do not need a notary public.

Do doctors, nurses and hospitals have to follow my instructions?

Yes, unless they inform you in advance that they cannot. In that case, they are required either to give you a reasonable opportunity to transfer to a physician or health care provider who will comply with your wishes, or to help you find one who will. Health care professionals cannot simply ignore your wishes.

What is cardiopulmonary resuscitation (CPR)?

CPR is pressing on your chest to keep blood flowing and also assistance with breathing, such as mouth to mouth assistance. Sometimes electrical shocks are used to help start the heart. CPR is used only for short periods until a person can get to the hospital.

Does CPR always work?

No. It depends on things such as your overall health and your age. It does not work very well for most people who have a life-threatening illness or who are older than 80.

What is artificial respiration or ventilation?

This means getting assistance with breathing when you can't breathe on your own. A tube is put into your nose, mouth or into your windpipe. If this

tube is needed for more than a few weeks, a surgeon will probably need to put the tube directly into your throat.

Doing this causes problems with talking, eating and drinking. The tube is also attached to a machine, which makes it harder to move around.

What is an out-of-hospital do not resuscitate order?

If you are not in a hospital, this form tells health care workers, including emergency medical services (EMS), NOT to try to revive you if you stop breathing or your heart stops.

If you don't have one of these forms filled out, EMS workers will ALWAYS give you CPR or advanced life support, even if your advance care planning forms say not to. You should complete this form, as well as the Directive to Physicians and Family or Surrogates, and the medical power of attorney form if you don't want CPR.

What are artificial nutrition and hydration?

These are medical treatments that allow you to ingest food and water when you cannot eat or drink on your own.

Fluids can be given through a needle placed in a vein, but this is usually done for only a few days because of the risk of infection and because it is hard to keep the needle in place.

Sometimes food and water are given through a tube that goes down the nose and throat into the stomach. If the tube needs to be in place for a long time, it is placed directly into the stomach by a surgeon.

This allows you to get nutrition, but it is very different from ordinary eating and drinking. You will not be able to taste or feel the food and liquids. And the doctors and nurses decide how much food and water you should have in this way.

Do artificial nutrition and hydration make people live longer?

Sometimes, but not always. If you have a terminal illness and can't eat or drink, it usually means that your body has stopped working like it should and it will not improve. If this is the case, tube feeding alone will not make you healthy again. It may even make you uncomfortable.

What about pain and comfort?

If you have a medical problem that will cause you to die and you don't want artificial treatment, you can still be comfortable. Making people comfortable during the final part of their life is called palliative care. Even if there is no cure for a condition, doctors can treat pain, nausea and discomfort.

Comfort should always be part of the treatment plan that a doctor discusses with a patient or family.