***My Life: Deciding in Advance***

***What you need to know about Advance Care Planning***

**<u>Definition of Terms</u>:**

**"Advance Care Planning"** is the process of: 1) considering and deciding what medical treatments an individual wants or does not want should they later be in a condition unable to state these wishes, 2) communicating these decisions to their loved ones, 3) designating a person to represent them in healthcare-related matters if unable to communicate, 4) documenting these decisions 5) providing the documentation to their healthcare providers, family members and other appropriate parties.

**"Advance medical directive"** (or "Advance Directive") means any written instructions (documentation) concerning medical treatment decisions for the individual who has provided the instructions.

**"Authorized surrogate decision-maker"** means a guardian, an agent appointed to be a medical durable power of attorney, a proxy decision-maker for medical treatment decisions, or a similarly authorized surrogate as defined by the law who is authorized to make medical decisions for an individual who lacks decisional capacity.

**"Cardiopulmonary resuscitation"** (or "CPR") means measures to restore heart function or to support breathing in the event the heart or lungs malfunction or stop working. "CPR" includes, but is not limited to, chest compression, delivering electric shock to the chest, or placing tubes in the airway to assist breathing.

**"CPR Directive"** means:

1) an advance medical directive pertaining to the administration of cardiopulmonary resuscitation, or

2) a written order signed by a patient with decisional capacity and his/her physician instructing pre-hospital emergency personnel and other providers to withhold CPR (cardiopulmonary resuscitation).

**"Decisional capacity"** means having the mental capability to understand circumstances and information, ability to consider and make decisions about actions consistent with personal wishes, and the ability to communicate with caregivers, including giving informed consent and refusing medical treatment.

**"Living Will"** means a written statement made when an individual has decisional capacity which gives directions for withholding or withdrawing certain life-sustaining procedures when the individual:

1) has a terminal condition or persistent vegetative state (PVS), and

2) has lost decisional capacity.

**"Medical Durable Power of Attorney"** means a written statement made when a patient has decisional capacity which appoints specific surrogate (alternate) decision-makers (agents) to speak for and make decisions for the individual; this may take effect at the time of a person's signature or when the individual loses decisional capacity.

**"Medical Orders for Scope of Treatment"** (or MOST form) means medical care directions to be followed when an individual is transported from one location to another location prior to contacting the individual's healthcare provider and before having all other Advance Directives and orders available. May be called POLST in other states.

**"Terminal condition"** means an incurable or irreversible condition for which the administration of life-sustaining procedures will serve only to prolong the dying process.

**Other considerations** not directly related to medical decision-making and Advance Directives, but which an individual might wish to discuss and document separately, include but are not limited to:

- Those people you would like to be present, if possible, when you are dying (family, clergy, friends, etc.)
- Religious or spiritual activities you would desire around you (praying, reading scripture, etc.)
- Music, flowers, pictures, readings or other elements you would like to have
- Physical contact desired (massage, holding hand, etc.)
- Who you would like to be notified if you are in a terminal condition (family, friends, faith community, organizations, etc.)
- Where you would want to die (at home, hospice, hospital, other)
- How you would like your body to be handled after you die (burial, cremation, donated to science, etc.)
- Where you would like your body or remains to be buried, interred or otherwise located
- What type of service, if any, would you like to have after your death (funeral, memorial service, celebration of life), including any specific instructions as to location, music, religious service, etc.
- Charitable organizations for memorial donations
- Ethical Will or legacy letter, is a way to share your values, blessings, life's lessons, hopes and dreams for the future, love, and forgiveness with your family, friends, and community.

**Personal Resource Specialists:**

1. Mercy Regional Medical Center (Home Health, Hospice and Palliative Care): (970) 382-2000 MariRose
2. La Plata Senior Center: (970) 382-6444 Annie Satariano or Sheila Casey
3. Axis Health System: (970) 335-2288 Debbie Higgs
4. San Juan Basin Health Dept. (Single Entry Point Program): (970) 335-2075 Laura Chapman
5. Ignacio Senior Center: (970) 563-4561 Debra Herrera
6. Individuals not affiliated with an organization who can meet by phone or at any community location: (970) 799-0219 or lynnwestberg@gmail.com

**Additional On-Line Resources:**

Community Health Action Coalition …www.chaclaplata.org

Colorado Advance Directive Consortium …www.coloradoadvancedirectives.com

The Conversation Project …www.theconversationprojectinboulder.org

National Institute on Aging …www.nia.nih.gov

**Medical Aid in Dying:**

Compassion and Choices: www.compassionandchoices.org

**Medic Alert Bracelets & Necklaces:**

www.medicalert.org or 800-432-5378

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For more information about "My Life: Deciding in Advance" or the Community Health Action Coalition, please contact pattie@chaclaplata.org or 799-0218.