

Overview: Advance Care Planning is a process

As an adult with the ability to *make your own medical decisions*, you can accept, refuse, or stop medical treatment. If you lose the ability to make your own medical decisions (for instance, because of an accident or sudden illness), someone else will have to make those decisions for you. You can choose the person you want to make those decisions – called your “Patient Advocate” – and give that person information about your preferences, values, beliefs, wishes and goals that will help him or her make the decisions you would want.

You should thoughtfully identify your personal values, beliefs, wishes, and treatment goals regarding end of life care. With those values and beliefs in mind, you should then choose your Patient Advocate. Your Patient Advocate needs to learn your treatment goals and values, and be willing to act on your behalf, if and when necessary.

In Michigan, two physicians – or your attending physician and a licensed psychologist – have to examine you and declare that you lack the decision-making ability (also called decision-making capacity) before a Patient Advocate may act on your behalf.

It is also important for you and your Patient Advocate to know that by Michigan law:

- While you may appoint a Patient Advocate and alternate Patient Advocate(s), only one person may act as your Patient Advocate at any given time.
- Your Patient Advocate(s) must sign the form entitled “Accepting the Role of Patient Advocate” (or a similar form) before acting on your behalf.
- Your Patient Advocate may make a decision to refuse or stop life-sustaining treatment only if you have clearly expressed that he or she is permitted to do so.

NOTE: This Advance Directive will replace any Advance Directive you have completed in the past. You may change your mind about your Patient Advocate designation at any time by communicating in any manner that this designation does not reflect your wishes. A written, signed document is recommended, but not required.

PLEASE NOTE:

- Your Patient Advocate may be a spouse or relative, but it is not required. For some people, a friend, partner, clergy or co-worker might be the right choice.
- Your Patient Advocate must be at least 18 years of age.
- He or she should be someone with whom you feel comfortable discussing your preferences, values, wishes and goals for future medical decision-making.
- He or she needs to be willing to follow those preferences even if that is difficult or stress-ful, and even if the decisions you would want made are different from the ones he or she would make for his or her own medical care.
- Your Patient Advocate must be willing to accept the significant responsibility that comes with this role.

In summary, a good Patient Advocate must be able to serve as your voice and honor your wishes.

It is important for you to educate and inform your Patient Advocate about your preferences, values, wishes, and goals. You can give general instructions, specific instructions, or a combination of both.

It is also important for your Patient Advocate to know any particular concerns you have about medical treatment, especially any treatment you would refuse or want stopped. It is important to understand that under Michigan law, *your Patient Advocate can only make a decision to refuse or stop life-sustaining treatment if you have clearly given him or her specific permission to make that decision (see: Specific Instructions to My Patient Advocate).*

In order to serve you well, and to be able to make the medical decisions you would want made, your Patient Advocate needs to know a great deal about you. The discussions between you and the person you choose to be your Patient Advocate will be unique, just as your preferences, values, wishes, goals, medical history and personal experiences are unique.

Among the topics you might want to discuss with your Patient Advocate are:

- Experiences you have had in the past with family or loved ones who were ill;
- Spiritual and religious beliefs, especially those that concern illness and dying;
- Fears or concerns you have about illness, disability or death;
- What gives your life meaning or sustains you when you face serious challenges.

If your Patient Advocate does not know what you would want in a given circumstance, it is his or her duty to decide, in consultation with your medical team, what is in your best interest.

Your Patient Advocate will have your permission to:

- Make choices for you about your *medical care or services*, such as testing, medications, surgery, and hospitalization. If treatment has been started, he or she can keep it going or have it stopped depending upon your specific instructions;
- Interpret any instructions you have given in this form (or in other discussions) according to his or her understanding of your wishes and values;
- Review and release your medical records, mental health records, and personal files as needed for your medical care;
- Arrange for your medical care, treatment and hospitalization in Michigan or any other state, as he or she thinks appropriate or necessary to follow the instructions and directives you have given for your care.

Now that you have completed your Advance Directive, you should also take the following steps:

- Tell the person you named as your Patient Advocate, if you haven't already done so. Make sure he or she feels able to perform this important job for you in the future. Have your Patient Advocate sign the Patient Advocate form ***as soon as possible!***
- Talk to the rest of your family and/or close friends who might be involved if you have a serious illness or injury. Make sure they know your wishes and the names of your Patient Advocate(s).
- Make sure your wishes are understood and will be followed by your doctor or other health care providers.
- Keep a copy of your Advance Directive where it can be easily found (do NOT place it in a safe deposit box!).
- Take a copy of your Advance Directive with you to any doctor appointment, hospital or a nursing home, and ask that it be placed in your medical record.

Review your Advance Directive every time you have an annual physical exam or whenever one of the “Five D’s” occur:

Decade – when you start each new decade of your life.

Death – whenever you experience the death of a loved one.

Divorce – if you (or your Patient Advocate) experience a divorce or other major family change.

Diagnosis – if you are diagnosed with a serious health condition.

Decline – if you experience a significant decline or deterioration of an existing health condition, especially when you are unable to live on your own.

Upon your request, a copy will also be sent to any other physician or healthcare facility providing care to you. *Photocopies of an Advance Directive may be treated as originals.*

BURIAL/CREMATION PREFERENCE

My burial or cremation preference is: (initial only one)

Burial Cremation Green Burial

Burial or Cremation, at the discretion of my next-of-kin

I have appointed a Funeral Representative (*requires a separate legal document*)

I choose not to complete this section.

Who holds a copy of this Advance Directive?

Healthcare Providers:

Contact Name: _____ Phone: _____

Address: _____

Contact Name: _____ Phone: _____

Address: _____

Hospital System Medical Records Department:

Name: _____

Others (e.g. family members, friends, clergy, attorney):

Contact Name: _____ Phone _____

Address: _____

Contact Name: _____ Phone _____

Address: _____

Contact Name: _____ Phone _____

Address: _____

Contact Name: _____ Phone _____

Address: _____

Contact Name: _____ Phone _____

Address: _____

I have authorized my Advance Directive to be registered with

Michigan Health Information Network _____