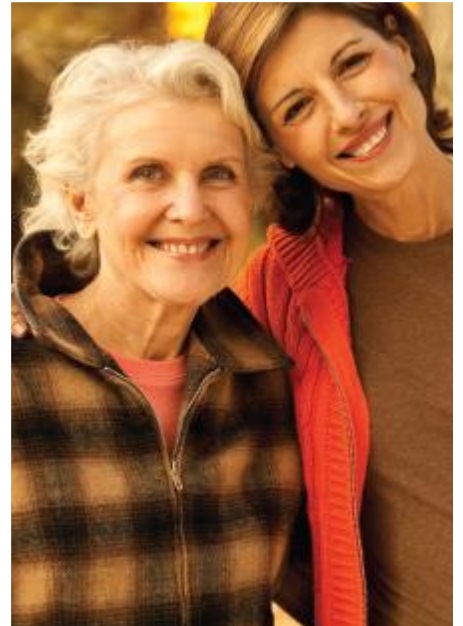




## **Advance Care Planning Planning Ahead**



**Every day, people face unexpected medical problems affecting themselves or those close to them.**

**Sometimes important decisions about our health care must be made quickly. Most of us expect and wish to have control over our own medical care, but we may become so sick that we cannot speak for ourselves.**

**Even if you never need others to make decisions for you, it may help you and your**

loved ones to think ahead about end-of- life care. Each of us has our own idea about what makes life good, and those values can guide our care preferences, especially in the event we are unable to make decisions for ourselves. Take time to think about these possibilities before a crisis happens. This will help you decide what is really important to you.

It may be helpful to consider some of the following questions:

- What does quality of life mean to you?
- When you think about the last phase in life, what's most important to you?

- **How do you feel about being dependent on machines to stay alive?**
- **Would you choose to refuse treatments that seem to prolong the dying process?**

**The answers to these questions are not easy, but talking about them with others will help you and are not easy, but talking about them with others will help you and them to understand your preferences. It may also be easier on your family later if they believe they are following your wishes.**



# **Advance Care Planning**

## **Living Will & Durable Power of Attorney for Health Care**

**Advance directives (ADs) are legal documents where you write down how you want your health care handled if you can no longer make or communicate decisions. We recommend all patients over the age of 18 to complete an AD.**

**There are two kinds of ADs: A Living Will and a Durable Power of Attorney for Health Care (DPOAH). Both documents help inform health care providers of your care preferences, but a living will does not appoint a health care agent.**

**To make a Living Will or a DPOAH valid, two people must witness your signature . The witnesses cannot be related to you or be your home care provider. Alternatively, the DPOAH may be notarized by a notary public instead of having two witnesses.**

**Choosing a health care agent is an important step. Your health care agent should be someone who knows what you value most in life, and would be willing to make decisions about care you receive at a very difficult time. Before selecting a person, talk to them about your wishes.**

**When you complete an AD, bring it to your next**

**appointment, and your team will upload it to your electronic medical record.**

**Should your wishes change, you may change or cancel any of your advance planning documents. It is important to make sure your family and your doctor know when you have completed or changed your documents.**

**If an adult patient does not have a DPOAH or an appointed guardian, then by Washington law, the following people (in the order noted below) would be the ones to make decisions:**



1. Your spouse/registered domestic partner (even if separated)
2. Your adult child/children
3. Your parent(s)
4. Your adult sibling(s)
5. Your adult grandchild/grandchildren
6. Your adult niece(s) and nephew(s)
7. Your adult aunt(s) and uncle(s)
8. Another relative of the patient or close friend who meets certain criteria

## **POLST: Physician Orders for Life-Sustaining Treatment**

**In addition to your Advance Directive(s), you**

**may wish to have a Physician Order for Life Sustaining Treatment (POLST) to address serious health conditions in emergency situations. A POLST form is recommended for any individual with an advanced, life-limiting illness or chronic frailty. Your physician can use the POLST form to represent your wishes as clear and specific medical orders that indicate what types of life-sustaining treatment you want or do not want at the end of life.**



**These orders will be followed in whatever setting you are in: nursing home, aid car, home or hospital.**



## **Organ/Tissue Donation**

**You may want to donate your organs and/or tissues after your death to help provide life for someone in need. Up to 50 lives can be saved or enhanced by a single donor. Everyone is a potential donor. Do not rule yourself out for age, medical condition or diagnosis, as a medical assessment will take place at the time of donation. If you wish to donate your organs and/or tissues, you will need to register. This can be done when you renew your driver's license. Or you may register online at [Donatelifetoday.com](http://Donatelifetoday.com).**

**For additional resources on Advance Care Planning, including downloadable forms,**

please visit The Providence Institute for Human Caring at [www.instituteforhumancaring.org/Advance-Care-Planning](http://www.instituteforhumancaring.org/Advance-Care-Planning).



Scan here to visit The Institute for Human Caring

## **Our Policy**

- **We respect the rights and responsibilities of patients to make choices about their health care, including decisions regarding withholding or withdrawing life-sustaining treatment.**
- **We are committed to providing you with**

**health care treatment information and listening to your treatment choices.**

- You have the right to accept or refuse any medical treatment.**
- We will not discriminate against anyone based on whether the person has written an Advance Directive. You will have your personal, cultural and spiritual values, preferences and beliefs honored when deciding about treatment.**
- We will honor treatment decisions stated in Advance Directives, except where we believe it is not medically indicated or unethical to do so. If the medical center or doctor cannot honor your Advance**

**Directive based on the above policies, we will make every effort to transfer you to a facility that will.**



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**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-311-9127 (TTY:711)

注意：如果您講中文，我們可以為您提供免費中文翻譯服務，請致電

**We do not discriminate on the basis of race, color, national origin, sex, sexual orientation, gender identity or expression, age, or disability in our health programs and activities.**