Advance Directives

EMPOWERED ELDERS WORKSHOP
Your Web of Relationships
10 Ways to Network in the Real World

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I came across this article on LinkedIn by Patty Azzarello and thought it offered some useful advice on building networks in our day to day life.

LinkedIn, Facebook and other social networking tools are fine, but they don’t do the work for you.

To put real value in your network (and stay connected to people who are not online) you also need to think about your network in the real world.

Getting Comfortable

I am an introvert. People are often surprised by that because I regularly get up on stages to speak, and I am loud and expressive and Italian. But, I’m also an introvert. One hazard of being an introvert is that we are not natural networkers — especially in the real world. I went through most of my career thinking that I was the only one who was bad at networking.

Over time, I have learned a few important things that make networking more doable and comfortable (even for introverts).

- Most people consider themselves bad at networking - so if you are struggling, know you are not alone.
- You can get good at networking if you are not good at it today. But you get good at it by doing it, not by reading about it. It gets easier and gets more comfortable with practice. The more you do it, the more sense it makes and the more valuable it gets.
• **You can build a network without going to uncomfortable networking events and eating cheese cubes** and collecting stacks of business cards. You can do it by meeting a few people you genuinely like each year — and then staying in touch with them.

• **You build your network by giving genuine value and kindness to others.** The more you do this, you will experience gratitude, fun, and benefits. People who are skeptical about reaching out to people for no other reason than to say hello or express kindness are always telling me how glad they are they tried it — and how surprised they are at the great response.

• **Be the one to make the effort to stay in touch.** Maintaining contact is a key form of giving to your network.

Your network only has as much value as you put into it.

As always, my two rules of authentic networking apply: “Give when you don’t need anything,” and, “Always give more than you take.”

To take some of the mystery out of this, here are 10 examples of what I mean by “giving” to your network. These are real, valuable, and kind things you can give that builds value into your network in the real world.

**10 Things You Can Give Your Network**

1. **Hello, news:** Giving can be as easy as saying hello. It can be an email, a phone call, or a handwritten note. You be the one to stay in touch. When you hear from someone you haven’t connected with in years and they are just saying, “Hi, I was thinking about you,” it makes you smile. Saying hello is a “give.” You are not asking for anything. You are just being thoughtful and kind.

2. **Remember things:** Listen. Remember things people tell you about their life. If you don’t have a great memory, note them in your contact database (I do this). Mention their details when you connect again. Did your son get his black belt? Did you buy the Porsche? How is your daughter doing in New York? It feels good when someone remembers your details. Do this on purpose for others.

3. **Offer to help:** Actually be helpful! Ask them, “What is your challenge right now? How I can help you?” Do something that helps, then don’t keep score. The payback may not be immediate or direct, but the value you give will come back to you in ways that will surprise you.
4. **Positive feedback:** How many emails do you get that say, *"Thank you for doing such a great thing, I was really impressed?"* When you notice something good, or value something someone did, say *"I was really impressed with [that article, that talk, something you did]... it really made a difference to me. Thank you."*

5. **Say, “Thank you.”** I can’t tell you how many people I only hear from when they need a reference, and then after I let them know I did it, I never hear from them again. Saying thank you is a big deal in your network. Thank people a lot and often. Thanking people puts value back into your network.

6. **Follow up:** When you ask someone in your network for something and they give it (like a reference, advice, an introduction) let them know what happened! People like to know that their help helped. Otherwise they just feed help into a black hole and it feels unappreciated. Did you get the job? Did the idea work? It amazes me that most people don’t do this. I had a recruiter once call and thank me for a referral that resulted in a placement — I almost drove off the road! I do all kinds of things people request of me, and almost never hear back about what happened. A good story about this: one time after a job search, the person sent out a thank you email to every single person who was involved with, or they talked to during their search, thanking them and letting them know what happened, and offering to return the favor. This made such an impression on me because it was the one and only time I saw this done!

7. **Make an introduction:** Be astute about helpful introductions you can make. You have then given two people a value without asking for anything in return. Be careful though. Sometimes the introduction is a gift for one person and a favor from the other. Keep your giving and thanking clear when you use your network for introductions.

8. **A point of interest or enjoyment:** If you remember what is important to people and what they like, it gives you an opportunity to point them to great stuff that you run across. Always be thinking of sharing information, resources, and fun things that you come across. Sharing food also works.

9. **Photos:** Photos are such a powerful way of networking. Photos are a great way to keep in touch, and open doors. Share photos of things you saw and did, or of things you are interested in. It is a real, personal touch that’s easy for the receiver to deal with — they don’t even need to read anything! It’s instant. I always look at photos people send me. When I do something interesting or unusual, I send photos out to people to connect with them again. It makes an impression.

10. **Video Mail:** Video mail is like a super-duper photo. It’s an excellent way to make a contact. It really stands out. It’s very personal. People really
appreciate it. And it's so easy. Just google “free video mail”, pick a service, and say hello to someone “live” with a video. The service will record and store your video and send your recipient a video snapshot with a play button and a link. I use a service called Eyejot.

The more value and effort you put into your network, the more value you will get out of it. Practice. Pick a list of people to stay in touch with. See what happens.

This was originally published on Patty Azzarello’s Business Leadership Blog. Her latest book is Rise: How to be Really Successful at Work and LIKE Your Life.
Advance Health Care Directive
Fact Sheet for Consumers

What is an Advance Health Care Directive (AHCD)?
An AHCD is a way to make your health care wishes known if you are unable to speak for yourself or prefer someone else to speak for you. An AHCD can serve one or both of these functions:

- Power of Attorney for Health Care (to appoint an agent)
- Instructions for Health Care (to indicate your wishes).

Is the AHCD different from a Durable Power of Attorney for Health Care?
The AHCD was enacted by July 2000 legislation and replaced the DPAHC and the Natural Death Act Declaration. However, if you had already completed one of these forms that was valid before July 1, 2000, it is still valid now.

I’ve never completed an “advance health care directive” before. Why should I?
Persons of all ages may unexpectedly be in a position where they cannot speak for themselves, such as an accident or severe illness. In these situations, having an “advance health care directive” assures that your doctor knows your wishes about the kind of care you want and/or who the person is that you want to make decisions on your behalf.

Does this mean only one person can decide for me? What if I want others involved, too?
Often many family members are involved in decision-making. And most of the time, that works well. But occasionally, people will disagree about the best course of action, so it is usually best to name just one person as the agent (with an alternate, if you want). And you can also indicate if there is someone who you do NOT want to make your decisions for you.

But I thought the doctors make all those life-and-death decisions anyway?
Actually, doctors tell you about your medical condition, the different treatment options that are available to you and what may happen with each type of treatment. Though doctors provide guidance, the decision to have a treatment, refuse a treatment or stop a treatment is yours.

What if something happens to me and no form has been completed?
If you are not able to speak for yourself, the doctor and health care team will turn to one or more family members or friends. The most appropriate decision-maker is the one with a close, caring relationship with you, who is aware of your values and beliefs and is willing and able to make the needed decisions.

My “values and beliefs?” But I haven’t talked with anyone about these!
That's why it is a good idea to talk with family or close friends about the things that are important to you regarding quality of life and how you would want to spend your last days and weeks. Knowing the things that are most important to you will help your loved ones make the best decisions possible on your behalf. If your agent doesn’t know your wishes, then he or she will decide based on what is in your best interest.

What if I don't want to appoint an agent? Or don't have one to appoint?
You do not have to appoint an agent. You can still complete the Instructions for Health Care and this will provide your doctors with information to guide your care.

What kinds of things can I write in my Instructions for Health Care?
You can, if you wish, write your preferences about accepting or refusing life-sustaining treatment (like CPR, feeding tubes, breathing machines), receiving pain medication, making organ donations, indicating your main doctor for providing your care or other things that express your wishes and values. If you have a
chronic or serious illness, you also may want to talk with your doctor about specific treatments that you could face and ask him/her to help you document your decisions in a POLST form

A POLST form – I’ve never heard of that!
POLST stands for Physician Orders for Life-Sustaining Treatment and was adopted in California in 2009. This is a voluntary form, which must be signed by you (or your agent) and your physician and indicates the types of life-sustaining treatment you do or do not want if you become seriously ill. POLST asks for information about your preferences for CPR, use of antibiotics, feeding tubes, etc. POLST doesn’t replace your AHCD, but helps translate it into medical orders that must be followed in all healthcare settings (home, nursing home, hospital).

If I appoint an agent in my AHCD, what can that person do?
Your agent will make all decisions for you, just like you would if you could. Your agent can choose your doctor and where you will receive your care, speak with your health care team, review your medical record and authorize its release, accept or refuse all medical treatments and make arrangements for you when you die. You should instruct your agent on these matters so he/she knows how to decide for you. The more you tell them the better they will be able to make those decisions on your behalf.

When does my agent make decisions for me?
Usually the agent makes decisions only if you are unable to make them yourself – such as, if you’ve lost the ability to understand things or communicate clearly. However, if you want, your agent can speak on your behalf at any time, even when you are still capable of making your own decisions. You can also appoint a "temporary" agent – for example, if you suddenly become ill, you can tell your doctor if there is someone else you want to make decisions for you. This oral instruction is just as legal as a written one.

Are there other oral instructions that don’t involve a written form?
Yes. You can make an individual health care instruction orally to any person at any time and it is considered valid. All health care providers must document your wishes in your medical record. But it is often easier to follow your instructions if they are written down.

Can I make up my own form or use one from another state?
Yes. That’s why this law is so flexible. Any form is legal as long as it has at least 3 things: 1) your signature and date, 2) the signature of two qualified witnesses, and 3) if you reside in a skilled nursing facility, the signature of the patient advocate or ombudsman. These signatures, however, must include special wording.

Sounds difficult. Do I need an attorney to help with this?
No. Completing an advance health care directive isn’t difficult and an attorney is not necessary. But actually the most important part of this is talking to your loved ones. Without that conversation, the best form in the world may not be helpful!

OK, I’ll talk to them! But what should I do with the form after I complete it?
Make copies for all those who are close to you. Take one to your doctor to discuss and ask that it be included in your medical record. Photocopied forms are just as valid as the original. And be sure to keep a copy for yourself in a visible, easy-to-find location – not locked up in a drawer.

What if I change my mind?
You can revoke your form (or your oral instructions) at any time. Also, it’s a good idea to try and retrieve old forms and replace them with new ones.

Do doctors or hospitals require a patient to have an Advance Health Care Directive form?
No, they cannot require you to complete one. But doctors and hospitals should have information available to you and your family about the form and your right to make healthcare decisions.
Resources

Check the Coalition for Compassionate Care of California website, www.coalitionccc.org for updates on advance health care directive and materials and community education programs. Information about POLST is available from the Coalition at www.capolst.org

Advance Health Care Directive Forms


▷ Forms are often available at no charge from your local hospital – call the Social Services or Patient Education department. Or ask your doctor.

▷ The California Medical Association has both an Advance Health Care Directive Kit and a POLST Kit available in English or Spanish for $6 that includes a form, wallet card and answers to commonly asked questions. To order single copies, call 1-800-882-1262 or visit www.cmamet.org.

▷ Five Wishes is a user-friendly advance directive that addresses the medical, personal, emotional and spiritual wishes of seriously ill persons. To order single copies for $5 call 1-888-5-WISHES or visit www.agingwithdignity.org. Bilingual versions in 23 languages are also available.

▷ Caring Connections has state-specific forms that can be downloaded at www.caringinfo.org

Booklets for consumers:

▷ Finding Your Way: Medical Decisions When They Count Most. This 13-page, easy-to-read booklet helps those who are starting the advance care planning process or considering whether to initiate or withdraw life sustaining treatment when the end of life is near. Also available in Spanish.

▷ Mrs. Lee’s Story: Medical Decisions Near the End of Life. This 16-page bilingual booklet relates the story of 91-year old Mrs. Ming Lee to introduce health issues that concern Chinese elders and their families. It includes basic information on advance directives, POLST, pain management and hospice care.

For copies, visit www.coalitionccc.org.

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(916) 489-2222; www.coalitionccc.org
Judy Citko, Executive Director
What does “quality of life” mean to you?

Check all of the boxes that apply to you:

☐ Being able to communicate verbally with my family, friends and others

☐ Being able to communicate in some way, for example eyes, hand gestures, a smile

☐ Being able to pay my own bills and manage my affairs without depending on others to manage for me long term

☐ Being able to wash myself and manage my personal care, for example dress, toilet

☐ Being able to eat by mouth on my own without having to have tube feedings through my nose, stomach or tube placements

☐ Being able to breathe on my own – I do not want to have a machine breathe for me

☐ Having my own heart beat – I do not want a machine to keep me alive unless I will be independent again

☐ Being able to eliminate waste products without having to have dialysis

☐ To enjoy social activities such as outings, movies, TV, and other social activities

☐ To use my own blood – I do not want blood transfusions

☐ If I am not going to have independent functions, I do not want continued life support measures and/or remain on machines and/or to stay in a hospital setting

☐ Life is worth living even if I am sick, dependent on others’ care and will always be in and out of the hospital and connected to life prolonging machines

☐ ________________________________

I DO NOT MIND DEPENDING ON OTHERS TO:

• ________________________________

• ________________________________

• ________________________________

• ________________________________

• ________________________________
Advance Health Care Directive Form
Instructions

You have the right to give instructions about your own health care.

You also have the right to name someone else to make health care decisions for you.

The Advance Health Care Directive form lets you do one or both of these things. It also lets you write down your wishes about donation of organs and the selection of your primary physician. If you use the form, you may complete or change any part of it or all of it. You are free to use a different form.

INSTRUCTIONS

Part 1: Power of Attorney

Part 1 lets you:
• name another person as agent to make health care decisions for you if you are unable to make your own decisions. You can also have your agent make decisions for you right away, even if you are still able to make your own decisions.
• also name an alternate agent to act for you if your first choice is not willing, able or reasonably available to make decisions for you.

Your agent may not be:
• an operator or employee of a community care facility or a residential care facility where you are receiving care.
• your supervising health care provider (the doctor managing your care)
• an employee of the health care institution where you are receiving care, unless your agent is related to you or is a coworker.

Your agent may make all health care decisions for you, unless you limit the authority of your agent.
You do not need to limit the authority of your agent.

If you want to limit the authority of your agent the form includes a place where you can limit the authority of your agent.

If you choose not to limit the authority of your agent, your agent will have the right to:
• Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition.
• Choose or discharge health care providers (i.e. choose a doctor for you) and institutions.
• Agree or disagree to diagnostic tests, surgical procedures, and medication plans.
• Agree or disagree with providing, withholding, or withdrawal of artificial feeding and fluids and all other forms of health care, including cardiopulmonary resuscitation (CPR).
• After your death make anatomical gifts (donate organs/tissues), authorize an autopsy, and make decisions about what will be done with your body.

Part 2: Instructions for Health Care

You can give specific instructions about any aspect of your health care, whether or not you appoint an agent.

There are choices provided on the form to help you write down your wishes regarding providing, withholding or withdrawal of treatment to keep you alive.

You can also add to the choices you have made or write out any additional wishes.

You do not need to fill out part 2 of this form if you want to allow your agent to make any decisions about your health care that he/she believes best for you without adding your specific instructions.
Part 3: Donation of Organs

You can write down your wishes about donating your bodily organs and tissues following your death.

Part 4: Primary Physician

You can select a physician to have primary or main responsibility for your health care.

Part 5: Signature and Witnesses

After completing the form, sign and date it in the section provided.

The form must be signed by two qualified witnesses (see the statements of the witnesses

You have the right to change or revoke your Advance Health Care Directive at any time

If you have questions about completing the Advance Directive in the hospital, please ask to speak to a Chaplain or Social Worker.

We ask that you complete this form in English so your caregivers can understand your directions.
Advance Health Care Directive

Name

Date

You have the right to give instructions about your own health care. You also have the right to name someone else to make health care decisions for you. This form also lets you write down your wishes regarding donation of organs and the designation of your primary physician. If you use this form, you may complete or change all or any part of it. You are free to use a different form.

You have the right to change or revoke this advance health care directive at any time.

Part 1 — Power of Attorney for Health Care

(1.1) DESIGNATION OF AGENT: I designate the following individual as my agent to make health care decisions for me:

Name of individual you choose as agent:

Relationship

Address:

Telephone numbers: (Indicate home, work, cell)

ALTERNATE AGENT (Optional): If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health care decision for me, I designate as my first alternate agent:

Name of individual you choose as alternate agent:

Relationship

Address:

Telephone numbers: (Indicate home, work, cell)

SECOND ALTERNATE AGENT (optional): If I revoke the authority of my agent and first alternate agent or if neither is willing, able, or reasonably available to make a health care decision for me, I designate as my second alternate agent:

Name of individual you choose as second alternate agent:

Address:

Telephone numbers: (Indicate home, work, cell)
(1.2) AGENT'S AUTHORITY: My agent is authorized to 1) make all health care decisions for me, including decisions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of health care to keep me alive, 2) choose a particular physician or health care facility, and 3) receive or consent to the release of medical information and records, except as I state here:

(Add additional sheets if needed.)

(1.3) WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE: My agent's authority becomes effective when my primary physician determines that I am unable to make my own health care decisions unless I initial the following line.

If I initial this line, I want my agent to make health care decisions for me immediately even though I am still able to make them for myself. ___

(1.4) AGENT'S OBLIGATION: My agent shall make health care decisions for me in accordance with this power of attorney for health care, any instructions I give in Part 2 of this form, and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make health care decisions for me in accordance with what my agent determines to be my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

(1.5) AGENT'S POST DEATH AUTHORITY: My agent is authorized to make anatomical gifts, authorize an autopsy, and direct disposition of my remains, except as I state here or in Part 3 of this form:

(Add additional sheets if needed.)

(1.6) NOMINATION OF CONSERVATOR: If a conservator of my person needs to be appointed for me by a court, I nominate the agent designated in this form. If that agent is not willing, able, or reasonably available to act as conservator, I nominate the alternate agents whom I have named. ____ (initial here)

Part 2 — Instructions for Health Care

If you fill out this part of the form, you may strike out any wording you do not want.

(2.1) END-OF-LIFE DECISIONS: I direct my health care providers and others involved in my care to provide, withhold, or withdraw treatment in accordance with the choice I have marked below:

☐ a) Choice Not To Prolong
   I do not want my life to be prolonged if the likely risks and burdens of treatment would outweigh the expected benefits, or if I become unconscious and, to a realistic degree of medical certainty, I will not regain consciousness, or if I have an incurable and irreversible condition that will result in my death in a relatively short time.
   Or

☐ b) Choice To Prolong
   I want my life to be prolonged as long as possible within the limits of generally accepted medical treatment standards.
(2.2) OTHER WISHES: If you have different or more specific instructions other than those marked above, such as: what you consider a reasonable quality of life, treatments you would consider burdensome or unacceptable, write them here.

(Add additional sheets if needed.)

Part 3 — Donation of Organs at Death (Optional)

(3.1) Upon my death (mark applicable box):
☐ I give any needed organs, tissues, or parts
☐ I give the following organs, tissues or parts only: ____________________________
☐ I do not wish to donate organs, tissues or parts.

My gift is for the following purposes (strike out any of the following you do not want):
Transplant Therapy Research Education

Part 4 — Primary Physician (Optional)

(4.1) I designate the following physician as my primary physician:
Name of Physician: _______________________________________________________
Address: ________________________________________________________________
Telephone: ____________________________

Part 5 — Signature

(5.1) EFFECT OF A COPY: A copy of this form has the same effect as the original.

(5.2) SIGNATURE: Sign name: ____________________________ Date: ______________

(5.3) STATEMENT OF WITNESSES: I declare under penalty of perjury under the laws of California (1) that the individual who signed or acknowledged this advance health care directive is personally known to me, or that the individual's identity was proven to me by convincing evidence, (2) that the individual signed or acknowledged this advance directive in my presence, (3) that the individual appears to be of sound mind and under no duress, fraud, or undue influence, (4) that I am not a person appointed as agent by this advance directive, and (5) that I am not the individual's health care provider, an employee of the individual's health care provider, the operator of a community care facility, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly nor an employee of an operator of a residential care facility for the elderly.
FIRST WITNESS

Print Name: __________________________________________
Address:  ____________________________________________
Signature of Witness: __________________________________ Date: __________________

SECOND WITNESS

Print Name: __________________________________________
Address:  ____________________________________________
Signature of Witness: __________________________________ Date: __________________

(5.4) ADDITIONAL STATEMENT OF WITNESSES: At least one of the above witnesses must also sign the following declaration:
I further declare under penalty of perjury under the laws of California that I am not related to the individual executing this advance directive by blood, marriage, or adoption, and to the best of my knowledge, I am not entitled to any part of the individual's estate on his or her death under a will now existing or by operation of law.

Signature of Witness: __________________________________
Signature of Witness: __________________________________

Part 6 — Special Witness Requirement if in a Skilled Nursing Facility

(6.1) The patient advocate or ombudsman must sign the following statement:

STATEMENT OF PATIENT ADVOCATE OR OMBUDSMAN

I declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and that I am serving as a witness as required by section 4675 of the Probate Code:

Print Name: __________________________________________ Signature: __________________________
Address:  ____________________________________________ Date: __________________

Certificate of Acknowledgement of Notary Public (Not required if signed by two witnesses)

State of California, County of ________________________________

On this __________________________ (date) before me ___________________________,
Notary Public, personally appeared __________________________ (name(s) of signer(s), who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal. 

Seal

Signature of Notary ___________________________
Choosing an Agent

**ROLE OF AGENT:**
An agent selected by you has the authority to make any and all decisions you would make if you were able, including:

- choosing your doctor/other healthcare provider and where you will receive your care
- speaking with your health care team on your condition and treatment options
- reviewing the medical record and authorizing its release when needed
- accepting or refusing medical treatments, including artificial nutrition and hydration and resuscitation attempts

**SELECTING YOUR AGENT:**
In choosing an agent, consider if he/she:

- is legally able to serve as your agent (must be 18 years old; may not be a health care provider or her/his employee, unless this person is your spouse or close relative)
- will be available when needed
- is willing to speak on your behalf
- knows you well and understands your values and beliefs
- will be comfortable asking questions of your health care team, particularly around issues such as treatment options
- will do her/his best to make the medical care decisions that you would make (whether or not he/she agrees with you)
- will be able to "stand up" for you, be your advocate and handle conflict with others who might disagree with your wishes

**ADDITIONAL INFO:**

- It is helpful to select at least one alternate agent, since your primary agent may be unreachable or unavailable (e.g., involved in a car accident with you).
- Talk with your agent about your wishes and give her/him a copy of your advance directive.
- To avoid confusion, tell your loved ones whom you selected as your agent(s).
- If circumstances change, you may select a new agent at any time. Make sure to give your new agent a copy of the revised advance directive, and tell family and friends of the change.

Developed by the Compassionate Care Alliance of the Greater Sacramento Region (2001-10), a former program of the Center for Healthcare Decisions (CHCD); www.chcd.org.

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Help for Healthcare Agents

A companion piece to the Advance Health Care Directive to help you understand your role as the spokesperson for your loved one.

Your relative or friend has shown great trust in you by selecting you as her* agent (sometimes called surrogate or proxy). As the agent, you are being asked to make sure that your loved one’s wishes for care are known and followed if she can no longer make medical decisions. To do so you need to know her wishes and values. While making medical decisions for a loved one can be challenging, we hope the following information will help you in this role.

(*For ease in reading this material, we refer to a loved one as “her” or “she.”)

What You Can Do Before the Need Arises.

Be an active participant in the communication. Talking about the end of life may be emotionally difficult for your loved one. Anything you can do to encourage conversation about her values and preferences would be helpful to you both.

- Ask your loved one to share views about how she describes a good quality of life; what concerns she has about dying or how she would want to spend the last month of life.

- Discuss with your loved one how she feels about her health problems. Focus on what goals of care near the end of life would be most important; for example, being free from pain or being able to die at home. This is often more helpful than stressing specific types of treatment (such as ventilators, dialysis and resuscitation), since it is difficult to predict what treatment a person might need and for what purpose.

- Periodically, revisit this topic with your loved one. People often change their end-of-life wishes as they age or have a change in health status. Perhaps a birthday, first of the year or some other memorable occasion would be a good time to help your loved one make sure her Advance Directive reflects current wishes.

- Keep your copy of the most recent Advance Directive where it is easily accessible.

Your role is to decide what your loved one, rather than yourself, would want. Situations may arise that you have not discussed. In such occasions you would decide based on your knowledge of her values. Your loved one has trusted you to do your best. Preparation through good communication can help.

Some tools to help you and your loved one start talking:

- Finding Your Way: Medical Decisions When They Count Most – easy-to-read discussion-starter booklet for families; preview and order at: www.coalitionccc.org (also in Spanish, Chinese)

- Go Wish – online card game to help participants consider their end-of-life wishes: www.gowish.org

- Advance Care Planning Conversation Guide – ideas for talking with loved ones: www.coalitionccc.org
What to Do When You Need To Act.
Your role as agent becomes active only when your loved one is unable to communicate or wants you to make decisions for her. Should your loved one regain the ability to make medical decisions, she can return to doing so if she chooses to.

1. About the Advance Directive form.
Retrieve the document and make sure you have the most recent one. As the agent you are authorized to make health care decisions, including decisions to provide or withdraw artificial nutrition and hydration and other life sustaining treatments. You can select or change doctors and place of care, as well as review and release medical records. Often the agent has after-death powers to request an autopsy and donate organs or tissues. Consult your loved one’s advance directive regarding these types of decisions.

2. Becoming an active agent.
As the advocate, become informed about her health situation and talk with the doctors. Let them know that your loved one appointed you as her decision maker. Make sure the doctors, hospital or care institution has a copy of the Advance Directive. As the decision-maker you are not alone in this process, but will receive guidance from the health care team to help you honor your loved one’s wishes. Ask the doctors about your loved one’s chances for improvement to help you decide the appropriate level of medical care. You may want a second opinion on this important matter. Don’t be afraid to assert yourself with the medical team; take notes and ask questions when things aren’t clear.

3. Making decisions.
Remember you are deciding what you think your loved one would want, not what you would want. Your earlier conversations will be helpful, particularly if you focus on your loved one’s goals of care. Ask the doctor: Is there treatment to help meet her goals, for example, to be able to interact with others, be free from pain, return home, live longer? Many people find it helpful to talk with other loved ones about these decisions, but keep in mind that you have the legal authority and responsibility to make decisions even if others disagree. In that case ask for a care team meeting or talk with a chaplain, social worker or ethics committee to help you and your family with these concerns and to solve any conflicts.

Sometimes these decisions can be difficult ones, even for an agent who knows their loved one very well. While it may not be possible for you to know exactly what she would want under the circumstances she faces, do your best to carry out your loved one’s wishes as you believe them to be. In carrying out her wishes you are truly giving a gift of love.

Some tools to help you serve as agent:


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