

# Advance Care Planning: Making Your Health Care Choices Known

## Advance Care Planning

### Q: What is advance care planning?

**A:** Advance care planning is the process of giving information to others about your health care choices in case illness or injury prevents you from telling them yourself.

Talk with members of your care circle (family, friends or others close to you) about your health care choices. This is a time for you to share:

- what kind of care and treatment you do or do not want
- your wishes, goals and values and how they relate to your health care choices for the future.

## Health Care Directive

### Q: What is a health care directive?

**A:** A health care directive is a written document of your health care choices. Members of your care circle and health care providers use this to interpret and understand your wishes, goals and values for future health care needs if you cannot tell them yourself.

Everyone 18 years or older should have a health care directive, even if you are healthy.

You do not need an attorney to fill out a health care directive.

You can change your health care directive any time.



**Anyone age 18 and older should have a health care directive. This names one or more people who can make decisions about your health care if you cannot speak for yourself. The process is easy and you do not need an attorney to complete one.**

### Q: Who makes decisions on my behalf?

**A:** It is important to ask someone to make health care decisions for you if you cannot make them on your own. This person is called a health care agent.

Your health care agent should be:

- 18 years old
- willing, able and available to know and understand your wishes, goals and values
- able to make decisions under stress or crisis.

Ask this person if he or she agrees to be your health care agent.

**Note:** A health care agent is not a “financial power of attorney.” He or she cannot make decisions about your money or property.

**(over)**

**Q: Should I fill out a health care directive if I have a chronic (long-lasting) illness?**

**A:** Yes. This is a good place to list your health care agent(s), what kind of care you want, your wishes about the quality and length of your life, and what you want for treatment, including pain control.

**Q: Where do I keep my health care directive?**

**A:** Keep your original health care directive in a spot where someone could find it. Give copies to your health care agent(s), health care provider(s) and members of your care circle.

**Q: What is a POLST?**

**A:** POLST stands for “provider orders for life-sustaining treatment.” Your health care provider uses a POLST to write medical orders indicating your health care wishes.

**Q: Who Should Have a POLST?**

**A:** If you have a serious health condition, you need to make advance decisions about life-sustaining treatment. Your health care provider can use the POLST form to document your wishes in a clearly written medical order.

It is also for anyone who lacks capacity to make decisions or does not want resuscitation (CPR).

**For More Information**

- your health care provider
- [allinahealth.org/acp](http://allinahealth.org/acp) (advance care planning and health care directive)
- advance care planning class (call 612-262-2224 or 1-855-839-0005 to get scheduled)
- [polst.org](http://polst.org)

Health Care Directive	POLST (Provider Orders for Life-Sustaining Treatment)
<ul style="list-style-type: none"> <li>■ For anyone age 18 and older, who can make their own decisions.</li> </ul>	<ul style="list-style-type: none"> <li>■ For anyone who might die in the next 12 months, has a serious illness, who cannot make decisions, or who does not want CPR.</li> </ul>
<ul style="list-style-type: none"> <li>■ Lists your wishes, goals and values for future health care.</li> <li>■ Must be witnessed or notarized to be valid.</li> </ul>	<ul style="list-style-type: none"> <li>■ Puts your wishes, goals and values into written orders.</li> <li>■ Signed by your primary care provider.</li> </ul>
<ul style="list-style-type: none"> <li>■ Names at least 1 health care agent to speak on your behalf if you cannot communicate.</li> </ul>	<ul style="list-style-type: none"> <li>■ Does not name a health care agent.</li> </ul>
<ul style="list-style-type: none"> <li>■ Original document is kept in your home.</li> <li>■ Give a copy to anyone you want to have one, including your primary care provider.</li> <li>■ Should be scanned into your electronic health record.</li> </ul>	<ul style="list-style-type: none"> <li>■ Original document is kept in your home on the refrigerator.</li> <li>■ POLST follows you from one care setting to another.</li> <li>■ Should be scanned into your electronic health record.</li> <li>■ If you have a health care directive: give a copy to all of your health care agents.</li> </ul>
<ul style="list-style-type: none"> <li>■ Should be reviewed at least every 5 years.</li> </ul>	<ul style="list-style-type: none"> <li>■ Should be reviewed at least every year with your health care provider.</li> </ul>