

MINNESOTA

ALLINA HEALTH

# Make Your Choices Known

*Your guide to completing a health care directive*



  
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# Put your health care choices in writing

Unexpected situations can happen at any age. For this reason, it's important to make your health care choices known to members of your care circle (family members or friends) if you can't communicate them yourself.

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## Checklist

- Understand your health situation (talk with your health care provider).
- Identify your health care agent.
- Talk with your health care agent about your goals, wishes and values for health care.
- Attend a free advance care planning class for help with advance care planning discussion or help in completing a health care directive, if needed. Go to [allinahealth.org/acp](http://allinahealth.org/acp) to learn more.
- Complete a health care directive and make it valid.
- Give copies of your health care directive to your health care agent, health care provider(s) and those who may be involved in your health care or in helping to make health care decisions for you.
- Keep your original copy in a place that others can find.
- Bring your original copy with you to the hospital. You should also have your health care agent(s) bring a copy to the hospital too.
- Review your health care directive on a regular basis at least every 5 years, or as needed.

## Fill out a health care directive online!

Allina Health offers an interactive, online health care directive. Go to [account.allinahealth.org](http://account.allinahealth.org) and sign up for an Allina Health Account, a secure area that can help you manage your health care goals, track preventive health recommendations and organize your family's health information.

**HEALTH CARE DIRECTIVE:** A legal form you complete to describe choices for future health care if you become unable to make these decisions yourself.

**HOSPICE:** This is care for anyone with a terminal illness who is likely to live 6 months or less if the disease runs its natural course. Hospice services may be available any place you call home. This can include your home, a hospital, or in an assisted living, skilled nursing facility, long-term care facility or residential hospice.

**INTRAVENOUS (IV) FLUIDS:** A fluid is given through a small plastic tube (catheter) inserted directly into your vein.

**INTUBATION/INTUBATE:** A tube is placed down your windpipe to help with breathing. Intubation is needed for mechanical ventilation.

**MECHANICAL VENTILATION:** Mechanical ventilation is used to support or replace the function of your lungs. A ventilator (or respirator) is a machine attached to a tube inserted into your mouth and then into your windpipe. It forces air into your lungs. Some people on long-term mechanical ventilation are able to enjoy themselves and live a quality of life that is important for them. For the person dying however, mechanical ventilation often prolongs the dying process until some other part of the body fails. It may supply oxygen but it cannot improve the underlying condition.

**PALLIATIVE CARE:** This is care that provides relief from the symptoms, pain and stress of a serious illness. The goal is to improve quality of life for both you and your family. A care plan is created to help you live each day to the fullest and be as independent and comfortable as possible.

**TUBE-FEEDING:** Liquid food and fluids are given through a tube placed in your stomach. On a short-term basis, the tube (nasogastric or NG-tube) is placed into the nose, down the throat and into the stomach. For long-term feeding needs, the tube is placed directly into the stomach (gastric tube or G-tube).

## Make Your Health Care Choices Known

Creating a health care directive is important for you and your loved ones and trusted friends. It provides information about your health care wishes.

Members of your care circle and health care providers will use this document to interpret and understand your wishes, goals and values for future health care needs if you can't tell them yourself.

This booklet will help guide you as you complete a health care directive that reflects your hopes and wishes.

Talk with your health care agent(s) and health care providers about your wishes, goals and values so they have a good understanding and can honor them as best they can. This conversation is as important as the written document.



## How to Begin

- **Choose your health care agent.**
  - Ask if he or she is willing and able to be your health care agent. If so, ask for his or her phone number.
  - It is recommended to have a primary (main) health care agent, along with at least one alternate health care agent.
- **Have a conversation about your wishes, goals and values.**
- **Fill out a health care directive.**
  - Print a copy from [allinahealth.org/acp](http://allinahealth.org/acp), ask your clinic for a copy, or call 612-262-2222 and ask for a copy to be mailed to you.
    - Allina Health offers health care directives for Minnesota and Wisconsin, along with select translations. Please fill out a health care directive for the state where you currently live.
    - You can also fill out a free, secure health care directive online. Go to [account.allinahealth.org](http://account.allinahealth.org) to create an account.
  - Attend a free advance care planning class to learn how to fill out a health care directive.
  - Use this booklet to help you fill out your health care directive at home.

## Step 1: Choose Your Health Care Agent

### Have you chosen the right person to be your health care agent?

A health care agent is someone who has agreed to make health care decisions for you if you cannot communicate them on your own. When deciding on a health care agent, choose someone who is:

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

## Glossary

**ADVANCE CARE PLANNING:** A process and discussion over time where you clarify your goals and values, understand health care choices and options of care, and communicate future medical treatment preferences, including end-of-life care.

**ANTIBIOTICS:** Medicines used to treat illnesses caused by infections and to relieve symptoms.

**ARTIFICIAL NUTRITION AND HYDRATION:** Liquid food and fluids are given through a tube when you can no longer take them by mouth. The tube may be placed in your vein (intravenous fluids) or in your stomach (tube feeding).

**CARDIOPULMONARY RESUSCITATION (CPR):** A life-saving treatment used to attempt to restart your heart and lungs if they stop. CPR uses rescue breathing (someone breathing into your mouth) and chest compressions (someone pressing on your chest) to try to revive you. Also, you may need medicines and electrical shock to the heart delivered from a defibrillator machine.

**CARE CIRCLE:** Family, friends and others close to you who will be helping you with your care.

**COMFORT MEASURES/COMFORT CARE:** Medical care provided with the main goal of keeping you comfortable rather than extending your life. Comfort measures are used to relieve pain and other symptoms.

**DECISION MAKING CAPACITY:** The ability to take in information, understand its meaning and make an informed choice using the information.

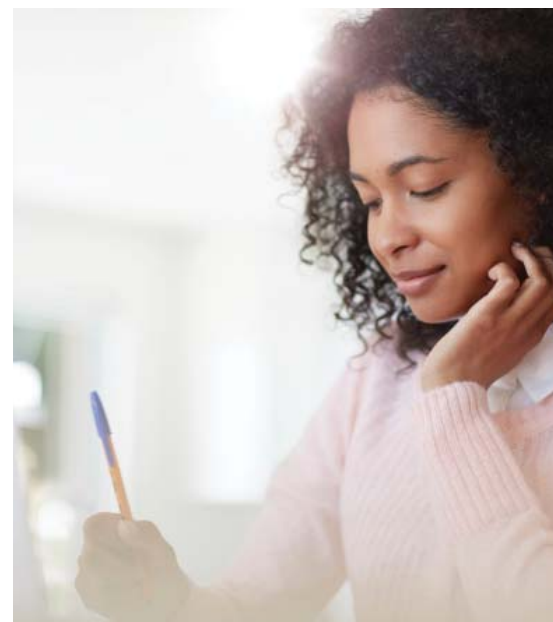
**DIALYSIS:** A treatment that removes waste from your body usually done by your kidneys. Dialysis is needed when your kidneys can no longer take care of your body's needs.

**HEALTH CARE AGENT:** Your health care agent is a trusted individual chosen by you to make health care decisions on your behalf only if you are unable to make decisions yourself.

## Health care directive sample verbiage

There is no right or wrong way to state your wishes, goals and values in your health care directive. The following are some ideas to help you as you complete this document.

- “I do not want to be in pain. I want my doctors to give me enough pain medicine to relieve my pain and symptoms, even if it means I will be drowsy or sleep more than I would otherwise.”
- “I wish to have treatments to extend my life such as \_\_\_\_\_ as long as they help me recover.”
- “I would like my health care agent and health care team to transition my care to hospice care sooner than later. I believe hospice will provide the best quality of life for the time I have left and will be able to support me through the dying process.”
- “If my condition is not improving, I want to have artificial nutrition (food) and hydration (water) stopped and removed, except for what is needed for pain medicine.”
- I always want \_\_\_\_\_ treatments even if I am terminal and am dying.
- “I believe death is another phase of life. I do not fear it and I do not want it to be continued by use of treatments and procedures that will extend my life.”
- “Please keep my body on life support until my loved ones can arrive and have closure to my life.”
- “I want to be an organ donor. If possible, please allow life support until my organs can be recovered.”



It does not have to be your partner, oldest child or someone who lives near you. Your health care agent should be someone:

- whom you trust will honor your wishes, goals and values even if they are different from his or her own - either for you, or for himself or herself
- who is not easily intimidated by family, close friends or health care providers
- who will be an advocate for you
- who can cope with making difficult life and death decisions, including making decisions that would allow you to die.

You can choose more than one person to be your health care agent.

- You should only have one primary health care agent. He or she will be the one the health care providers will look to for advice.
- You can have one or more alternate health care agents. Your health care provider will contact these people if your primary health care agent is unavailable.
- You can choose a health care agent who lives out of state. Be sure to list current phone numbers on your cell phone, on your emergency pocket card in your purse or wallet, or in your address book.

## Need help filling out a health care directive?

Allina Health offers free 75-minute classes to help you fill out a health care directive. Check out the class listings at 20 Allina Health clinics and hospitals at [allinahealth.org/acp](http://allinahealth.org/acp) or call 612-262-2224 or 1-855-839-0005 to get scheduled. The classes are open to anyone. You do not need to receive your care at Allina Health.

## What if you need to change your health care agent?

Update and create a new health care directive if your health care agent is no longer willing or able to be your voice due to:

- death
- decline in health
- divorce, separation or annulment
- being no longer willing or able.

You should also consider changing your health care agent if you no longer trust or talk with him or her.

Keep your health care agent's phone number(s) current on your cell phone, on your emergency pocket card in your purse or wallet, or in your address book.

I.C.E. (In Case of Emergency) is a program that allows first responders (paramedics, firefighters, police officers) and hospital staff members to reach your emergency contact without having to unlock your phone.

## What powers does your health care agent(s) have?

Your health care agent automatically has all of the following powers:

- Make decisions about your health care, including decisions to start, stop or change treatments for you. This includes taking out or not putting in tube feedings, tests, medicine, surgery, and other decisions about treatments including mental health treatments or medicines. If treatment has already begun, your health care agent can continue or stop it based on verbal and/or written instructions.
- Interpret any instructions you have made according to his or her understanding of your wishes, goals and values. (This is why the family discussion is so important.)
- Review and release your medical records, health information and other personal records as needed for your health care.
- Arrange for your health care and treatment in any state or location he or she thinks is appropriate.

- Do you have a religious affiliation?
  - Share your thoughts about how people caring for you can provide spiritual care that honors your cultural or faith traditions.
  - For example, you may want to have a priest, rabbi or pastor visit, prayers spoken or a special service. You can share phone numbers to call.
- Do you want to be buried or cremated?
  - Do you already have plans made for a funeral or memorial service?
  - Do you want to have a funeral or memorial service? If so, what would you like part of your service? Examples might include special readings, music or speakers.
- Have you worked with an organization to donate your body to science? If so, write down the organization's name, phone number and ID number they gave you.
- Anything else you would want people caring for you to know?



### PART 3: MY HOPES AND WISHES

This section, pages 11 to 12, is optional, but can be helpful for your health care agent and family, friends or others who are involved in helping make health care decisions for you at the end of your life.

Communicating your wishes helps guide areas such as:

- quality of life
- your expectations for your end-of-life care
- your cultural or religious traditions or preferences.

Here are some things to consider:

- Make a list of things that bring you quality of life now (such as gardening, church activities, cooking or family).
- Is there anything that would be worse than dying such as being bedridden, needing 24/7 care, or not knowing who you are or where you are?
- Do you have any thoughts about treatments that can extend your life such as ventilators or tube feedings? Maybe you are OK with them for a short while during a recovery. Maybe there are some treatments you never want to have.
- What are your feelings about hospice care and palliative care? Talk with your health care provider if you would like more information on hospice and palliative care and eligibility for these programs.
- Do you have any hopes or wishes about where you would like to die?
  - Think about where and how you would want to spend your final days.
  - Do you want it to be at home, the hospital or a nursing home? For example, “I do not want to die at home if possible” or “I would like my final days to be spent at the lake if possible.”
- If you are nearing your death, think about what provides you comfort now when you are sick. Examples might include quiet music, TV on in background, family visits, pictures, aromatherapy or massage therapy.

- Decide which health care providers and organizations provide your care and treatment.

### What additional powers can your health care agent(s) have?

You can choose if your health care agent can or cannot:

- make decisions about the care of your body after death
- continue as your health care agent even if your marriage or domestic partnership is legally ending or has been ended
- determine whether to attempt to continue your pregnancy (if pregnant) to delivery based upon his or her understanding of your wishes, goals, values and instructions.

### Can you limit your health care agents' powers?

Yes. If you will want to limit your health care agent's authority on the decision or action he or she may take, you will need to write them down in your health care directive.

For example: “I do not want to receive end-of-life care outside of Minnesota, if possible” or “I do not want my health care agent to have access to my medical records from 2010 and earlier due to personal privacy.”

### Did you talk with your health care agent about your choices?

Once your health care agent agrees to be your voice, together, talk about his or her powers and explain your wishes, goals and values. Plan to have this conversation when you are feeling well.

## Important

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

## Step 2: Have a conversation

What makes life worth living or when would life not be worth living? What fears or worries do you have about possible future medical care? Use the questions below to have a conversation with your health care agent, family and friends or others close to you about your wishes, goals and values.

### Have you had past experiences with a family member or friend, or heard of another situation where a decision had to be made about a health care choice?

Think about the health care decisions that had to be made during these difficult times. What would you want your loved ones to do on your behalf if you were in a similar situation? Talking about this can help your loved ones make health care decisions for you at an emotionally difficult time.

### What fears or worries do you have about possible future medical care?

Some people worry about being a physical or financial burden to their loved ones. Others have fear about pain and suffering for too long. What fears or worries do you have?

### What would you want for yourself if you were injured or suddenly became ill and were unable to speak for yourself?

- Would you want life support treatment?
- Would you want medical treatments such as a ventilator/respirator, feeding tube or cardiopulmonary resuscitation (CPR)?
- How long would you want to receive these treatments?

## Other comments or instructions for my health care agent

On page 10, you can give your health care agent additional information that has not already been covered in your health care directive.

This section is optional, but it can be helpful for your health care agent. Here are some examples:

- Is there anyone you **do not** want involved in your medical discussions or decisions? If so, clearly state this by saying something similar to, “I do not want (insert name) to be part of my medical discussions.”
- Is there anyone you **would** like to be a part of your medical discussions? If so, clearly state this by saying something similar to, “I do want (insert name) to be part of my medical discussions.”
- What are your biggest fears? For example, you may have a fear of being in pain, being a burden to your family, or being on life support for too long when there is no chance of recovery.
- What are your thoughts on how pain management affects your quality of life? Do you want care that strongly manages pain and discomfort? Do you want care that allows you to be alert and able to communicate as much as possible?
- Talk about some past experiences. Tell your health care agent things that you like or didn’t like such as “I do not want to be in the same care center as Aunt Mary” or “I loved the way Dad’s end-of-life care was done.” When your health care agent knows about these experiences it can help him or her provide the care you may or may not want.
- Write about why you chose your health care agent, alternate health care agent(s), or both. It can be helpful in times of stress to remind them why they were chosen to honor your wishes, goals and values.
- What would be the most important things for your care circle to know if you were terminally ill as you near the end of your life? Examples might include not being in pain, having your family ready for your death, not dying alone, feeling at peace or that your life is complete.



- There is no cost to your family if you are an organ donor and are on a ventilator to recover your organs.
- It takes about 36 hours to recover your organs.
- You can be an organ donor and have an open casket.
- Your eligibility to donate is based on the condition of your organs, your diseases and medicines you have taken.
  - Your role is to choose if want to donate your organs or not.
  - LifeSource will make the final decision on if your organs can be used or not. (To learn more about LifeSource, visit [life-source.org](http://life-source.org).)
- You can be an organ donor and a whole body donor for the University of Minnesota. Write this down in your health care directive if you have this arrangement in place.

### Autopsy

On page 9, you can make a choice about having an autopsy.

- Only initial one option.
- There could be a cost to your family if you choose to have an autopsy.

To learn more, visit [americanautopsy.com](http://americanautopsy.com) or call 1-800-886-1227.



### If you became so sick from an illness that you might die at some point, what kind of care would you want?

Think about:

- your wishes for the quality and length of your life
- your wishes for medical treatment, including pain control
- how successful the treatment might be and how easy or hard the treatment may be for you.

### Where and how you would want to spend your final days?

What would your choices be for location (home, hospital, nursing home) and type of care (hospice or palliative care), organ donations and funeral arrangements?

### What personal and religious/spiritual beliefs and values shape how you make choices about health care?

Are there some treatments you may or may not want based on your beliefs? Would you want visits from your spiritual leader (such as clergy, shaman or imam)? Would you want any sacraments?



### Step 3: Fill out a health care directive

Putting your wishes, goals and values in writing is the best way to help make sure they are followed if you can't decide or communicate your health care decisions because of illness or injury.

If you choose not to put your wishes, goals and values in writing, your health care agent and health care provider will make decisions based on your spoken directions or what he or she considers to be in your best interest.

#### How do you create a health care directive?

There are forms for health care directives. You do not have to use a form, but your health care directive must meet the following requirements to be legal:

- be in writing and dated
- state your name
- be signed by you or someone you authorize to sign for you, if you are unable to sign
- have your signature verified by a notary public or two witnesses.  
**Please note:** Your notary or witnesses cannot be someone who is named as a health care agent in your health care directive.

Before you prepare or change your health care directive, talk about your health care choices with your health care provider, health care agent, family members and close friends.

#### What can you put in your health care directive?

You have many choices about what to put in your health care directive. You may include:

- a health care agent to make health care decision for you
- alternate health care agents in case the first one is not available

- If you choose "I would want to receive limited treatment," write down additional information for your health care agent and health care providers about what you would want for yourself in this situation.

- Would you want life support treatment such as a respirator/ventilator (breathing machine), tube feedings or CPR?
- How long would you want these treatments?
- What should the focus of care be for you in this situation?

Initial any areas where you have added comments.

#### Other treatment choices

At the top of page 8, you can write additional information you may have for your specific condition or an overview of your current health.

For example, if you have diabetes you may or may not want dialysis, amputations or insulin. This type of information can be important for Emergency Department doctors or other health care providers who do not know you.

You may leave this space blank. You can use the additional space on page 9, if needed.

#### Organ donation

On page 8, you can make a choice about organ donation.

- Only initial one option.
- If your driver's license says that you are an organ donor, your choice on your health care directive should be the same.
  - If you have changed your mind, health care providers will go by the most recent date and honor that choice.
  - It is a good idea to write in your health care directive that you revoke your driver's license wish to be an organ donor. Be sure to initial this information.
- There is no age limit to be a donor.

## Treatments to extend my life: Vegetative state or permanent brain injury

On page 6, you can make a choice about treatments to extend your life if you are in a vegetative state or have a permanent brain injury.

- You can initial more than one option (such as the first and third choices.)
- If you choose “I would want to receive limited treatment,” write down additional information for your health care agent and health care providers about what you would want for yourself in this situation.
  - Would you want life support treatment such as a respirator/ventilator (breathing machine), tube feedings or CPR?
  - How long would you want these treatments?
  - What should the focus of care be for you in this situation?

Initial any areas where you have added comments.

## Treatments to extend my life: Terminal illness

On page 7, you can make a choice about treatments to extend your life if you have a terminal illness.

- You can initial more than one option (such as the first and third choices.)
- When making your decision, think about:
  - your wishes for the quality and length of your life
  - your wishes for medical treatment, including pain control
  - how successful the treatment might be
  - how easy or hard the treatment may be for you such as the kind of side effects.

### Tip

Talk with your health care provider if you would like more information about the treatments available to extend your life.

- your health care choices based on your wishes, goals and values such as:
  - CPR (for restarting your heart and lungs if they stop)
  - ventilator or respirator (for help to breathe)
  - feeding tube (for nutrition)
  - organ donation
  - autopsy
  - where you want to receive care
  - funeral arrangements.

You may want to include other information in your health care directive as well. You may be as specific or as general as you wish. You can choose which issues or treatments to deal with in your health care directive.

## What can you not put in your health care directive?

There are some limits about what you can put in your health care directive. For example:

- your health care agent must be at least 18 years old
- your health care agent cannot be your health care provider
- you cannot request health care treatment that is outside of reasonable medical practice
- you cannot request assisted suicide.

## Important

If the person you choose to be your health care agent is a health care provider giving care to you now or possibly in the future, you should not select this person as your health care agent unless:

- the person is related to you by blood, marriage, registered domestic partnership or adoption
- or
- the person has a relationship with you other than as your health care provider, such as a neighbor or long-time friend.

## How long does a health care directive last? How often should you review your health care directive?

Your health care directive lasts until you change or cancel it.

You can change your health care directive any time. You should review your health care directive at least every 5 years or if there are:

- personal health changes (including new diagnosis or major changes)
- any change with a health care agent due to:
  - death
  - decline in health
  - divorce, separation or annulment
  - no longer willing or able.

Fill out a new document, make it valid and provide a copy to your health care provider, health care agents and anyone who has copies of your old health care directive. Ask that they destroy the old copy.

## Who should get copies of my health care directive?

Give a copy of your health care directive to your health care agent, health care provider(s) (so it can be scanned into your medical record) and those who may be involved in your health care or in helping to make health care decisions for you.

## Things to think about when filling out your health care directive

The following information will help you complete the Minnesota health care directive created by Allina Health.

### PART 1: MY HEALTH CARE AGENT

Choose your health care agent(s).

### PART 2: MY HEALTH CARE INSTRUCTIONS

#### Cardiopulmonary resuscitation (CPR)

On page 5, you can make your choice about CPR.

- Only initial one option.
- Make this choice based on your health today. You can always update your health care directive as you age or your health changes.
- If you choose “I do not want CPR,” you should see your health care provider. He or she will use a POLST (provider orders for life-sustaining treatment) to write medical orders indicating your health care wishes.
  - If your health care provider fills out a POLST, it should be scanned into your medical record. You should also give copies to your health care agent(s).
  - The bright yellow form should be placed on your refrigerator at home or in your chart at a nursing home.
  - This form should be reviewed every year with your health care provider. It can be updated or canceled at any time.

## Did You Know?

At Allina Health, your health care directive becomes part of your electronic health record and is accessible by Allina Health providers, nurses and other members of your health care team.

## Tip

When filling out your health care directive, please put down your full legal name and as much information as you can. Leave the “Name, DOB and MRN” square blank for your patient sticker.