

Planning Ahead

Planning ahead for important health care decisions can help ensure your treatment wishes are honored. After learning about options for end-of-life services and care, you can voice your decisions to your family, friends, and health care providers, and write down your choices in an **advance directive**.



DURABLE POWER OF ATTORNEY

This type of advance directive will state who you have chosen to be your healthcare agent. A healthcare agent is someone who will make health care decisions for you if you are unable to make decisions yourself.

You should start by deciding who you want as your healthcare agent. Your health care agent can be a close relative or friend, but should be someone who:

- Knows you well, and you trust
- Is calm in a crisis
- Understands how you would make decisions if you were able
- Is not afraid to ask questions and support your wishes to doctors
- Can reassure and communicate with your family

You can also choose alternate agents who may make the same health care decisions for you if your healthcare agent is unable or unwilling to act as your agent.

You should talk with your healthcare and alternate agents about your wishes:

- What you are asking of them, and why you picked them
- What your values are, and your views of what makes life worth living
- What you are afraid might happen if you cannot make decisions for yourself
- What **LIFE-SUSTAINING TREATMENTS** you want to receive or refuse. Do you want to receive these treatments no matter what your condition, on a trial basis, or never.

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LIVING WILL

This type of advance directive spells out what LIFE-SUSTAINING TREATMENTS you would or would not want at end-of-life, and decisions such as pain management or organ donation.

You should start by thinking about:

- What your values are, and your views of what makes life worth living
- Would you want treatment to extend life in any situation?
- Would you only want treatment if a cure is possible?

LIFE-SUSTAINING TREATMENTS (Interventions that prolong life and delay death)

Cardiopulmonary resuscitation (CPR) – CPR may be used if a person’s heart stops beating and the person stops breathing. Chest compressions, electrical stimulation, and medications may be used to get the heart to work again. Artificial respiration and intubation (a tube is put through the mouth or nose into the windpipe) may be used to help the person get air. CPR can stimulate the person’s heart and lungs to start working again. In a person who is seriously ill or dying, CPR can disrupt the body’s natural dying process. ***If you do not want CPR, talk to your doctor to see if a Do-Not-Resuscitate (DNR) order is appropriate for you.***

Intubation – Intubation may be used separately from CPR if a person has trouble breathing but the heart has not stopped. During intubation, a tube is placed through the mouth or nose into the windpipe so air can get to the lungs; a machine (ventilator) may be connected to the tube to push air into the lungs. The artificial breathing gives the person enough oxygen to stay alive. A person may need to be kept sedated (asleep) while the tube is in place. ***If you do not want intubation, talk to your doctor to see if a Do-Not-Resuscitate (DNR) order is appropriate for you.***

Other life-sustaining treatments – (You can learn more about the following by talking to your health care provider.)

- Continuous CPAP/BiPAP
- Pacemakers, defibrillators
- Dialysis
- Artificial nutrition and hydration
- Use of antibiotics
- Transfusion of blood and blood products

An **Advance Directive forms** in English and Spanish are available for download at ARCmedicarewellness.com, located at the bottom of the page, or by clicking on “Resources” in the left navigation window.

You can also complete an advance directive online in English or Spanish at: www.hhs.texas.gov/advance-directives and click on **Directive to Physicians and Family or Surrogates (PDF) ES** link.

LASTLY, have discussions with your primary care physician to clarify any questions or concerns you may have, and to discuss your wishes. You should also review your advance directives with your physician and healthcare agent to be sure the forms are filled out correctly.