

Completing a Health Care Directive is an important step to help your loved ones and health care teams know your values and choices for healthcare, especially if you are living with a chronic or serious illness. Advances in medicine can now keep us alive for a long time, even if the health care team believes you are unlikely to recover. Knowing what you value, whether that is to live as long as possible or to focus on quality of life as you define it, can be helpful to those making medical decisions for you.

The best time to think about these things is now, while you have time to consider them. The following questions can help you think more about your wishes. **This is not a legal document. After you are done you can attach or add these thoughts to a new Health Care Directive.** You should also share this information with your health care team, loved ones, and any health care agents.

My name: _____ Date completed: _____

Are there experiences you've had or heard about when medical decisions were made for someone else? When that happened were there things you thought you would or wouldn't want for yourself?

What does living the best life possible look like to you? What would your ideal day be like?

What gives you strength or keeps you going in difficult situations?

What abilities (eating, talking, etc.) are so important that you can't imagine living without them?

Honoring Choices

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For people living with chronic or serious illness

My name: _____ Date completed: _____

What do you want those caring for you to know about any spiritual, cultural or other beliefs?

What are 3 non-medical things you want those caring for you to know about you?

What fears or worries do you have about what could be ahead with your chronic or serious illness?

If your health got worse, what would be most important to you?

If you got sicker, what would you be willing to go through if it meant you could live longer?

What would you NOT be willing to go through?

My name: _____ Date completed: _____

Mechanical or artificial treatments may keep a person alive when the body can't function on its own. Examples are: ventilation (breathing machine) when the lungs aren't working, cardiopulmonary resuscitation (CPR) to try to restart a heart that has stopped beating, artificial feeding through tubes and intravenous (IV) fluids, and dialysis when the kidneys aren't working. For more information on some of these treatments visit our website. Treatments that keep you comfortable, like pain medicines, will always be given.

Permanent unconsciousness can be caused by an accident, a stroke or anything that badly damages the brain. The health care team may call this a "permanent vegetative state". This means the brain is so badly hurt that the person isn't aware of self or others, can't understand or communicate, and the health care team believes the person won't get better. If you were permanently unconscious:

I would want some or all possible life-sustaining treatments to keep me alive as long as possible. My health care agent should work with my health care team to make decisions about treatments based on my goals and values. I would choose this because:

I wouldn't want life-sustaining treatments. Focus on making me comfortable and allow natural death. I would choose this because:

I can't make a decision now. My health care agent should work with my health care team to decide whether or not to use life-sustaining treatments based on my goals and values.

A terminal condition means **no cure is possible** and **death is expected in the near future**. This can be caused by: failure of vital organs (including end-stage heart failure, lung failure, kidney failure, and liver failure), advanced cancer, advanced dementia, a massive heart attack or stroke, and other causes. If I am terminally ill:

I would want some or all possible life-sustaining treatments to keep me alive as long as possible. My health care agent should work with my health care team to make decisions about treatments based on my goals and values. I would choose this because:

I wouldn't want life-sustaining treatments. Focus on making me comfortable and allow natural death. I would choose this because:

I can't make a decision now. My health care agent should work with my health care team to decide whether or not to use life-sustaining treatments based on my goals and values.

My name: _____ Date completed: _____

If a choice is possible and reasonable, where would you prefer to receive care when you are dying?

At home Hospice - in home
 At a hospital Hospice residence
 At a nursing home/care facility

Who and what would be important to you if you were dying?

What are your thoughts on donating organs, tissues, or other body parts?

What are your thoughts on autopsy?

If an autopsy helps my loved ones to understand the cause of my death or assist them with their own healthcare decisions, I would want an autopsy done.
 I would not want an autopsy performed unless required by state law.

Choosing someone to speak for you when you cannot is important. This person is called a Health Care Agent. The person(s) you choose should know what your wishes are and be able to make important decisions in stressful situations. They should also be able to make decisions based on your choices, even if they would make different decisions for themselves. Is there someone you are thinking about who could be your agent? Who, and why would you choose them?

NOTE: This person(s) is not your legal decision maker until you have named them in a Health Care Directive