



Advance Health Care Directives Instructions

What is an Advance Health Care Directive?

The Advance Health Care Directives (AHCD) is a legal document that provides your health care team with guidance about what to do in the event you are not able to make health care decision for yourself.

The AHCD allows you to:

- Choose a health care agent (decision maker) to make health care decisions on your behalf if you are unable to do so AND/OR
- Express your values, beliefs, and health care preferences

The AHCD provides guidance to both your health care agent (decision maker) and health care team in developing a treatment plan for you. **It does NOT tell emergency personnel what treatments you want during a medical emergency.**

You can update ANY of your preferences in your AHCD at any time by completing a new document. This new AHCD will replace any AHCD you have completed in the past.

Why is an AHCD Important?

You have the right to share your preferences about your health care.

This document provides guidelines to your health care agent (decision maker) and doctors to provide care that is right for you.

It is also an opportunity to reflect on what quality of life means to you, and how your preferences may impact your loved ones. Completing this document while you are able and talking about it with your loved ones may help reduce confusion and disagreement about what you may or may not want.

Who is the AHCD for?

Any adult over the age of 18 of sound mind should consider completing an Advance Health Care Directives regardless of their health status.

Choosing Your Health Care Agent(s) (Decision Maker)

This section names someone you trust to make health care decisions for you if you are unable to make them for yourself. Choosing your Health Care Agent also means sharing your values and beliefs with them and telling them what medical care you would want if you are unable to make decisions for yourself.

If your health care provider has determined that you are not able to make your own health care decisions, this form names the person(s) you choose to make health care decisions for you.

Your health care agent (decision maker) will speak on your behalf to make health care decisions for you based on the preferences you have shared with them or what they believe to be in your best interests, considering what they know about your personal values and beliefs.

Note: Talk to your agent about what is most important to you and make sure they feel able to perform this role. Be sure to let those closest to you know who you have chosen to be your agent.

Who should you choose to be your health care agent?

When choosing your health care agent, consider selecting a person who is important to you and has the ability to make hard decisions at a difficult time. Legally, your agent cannot be your doctor or another health care professional who cares for you as part of your treatment team.

You cannot anticipate every health care situation; your agent will have to make decisions in real-time based on information shared by the medical team. Having discussions with your agent about the kind of care you want and do not want will give you both a shared understanding and peace of mind.

Sometimes, a spouse or family member may be the best choice, but sometimes they are not the best choice. You know best.

A good health care agent is someone who:

- Is willing to be your health care agent and can be reasonably available
- Knows your values and beliefs well
- Is willing to honor and represent your preferences even if they are different from their own
- Will not be afraid to ask questions and speak on your behalf, even if it goes against convention or the wishes of loved ones
- Is able to make decisions under stress

- Will continue to check-in with you about your preferences over time

Note: Your health care agent may or may not be the same person you would choose as an emergency contact.

This form does not authorize your agent to make financial or other business decisions for you.

Decisions you want your Health Care Agent to make for you

You can choose to allow your health care agent to make ALL health care decisions for you if you are unable to make them for yourself. Unless you limit your agents' authority, they can make the following decisions for you:

- Say yes/no to medications, tests, treatments; select or change health care providers; and decide where you will receive care.
- Start, not start, or stop all forms of life sustaining interventions to keep you alive
- Arrange for and make decisions about the care of your body after death (including autopsy, organ donation, and what happens to your remains)

When should your Agent's authority become effective?

Your agent's authority becomes effective when your physician determines that you are unable to make your own health care decisions

Please make an "X" on the form to select one of the following:

- I understand and accept that my agent will become active when I can no longer make my own decisions, OR
- I prefer that my agent make decisions on my behalf immediately, even though I am currently able to make my own decisions

Note: if your agent is a spouse or domestic partner, the agent designation is revoked in the event of a dissolution, annulment, or termination of the marriage or domestic partnership.

Limitation on Your Agent's Authority

If you wish to limit your health care agent's authority, write below what health care decisions **YOU DO NOT** want your agent to make.

- No limits
- My agent may not do the following:

On the form, also write the names of any individuals, if any, who **YOU DO NOT** want to make health care decisions for you.

Your Values and Beliefs

This section lets you reflect on what quality of life and living well means to you. It serves as a foundation for your response to the rest of this document. Completing the **"Your Values and Beliefs"** section allows you to write down what is most important in your life. Take your time with these questions as they will help you to think through **Part 3** of this document.

It is important to understand and reflect on what matters most so you can make decisions in advance about your health care that match who you are. It is also important for your health care agent (decision maker) to understand your values and what matters most to you.

Share some things about yourself, such as what is most important in your life, what living well means to you, and what abilities you value. Also share how your belief system may influence your health care.

Check all that apply and use the space on the form to describe more.

① For me to live well, the following matter most to me

- ☐ Spending time and connecting with loved ones
- ☐ Making my own decisions
- ☐ Communicating meaningfully
- ☐ Being physically active
- ☐ Recognizing friends and family
- ☐ Being socially active
- ☐ Living independently
- ☐ Feeding myself without assistance
- ☐ Taking care of my personal hygiene (bathing, dressing myself)
- ☐ Living in my own home
- ☐ Working and/or volunteering
- ☐ Participating in hobbies or interests
- ☐ Honoring my spiritual beliefs and/or religion
- ☐ Other (say more below)
- ☐ It also matters to me that:

- ② This is WHY the choices I made in Question 1 matter to me. Share additional thoughts about what brings meaning to your life.

Think about what you value most. What does quality of life mean to you? These might feel like big questions, **but you already know more than you think**

- Why are these important to you?

- ③ Only answer if this is relevant to you. How does your culture, spirituality, religion, and/or belief system influence your health care decision? How important is this to you?

- It is important to me that:

Choosing Your Health Care Preferences

This section along with Part 2: My values and Beliefs describes your preferences to guide your doctors and health care agent to make medical decisions for you if you are unable to make your own health care decisions AND life sustaining interventions are needed to keep you alive. Choosing your Health Care Preferences might feel uncomfortable, but doing so while you are healthy gives you a voice for a time when you might not have one.

This document represents your health care preferences.

If you are unable to make your own health care decisions and life sustaining interventions are needed to keep you alive, you are asking your health care agent to represent your health care preferences as described below.

That decision will be made in partnership with your doctors and care team and they will consider your values and beliefs, your health care preferences, and your medical condition at the time decisions need to be made.

Note: By documenting your health care preferences in this directive, your health care agent and doctors can make decisions based on what you have written rather than guessing, assuming, or trying to remember. Discuss your preferences and your values and beliefs with your agent and doctors.

Life sustaining interventions include any medical procedures, devices or medication that will be used to keep you alive.

These interventions may or may not work, and they do not treat the underlying condition or cause of illness.

Life sustaining interventions include the following:

- **Cardiopulmonary resuscitation (CPR):** an attempt to restart the heart with chest compressions if your heart and breathing were to stop.
- **Ventilator:** a machine that breathes for you when your lungs are not working. A tube is inserted either through your mouth or an incision is made in your neck into your airway. The tube connects to the machine
- **Tube feeding:** also called artificial nutrition, is a medical treatment that provides liquid food (nutrition) to the body. This is done when a person cannot eat enough by mouth or they have problems swallowing.

- **Dialysis:** a machine that removes waste from your blood if your kidneys are not working.
- **Blood transfusions or use of blood products for treatments:** the process of transferring blood or blood products into your body through a narrow tube placed within a vein in your arm.

Now that you have learned about life sustaining interventions, consider the following (select as many abilities as you would like). Share your values and health care preferences with your agent. Talk about why your choices are important to you.

Make sure they will honor your wishes even if they might be different from their own.

Think about the following:

A I would decline or stop life sustaining interventions if I was not able to

- **Make my own decisions**
- **Communicate meaningfully**
- **Recognize friends and family**
- **Feed myself without assistance or tube feeding**
- **Take care of my personal hygiene (bathing, dressing myself)**
- **Engage with the community**

Based on your answers above, consider the following as you choose your health care preferences below.

Example #1: Your health care agent is being asked to make medical decisions for you because a serious medical event, illness or injury has left you unable to make your own decisions and life sustaining interventions are needed to keep you alive. Life sustaining interventions include: CPR, ventilator, tube feeding, dialysis, blood transfusions or blood products etc.

B Example #2: You have advanced dementia or severe brain damage that is not expected to get better. You are not able to function in a way that is acceptable to you

In the situation described, you may not have the ability to recognize yourself or your loved ones.

The doctors have told your agent and/or family that **you are not expected to recover these abilities**. Choose which of the following statements is true for you based on your values and beliefs:

- **I do not want any life-sustaining interventions.** I would either stop or not start life sustaining interventions
- **I would want life-sustaining intervention to start or continue,** as long as medically appropriate
- **I want a limited trial of life-sustaining interventions,** as long as medically appropriate. Typically, a trial is less than two weeks
- **My preferences for a trial period are because:**

Ⓒ **Example #3: You have a serious, progressing illness that is nearing its final stage that has left you unable** to function in a way that is acceptable to you. **Examples of a serious progressing illness may include heart, kidney, and lung disease.**

Based on your values and beliefs:

I do not want any life-sustaining interventions. I would either stop or not start life sustaining interventions

I would want life-sustaining intervention to start or continue, as long as medically appropriate

I want a limited trial of life-sustaining interventions, as long as medically appropriate. Typically, a trial is less than two weeks

- **My preferences for a trial period are because:**

- ⓓ Only answer if this is relevant to you.

If you want to add any additional health care preferences, or if you wish to limit any life sustaining interventions because of your cultural, religious, or personal beliefs, write these limitation(s) in the space on the form.

- **I want these interventions (or I do not want these interventions) because:**

Do you need another form?

If you currently have a serious, progressing illness that is nearing its final stage, please discuss completing a POLST (Physician's Orders for Life-Sustaining Treatment) document with your doctor or health care team.

After-Death Preferences

This section allows you to record your preferences for how you want your body to be treated after death and what your funeral, memorial or burial wishes may be. You can also document your preferences for organ donation. Recording your After-Death Preferences might feel difficult, but it will help your loved ones follow through on your wishes during an emotional time.

Documenting your preferences for what happens to you at death and after, will help the people closest to you honor what is most important to you.

Take some time to reflect on these statements and if it helps, you can refer back to **part 2: Your Values and Beliefs**

Remember: if you are struggling or don't have all the answers, document what you know and move forward.

- ① If you are at the end of your life, what do you want your loved ones to know that you would like around you (for example rituals, spiritual support, people, music, food, pets, etc):**

My preferences are

- ② After death, your preferences for how you want your body to be treated (funeral, memorial, burial, or any other religious or spiritual traditions) are listed below**

Please also include any prior arrangements (such as mortuary, cemetery, donation of your body to science) you may have made.

My preferences are

Preferences for organs, tissues, and/or body parts donation.

Choose one option for organ donation:

③ Upon your death, do you want to donate your organs, tissues, and/or body parts

Yes No

By checking the box above, and regardless of your choice in **Part 3:**

Choosing your Health Care Preferences for End of Life, do you authorize your health care agent to consent to any temporary medical procedure necessary solely to evaluate and/or maintain your organs, tissues, and/or body parts for purposes of donation?

Choose as many option as applies:

I want to donate my organs, tissues, and/or body parts for the following purposes:

- **Transplant**
- **Therapy**
- **Research**
- **Education**

Do you want to restrict your donation, tissues, and/or body parts as indicated below:

I would like to restrict....

No

I'm not sure

If you leave this part blank, it is not a refusal to donate your organs, tissues, and/or body parts. Your state-authorized donor registration should be followed, or, if none, your legally recognized decision maker listed in Part 1 may take a donation upon your death. If no health agent is named, you acknowledge that California law permits an authorized individual to make such a decision on your behalf.

Next Steps

Now that you have completed your Advance Health Care Directive (AHCD) use this checklist to ensure that you follow up on these last few steps

- **Give copies of your AHCD**

- To your **heart care agent** (decision maker), and alternate agent(s)
- **Bring to your next scheduled medical appointment**
- Keep **the original**

- **Discuss your AHCD**

- **Talk to your health care agent (decision maker)** about your values, beliefs, and your health care preferences. Use your AHCD to guide the conversation and make sure they feel able to perform this role
- **Be sure to let your loved ones, family, and/or close friends** know who you have chosen to be your health care agent and what your health care preferences are and why.

- **Take your AHCD with you**

- If you go to a hospital or nursing home, take a copy of your AHCD and ask that it be placed in your medical record

- **Review your AHCD regularly**

- **Decade-** when you start a new decade of your life
- **Death-** whenever you experience the death of a loved one
- **Divorce/marriage-** when you experience a divorce, marriage, or other major family change
- **Diagnosis-** when you are diagnosed with a serious health condition
- **Decline-** when you experience a significant decline or deterioration of an existing health condition, especially if you are unable to live on your own.

Remember: you can cancel or change ANY of your preferences in your AHCD at anytime.

As things change in your life or with your health, you can change who your health care agent (decision maker) is and what your medical preferences are. You must do so in writing and sign the new document, or you can inform your health care provider in-person.

ABOUT JANET BREWER



Focused on estate planning, gift planning and probate law since 1991

Janet Brewer has practiced California estate, gift planning, and probate law exclusively since 1991. She is a California certified estate planning and probate specialist – one of fewer than 200 practicing in Santa Clara County and fewer than 2,000 practicing in California (out of almost 200,000 lawyers statewide).

Advanced tax strategies for high net worth estates

Ms. Brewer specializes in preparing wills and revocable living trusts, administering estates and trusts, probating estates, forming family limited partnerships and limited liability companies, and establishing a wide variety of tax-sensitive trusts – including children's trusts, charitable trusts, and irrevocable life insurance trusts. She also prepares estate tax returns for decedents whose estates have more than \$5,000,000 of assets.

CREDENTIALS

Certified Specialist in Estate Planning and Probate Law

California State Bar Board of
Legal Specialization

LLM – Tax

Masters of Laws in Taxation,
Golden Gate University

MBA

MBA, Golden Gate University

JD

JD, University of Denver Law

California State Bar

Member, State Bar of California

Colorado Bar

Member, Colorado Bar Association

ABOUT JANET BREWER



Experience

Janet has served as an Instructor in the CFP (certified financial planner) program at UC – Santa Cruz and has taught estate planning for the UCSC Certified Financial Planner certificate program.

In September 2009, the California State Bar Board of Trustees selected her to serve a 3-year term as a member of the Executive Committee of the Solo and Small Firms Section of the State Bar. She was also elected to serve as a member of the Board of Trustees from 2014 - 2017.

Janet is also a member of STEP (the Society of Trust and Estate Practitioners), an invitation-only group of estate planning professionals who have special expertise in the area of international estate planning. She frequently prepares estate plans for foreign nationals who own property or live in the United States and for US citizens who own property abroad.

Prior to founding her estate-planning practice, Janet worked as a corporate attorney for a number of firms, including Corvus Systems, Hewlett-Packard, Hills Bros. Coffee, and Telebit Corporation.

She received her law degree from the University of Denver Law School and was admitted to the California Bar. She earned her MBA degree from Golden Gate University and received her Masters of Laws degree in Taxation (LLM - Tax) at GGU Law School in the summer of 2010.

HONORS & AWARDS

Avvo Rating: 10.0/10 - Superb

California State Bar Executive Committee, Solo and Small Firm Section

Society of Trust and Estate Practitioners

Northern California SuperLawyers since 2007

Founding Member, Wealth Counsel