



Advance Care Planning & Advance Directive by the Wisconsin Medical Society

ADVANCE CARE PLANNING GUIDE

There's no easy way to plan for future healthcare choices. It's a process that involves thinking and talking about complex and sensitive issues. The questions in this document will help in the advance care planning process. This is a guide for your own benefit; it's not a test and there are no right or wrong answers. It does not need to be completed all at once. You may use it to share your feelings with physicians or other healthcare professionals, your family and your friends. These conversations with those you love will help them make choices for you when you cannot make them yourself.

LOOKING BACK . . .

Who we are, what we believe and what we value all are shaped by experiences we have had. Religion, family traditions, jobs and friends affect us deeply.

- Has anything happened in your past that shaped your feelings about medical treatment?
- Think about an experience you may have had with a family member or friend who was faced with a decision about medical care near the end of life.
- What was positive about that experience?

•	What do you wish would have been done differently?	

HERE AND NOW . . .

- Do you have any significant health problems now?
- What kinds of things bring you such joy that, if a health problem prevented you from doing them, life would have little meaning?
- What short- or long-term goals do you have?
- How might medical treatment help you or hinder you in accomplishing those goals?

WHAT ABOUT TOMORROW?

- What significant health problems do you fear may affect you in the future?
- How do you feel about the possibility of having to go to a nursing home?
- How would decisions be made if you could not make them?

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WHO SHOULD MAKE DECISIONS?

An important part of planning is to appoint someone to make your healthcare decisions if you could not make them yourself. Many people select a close family member, but you may choose anyone you think could best represent you, as long as they are at least 18 years old and not one of your healthcare providers, or an employee of your healthcare provider, unless he or she is a close relative.

The person you appoint, should have **all** of the following qualifications:

- Can be trusted.
- Is willing to accept this responsibility.
- Is willing to follow the values and instructions you have discussed.
- Is able to make complex, difficult decisions.

It is helpful – but not required – to appoint at least one alternate person in case your first choice becomes unable or unwilling to represent you. It is best if only one person has authority at a time, but you can instruct your representatives to discuss decisions together if time permits.

WHAT FUTURE DECISIONS NEED TO BE CONSIDERED?

Providing instructions for future healthcare decisions may seem like an impossible task. How can anyone plan for all the possibilities? You cannot . . . but you do not have to. You need to plan for situations where you:

- become unexpectedly incapable of making your own decisions and
- it is clear you will have little or no recovery and
- the injury or loss of function is significant.

Such a situation might arise because of an injury to the brain from an accident, a stroke or a slowly progressive disease like Alzheimer's. To plan for this type of situation, many people state, "If I'm going to be a vegetable, let me go," or "No heroics," or "Don't keep me alive on machines." While these remarks are a beginning, they simply are too vague to guide decision-making. You need to completely describe under what circumstances your goals for medical care should be changed from attempting to prolong life to being allowed to die. In some situations, certain treatments may not make sense because they will be of no help, but other treatments will be of important benefit. Consider these three questions:

1.	When would it make sense to continue certain treatments in an effort to prolong life and seek recovery?			
2.	When would it make sense to stop or withhold certain treatments and accept death when it			
3.	comes?3. Under any circumstance, what kind of comfort care would you want, including medication, spiritual and environmental options?			
-	g these choices requires understanding the information, weighing the benefits and burdens our perspective, and then discussing your choices with those closest to you.			
First, ta writing	NEXT? It is you make sure that your choices are respected? It is about them with your family, friends, clergy and physicians, then put your choices in It. Information about putting your plans in writing, in an advance directive, is available from ealthcare organization or attorney.			
I need	to learn more about:			
I need	to ask my healthcare professional:			