

EXPLANATION BOOKLET

Things to know before you complete
your Advance Directive for Health Care



What to know about Oregon's Advance Directive for Health Care

In the event of a difficult health care situation, you want to be sure you and your loved ones are prepared to make important decisions about your medical care. By completing the Oregon Advance Directive for Health Care, you can be prepared.

What is the Oregon Advance Directive? It is a legal form that lets you:

1. Share your goals and wishes for your health care.
2. Name a person to make your health care decisions if you cannot make them yourself.

The form is a guide for your health care providers and loved ones in case you become so sick that you cannot speak for yourself.

We encourage every adult 18 years and older to complete an Advance Directive. This gives you time to consider all your options carefully, while you are well enough to make your own medical decisions.

*Please note: The Advance Directive does **NOT** cover financial matters.*

In this packet, you will find:

- A blank Oregon Advance Directive for Health Care. Once completed, this becomes your legal Advance Directive form.
- A blank My Advance Care Planner. The planner is **NOT** your legal Advance Directive. It provides further guidance for your family and medical providers. It is also a great guide as you complete the Oregon Advance Directive. Once it is completed, you can attach the planner to be a part of your Advance Directive.

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The Oregon Advance Directive gives you the choice to:

- Decide whom you wish to speak on your behalf about your medical care and guide decisions if you are unable to.
- Allow your health care representative to make decisions for you after speaking with your health care providers and considering the factors that are important to you.
- Give your preferences about:
 - » Treatments to try to keep you alive longer.
 - » Treatments that will keep you comfortable while you die naturally.

Your health care representative

The Oregon Advance Directive lets you choose someone to make health care decisions for you when you cannot. This person becomes your **health care representative** and is responsible for making decisions on your behalf.

If you do not choose a health care representative, the hospital will contact your next of kin to assign a decision maker for you based on Oregon law. That person is called a **surrogate decision maker**.

Your health care representative can help:

- Make decisions about medical treatments for you, like tests, medicine or surgery.
- Follow your wishes outlined in your Advance Directive form.
- Consent to an assisted living facility, hospital, hospice or nursing home, if needed.

How to pick a health care representative(s)

- You can appoint at least one health care representative or up to three: a primary health care representative, a first alternate and a second alternate.
- Choose someone you trust to make the right medical decisions for you in difficult situations.
- Choose someone who is able to advocate for you and follow your wishes.
- Choose someone who will take the responsibility seriously.
- Take time together to review the kinds of decisions they might make for you. Talk about your choices and the reasons they matter to you.

- Your health care representative does not have to be a family member if you do not want them to be.
- You may want an alternate health care representative in case your primary representative is unavailable when needed.
- It is important to share with your family who your health care representatives are.
- The person must be at least 18 years or older and should **NOT** be:
 - » Your health care providers (doctors, nurses, etc.).
 - » The people who own or operate the hospital, residential care facility or community care center where you are getting your care — unless you appointed them before you started getting services there.
 - » Employees and spouses of your health care providers from any hospital, residential care facility or community center where you are getting care.

About My Advance Care Planner

The My Advance Care Planner helps you share what quality of life means to you and choices to consider if you become very sick and unable to speak for yourself.

It can provide guidance to your loved ones who may have to make difficult medical decisions.

The planner can benefit you, your family and your doctors to discuss your preferences and guide you to complete the Oregon Advance Directive form.

- **The My Advance Care Planner is NOT your Advance Directive and is NOT a legal document.**
- You must also complete the Oregon Advance Directive, which is the legal form for the state of Oregon.
- The planner covers in more detail parts of the Oregon Advance Directive.
- The planner can be completed in addition to your completed Advance Directive form or in place of certain sections of the Advance Directive **only if** you attach the planner to your Advance Directive form.
- You can find a blank planner in this packet.

Outline of the Oregon Advance Directive for Health Care

The Oregon Advance Directive outline is shown below to help you understand what the form will contain. You can find a blank Oregon Advance Directive form in this packet.

Sections 1, 2, 5, 6, and 7 are about appointing your health care representative(s). Sections 3 and 4 allow you to provide instructions about your care.

For the Oregon Advance Directive form to be *legal* and *valid*, you **MUST** complete sections 1, 2, 5, 6 and 7. While sections 3 and 4 are not required, filling them out is strongly encouraged to help guide your health care providers and your health care representative(s) to the care you wish to receive. Whether you choose to complete or skip sections 3 and 4, we encourage you to complete the My Advance Care Planner to help you consider what matters most to you if you become sick.

Section 1. About me

Section 2. My health care representative(s)

Section 3. My health care instructions

- A. My health care decisions
 - a. Terminal condition
 - b. Advanced progressive illness
 - c. Permanently unconscious
- B. What matters most to me and for me
- C. My spiritual beliefs

(Section 1, 2, 5, 6 and 7)
REQUIRED

(Section 3 and 4)
ENCOURAGED
With or without My Advance
Care Planner

Section 4. More information

- A. Life and values
- B. Place of care
- C. Other
- D. Inform others

Section 5. My signature

Section 6. Witnesses (complete A or B, not both)

- A. Notary
- B. Witness Declaration

Section 7. Acceptance by my health care representative

Important next steps to take

Now it is time for you to carefully read and complete the legal Oregon Advance Directive for Health Care form. Below we included step-by-step instructions to help you navigate the form.

If you have questions or need further assistance, you may ask your health care provider or contact **Salem Health Spiritual Care at 503-561-5562**. The Spiritual Care team at Salem Health can help patients in the hospital with Advance Directives. There is also a resource section at the end of this handout with more information.

1. You must **sign and date** the Advance Directive form. (See section 5 of the Oregon Advance Directive for Health Care form.)
2. You must have two witnesses **OR** a notary sign and date the form. (See section 6 of the Oregon Advance Directive for Health Care.)
 - Your health care representative **CANNOT** act as your witness. The date you sign and the date the witnesses sign or the notary signs **MUST** match.
3. In order to accept the role, your health care representative(s) need(s) to also sign and date the form.
 - Have your health care representative(s) sign and date the form **AFTER** you and the witnesses OR notary have signed and dated the form. (See section 7 of the Oregon Advance Directive for Health Care.)
4. We have included an Advance Directive planner, called **My Advance Care Planner**, which includes questions to consider when thinking about your health care wishes. The planner covers parts of the Oregon Advance Directive in more detail.
5. The planner can be completed as an addition or substitute for sections 3B through 4B of the Advance Directive form **ONLY IF** you attach the completed planner to your Advance Directive form.
6. **If you have a disability** there are more steps you might want to take as you complete the form:
 - You may wish to consult people who work with people with disabilities. This includes, but is not limited to peers, trusted health care providers or legal experts.
 - If you live in a care facility, you can ask for help from an ombudsman.
 - You may want to include information about a caretaker or guardian who helps you with health care decisions now.
 - Share the assistance or accommodations you may need for daily living.
 - In section 3 of the Oregon Advance Directive, you may want to add types of care you do or do not want. You may wish to include the kinds of supportive care you already have in your life.

7. Share your wishes with your doctors, as well as any questions you may have about your health care choices.
8. Share your wishes outlined in your Advance Directive with your loved ones and your health care representative(s).
9. Keep the original form where it is easy to find. Also, make a copy of the form in case the original gets lost.
10. Give a copy of your Advance Directive to your health care representative(s), your primary care provider's office and the hospital.
11. Complete and carry a wallet card, included at the end of this booklet, to indicate you have an Advance Directive and where a copy is located.
12. If you enter a nursing home, have copies of your Advance Directive placed in your medical records, which are often different from where a hospital or provider's clinic keeps your records.
13. Your views may change over time. If your wishes and preferences change, complete a new Advance Directive. Think about reviewing your Advance Directive when any of the following occur:
 - A new decade of your life.
 - Death of a loved one or health care representative.
 - Disagreement between you and your health care representative.
 - Diagnosis of a serious illness.
 - Decline in your health or ability to live on your own has changed.
 - Divorce:
 - » If your ex-spouse or ex-registered domestic partner was your health care representative, their appointment as your health care representative is no longer valid.
 - » If you wish for your ex-spouse or ex-registered domestic partner to remain your health care representative after divorce, you need to complete a new Advance Directive.

It is very important to have a copy of your Oregon Advance Directive in your medical record.

Please email, mail or fax a copy of your Oregon Advance Directive to Salem Health Hospitals and Clinics – Health Information Management. It will be uploaded to your electronic medical record and be available to most of your health care providers and hospitals in the area. You may also upload a copy via your MyChart account.

Salem Health Hospitals and Clinics - Health Information Management
PO Box 14001
Salem, OR 97301
503-561-5750
Fax: 503-814-2728
HIMHospitalRecordsTeam2@salemhealth.org

If you have questions or need further information, you may ask your health care provider or contact the Salem Health Spiritual Care office at 503-561-5562. The Spiritual Care team at Salem Health can help patients in the hospital with Advance Directives.

Useful medical terms to know:

The following are medical terms and scenarios that you will come across in the Advance Directive form and when someone is very ill.

Artificial feeding and hydration with feeding tubes: A medical treatment to allow you to receive nutrition (food) and hydration (fluids) when you can no longer eat or drink by mouth. Artificial hydration is given through an IV, also known as an intravenous. Artificial nutrition occurs through a feeding tube.

Brain death: When all functions of the entire brain stop, including the brain stem, and become irreversible. Brain death is a legal, clinical and measurable condition. When someone is diagnosed as brain dead, they are dead even if machines are keeping basic functions of the body going.

Cardiopulmonary resuscitation (CPR): A treatment that tries to restart the heart and breathing in a person when both have stopped. If successful, this gives the medical team time to try to stabilize your condition. However, CPR alone cannot cure the condition that originally caused the heart to stop working. CPR can bruise or break ribs in some patients, if done with enough force. CPR may also include electric shocks and medications through the veins.

Coma: A deep state of unconsciousness because of a severe illness or brain injury. It is not brain death. Someone in a coma is alive but unable to move, talk, or react to their environment. An individual in such a state has lost their thinking and higher brain functions, is unable to follow simple commands, but retains basic functions like breathing and circulation. Spontaneous movements may occur and eyes could open in response to outside stimuli.

Comfort measures: Medical treatments that keep you comfortable if you are terminally ill. These may include pain medication, oxygen and/or any supportive measures to help control symptoms and comfort. It focuses on quality of life and comfort. You can receive comfort measures in any location, including at home.

Kidney dialysis: A procedure to clean your blood and remove fluid when your kidneys do not work. When your kidneys fail in an acute illness, sometimes you only need dialysis for a short time, but often, you are more likely to need dialysis for a longer period of time or permanently.

Do not resuscitate (DNR) order: Having a DNR means that if your heart stops and you do not have a pulse; and you stop breathing, your medical team would allow natural death to happen. With a DNR order, if your heart is working and you do have a pulse, your care team may still provide all treatments such as a breathing tube and breathing machine if you are sick and not breathing well enough to sustain life. If your condition worsens — even while you are on life support — and your heart stops, your care team will allow natural death. The medical team will keep you comfortable and will not attempt to restart your heart.

Feeding tube: A tube that goes through your nose or mouth to the stomach or surgically placed directly to the stomach to feed you artificially if you cannot get enough nutrition to sustain your life. Used when you have trouble swallowing, eating or drinking.

Hospice care: A service that provides an added layer of support to patients and families during the final stages of their incurable illness. Patients choose this care when they have six months or less to live with a terminal illness and wish to focus on comfort and quality of life outside of the hospital. You can receive this care in any setting, including a care facility or at home. Most medical insurance completely covers hospice care.

Life-support treatment: Any medical procedure, device or medication to try to keep you alive. This term includes but is not limited to CPR, ventilator (breathing tubes), medications, dialysis and artificial nutrition methods such as tube feeding. These treatments may keep you alive. They can be helpful or may cause more problems depending on the medical situation. Life-support treatment can interfere with the natural process of dying. The level of support a patient receives is a collaborative process between the patient and their medical team, based on individual preferences, goals and whether medically appropriate or not.

Palliative care: Specialized medical care focused on improving quality of life and relieving symptoms of people with serious illness. Palliative care helps answer questions someone may have about their medical condition and supports identifying goals and treatments that match someone's goals. It is appropriate at any point in serious illness and can be provided while you are receiving treatment meant to cure you.

Persistent vegetative state: A state of permanent unconsciousness caused by severe damage to the brain. An individual in this state can breathe without support. This state is considered permanent after a year with an extremely low chance of recovery.

Surrogate decision maker: When you become too sick to speak for yourself and have not appointed a health care representative, the hospital will approach your family and friends to assign a decision maker for you. They will do this in the following order: spouse (even estranged spouses if you are still legally married), adult children over 18 years of age, parents, siblings, other relatives, or any close friends you may have (including unmarried long-term partners).

Ventilator (breathing machine): A breathing machine that gives oxygen through a tube in your mouth and into your lungs, if you are not able to breathe on your own. If someone needs ventilator support for a longer period of time it may be necessary to surgically place a small tube, or tracheostomy, into the windpipe through the neck.

The POLST vs the Oregon Advance Directive

The POLST (Portable Orders for Life Sustaining Treatment) and the Oregon Advance Directive are two very different forms with a few similarities.

What are they?

- **The Oregon Advance Directive** is a legal form to express your wishes and name someone to make health care decisions for you.
- **Portable Orders for Life Sustaining Treatment (POLST)** is a medical order from a provider that records a person's wishes about whether or not they want cardiopulmonary resuscitation (CPR), to be sent to the hospital, admitted to the intensive care unit (ICU) or treated with comfort measures where they live during a medical emergency.

Similarities

Both the Advance Directive and the POLST forms allow you to document your health care preferences.

Differences

- The POLST is a *medical order* and the Advance Directive is a *legal document*.
- The POLST is a medical order filled out and signed by your health care provider with your input. You, along with your health care representative, two witnesses or a Notary Public sign the Advance Directive.
- Anyone 18 years or older can complete an Advance Directive. Only people with advanced illness or frailty can receive a POLST form.
- If there is a medical emergency and you cannot speak for yourself, the Advance Directive allows your health care representative to speak for you and voice your wishes to your medical team based on what you wrote in your Advance Directive. The POLST outlines medical orders to be followed by ambulance staff, hospital staff and your health care providers.

Learn more about the Oregon Advance Directive for Health Care

The Oregon Health Authority has a helpful website where you can find a link to the Advance Directive User Guide with more information and details about each section of the Oregon Advance Directive. **You can download extra copies of the Oregon Advance Directive for Health Care Form** in multiple languages:

oregon.gov/oha/PH/ABOUT/Pages/ADAC-Forms.aspx

Helpful Resources

Understanding Your Code Status

<https://youtu.be/dMPjpl0Aeao>

This Salem Health video link provides more information on something the hospital calls “code status” or how your care team should respond if your heart stops or you stop breathing unexpectedly. It provides specific information on cardiopulmonary resuscitation and a breathing machine.



The Conversation Project

theconversationproject.org

This website offers tools, guidance and resources on how to begin the conversation about care through the end of life with your loved ones.

Honoring Choices

honoringchoices.org

This website offers tools, resources and guidance to help adults understand advance care planning.

Five Wishes

fivewishes.org

An Advance Directive organization that also addresses desires for spiritual, emotional and personal care, in a clear and easy way to understand.

National Institute on Aging Advance Care Planning

nia.nih.gov/health/advance-care-planning-health-care-directives

Offers videos, free brochures, tools, guidance to understand advance care planning, and health care directives.

Oregon Long-Term Care Ombudsman:

oltco.org/oltco

A state agency to protect individual rights, promote independence, and ensure quality of life for Oregonians living in long-term care and residential facilities and for Oregonians with decisional limitations.

Long-Term Care Ombudsman

Phone: 800-522-2602 | 503-378-6533

ltco.info@rights.oregon.gov

Residential Facilities Ombudsman

Phone: 844-674-4567 | 503-378-6852

rfo.info@rights.oregon.gov

Oregon Public Guardian

Phone: 844-656-6774 | 503-378-6848

opg.info@rights.oregon.gov

Organ Donation

donatelifenw.org

If you are interested in donating organs when you die, you can declare your donor status when getting or renewing your driver's license and by registering through the donor registry found at Donate Life Northwest.

Body Donation

If you are interested in donating your body to science when you die, you can learn more at:

OHSU Body Donation Program

ohsu.edu/body-donation

Western University of Health and Sciences Body Donation Program

westernu.edu/body-donation-program

Educational Body Donation

educationalbodydonation.org

Wallet cards

Advance Directive wallet cards are provided for your use. Complete a wallet card and carry it with you. It contains all the information necessary for locating your advance directive and notifying your health care representative. Additional cards may be given to family members.

Four copies of a 2-sided wallet card. Cut out along dotted line.



<p>ADVANCE DIRECTIVE WALLET CARD</p> <p>Health care representative</p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____</p> <p>Alternative Health care representative</p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____</p>	<p>ADVANCE DIRECTIVE WALLET CARD</p> <p>Health care representative</p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____</p> <p>Alternative Health care representative</p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____</p>
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ADVANCE DIRECTIVE. I have made my final health care decisions

My name _____

Address _____

Phone _____

My advance directive can be found at:

Location _____

Address _____

Phone _____

My health care representative information is on the reverse side of this card →

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