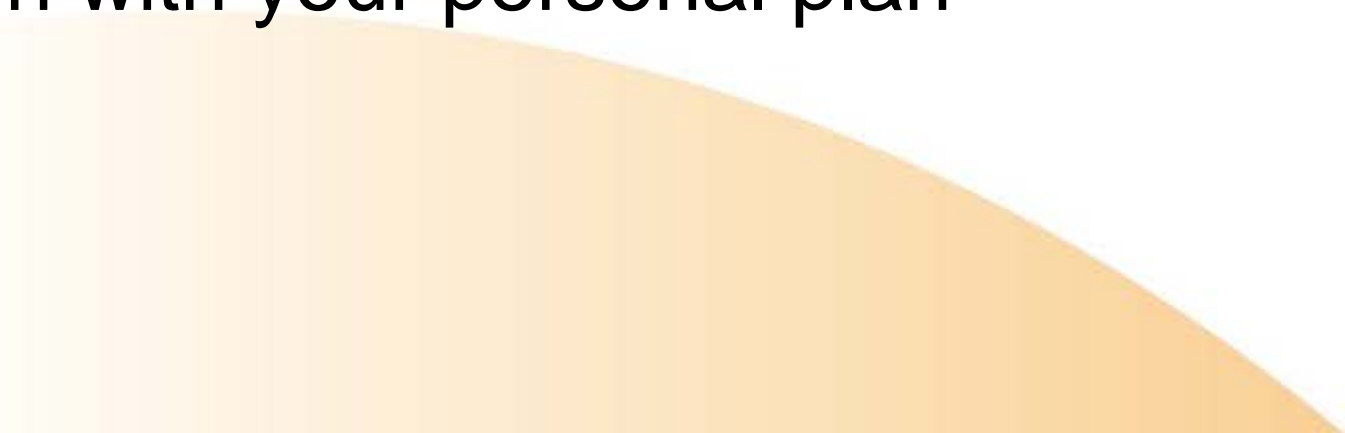


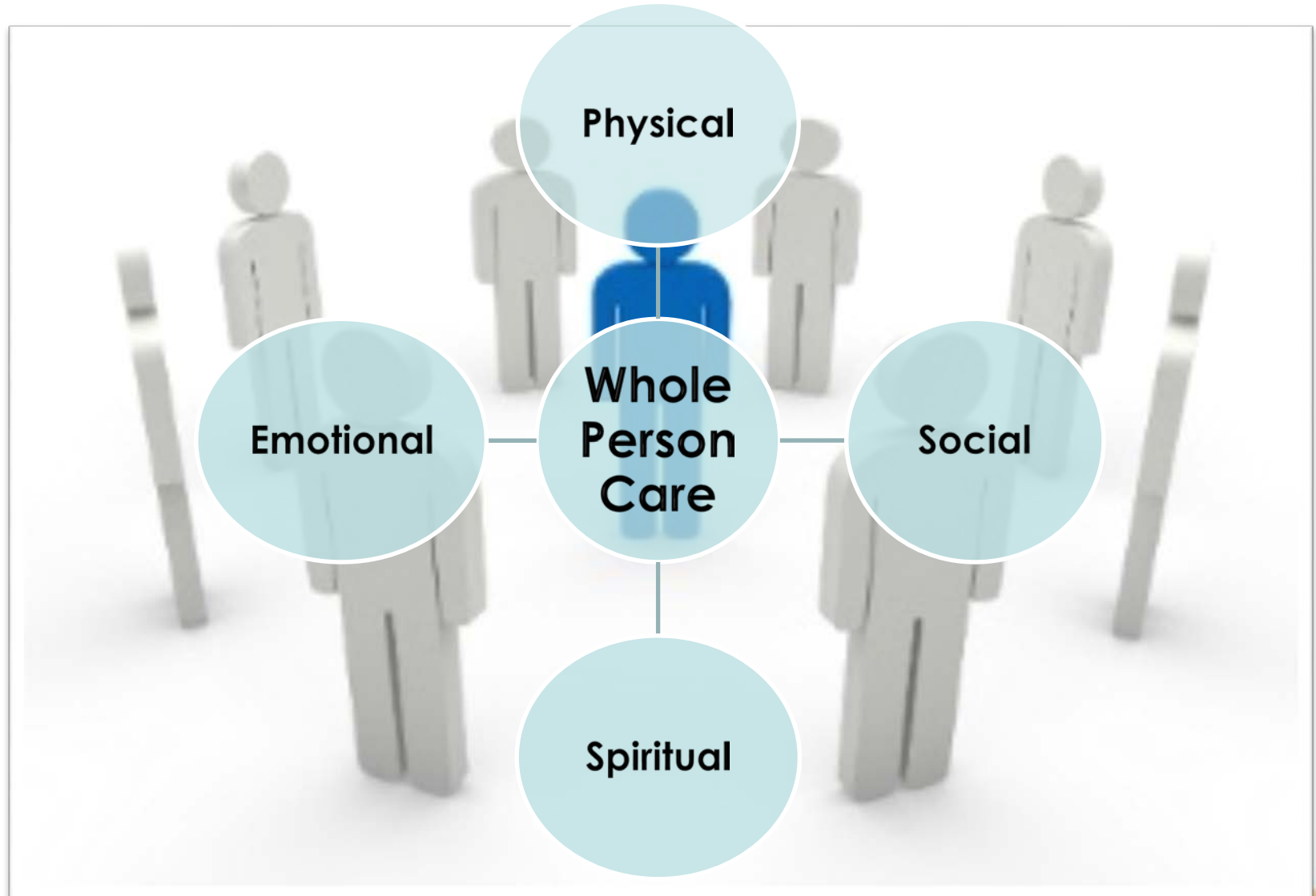
# **Advance Care Planning - A benefit for you and your family**

# Objectives

- Identify what good care looks like
  - Introduce concepts of advance care planning
  - Take action with your personal plan
- 



# What is Whole Person Care?



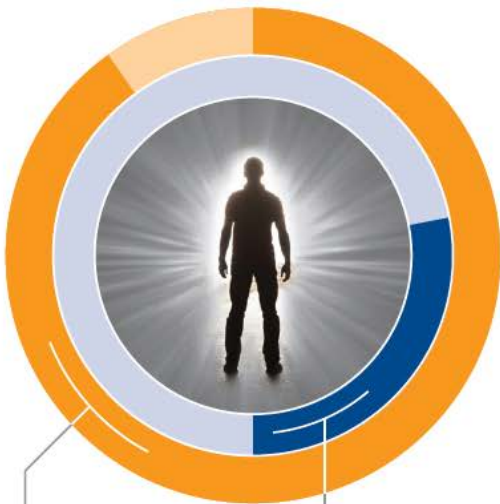


# Whole Person Care

- Physicians who have additional training in serious conversations
- A team of caregivers who focus on all aspects of the patient
- Respect for decisions made about care through the end of life

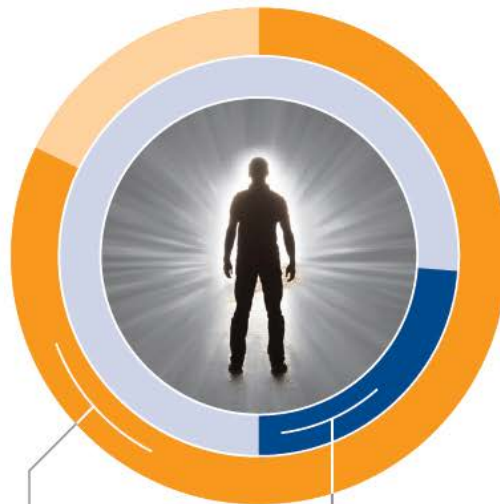


# Crucial Conversations



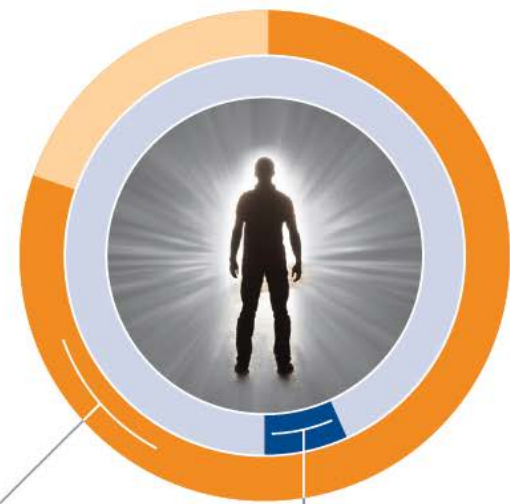
**90%**<sup>1</sup>  
of people think it's important to talk about wishes for treatment and care through the end of life.

**27%**<sup>1</sup>  
actually speak with a loved one about wishes for treatment and care.



**82%**<sup>2</sup>  
of people say it's important to put their wishes for treatment and care in writing.

**23%**<sup>2</sup>  
have actually put their wishes for treatment and care in writing.



**80%**<sup>3</sup>  
of people say that if seriously ill, they would want to speak with their doctor about their wishes for treatment and care.

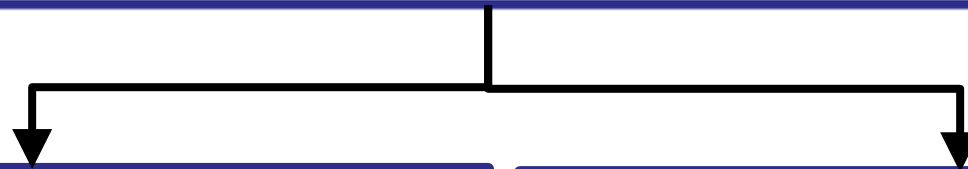
**7%**<sup>3</sup>  
of seriously ill people report speaking with their doctor about their wishes for treatment and care.

## **Advance Care Planning**

a conversation about what is important to the individual, the realities facing the individual and completing documents and arrangements

### **Advance Directive**

- A written document
- Explains what types of care you would want (or wouldn't want)
- Identifies someone you would like to speak for you if you are unable to speak for yourself (Proxy/Agent/Surrogate)
- Takes effect only if you can't express your wishes



### **Durable Power of Attorney for Health Care**

- You can use this form to name someone you trust to make health care decisions for you if you can't speak for yourself.

### **Living Will**

- Tells your health care provider what types of medical treatment you want (or refuse to have) if you are unable to speak for yourself.

# What Advance Directives are... and what they are not...

- Advance Directives ARE:
  - A Communication Tool
    - For assisting people in clarifying their values and preferences regarding health care in serious, potentially life-limiting conditions

# What Advance Directives are... and what they are not...

- Advance Directives are **NOT**....
  - Prescriptions
  - Plans of Care
  - Do Not Resuscitate Orders



# What Advance Directives are... and what they are not...

- Advance Directives ARE:
  - An Advocacy Tool
    - For helping people project caring for their family into an uncertain future
    - For people to assert their wishes for the care they will receive in the future

# Additional Definitions

- **Palliative Care:** specialized medical care for people with serious illness. Focuses on providing patients with relief from symptoms and stress and improve quality of life for patient and family.
- **Hospice:** focuses on relieving symptoms and supporting patients with a life expectancy of months, not years. Team-oriented, expert medical care, pain management and emotional and spiritual support.
- **POLST:** Physician Orders for Life-Sustaining Treatment. Provides instructions regarding specific, CURRENT, medical treatment.

# How to get the care you or your loved one needs

- Palliative Care
  - Contact your local hospital
  - Visit [Getpalliativecare.org](http://Getpalliativecare.org)
- Hospice
  - Services reimbursed through Medicare, Medi-Cal, commercial health insurance and managed care plans
  - Non-profit hospice does not deny hospice care for lack of insurance coverage or ability to pay

# 5 simple steps to completing an Advance Directive

1. Identify a surrogate (often called a Healthcare proxy) – someone to speak for you if you are unable
2. Think about your treatment wishes and your values and goals for care
3. Write down your wishes in an advance directive
4. Have two people witness you sign the advance directive OR sign the form in front of a Notary
5. Talk to your loved ones, caregivers and physicians about your choices

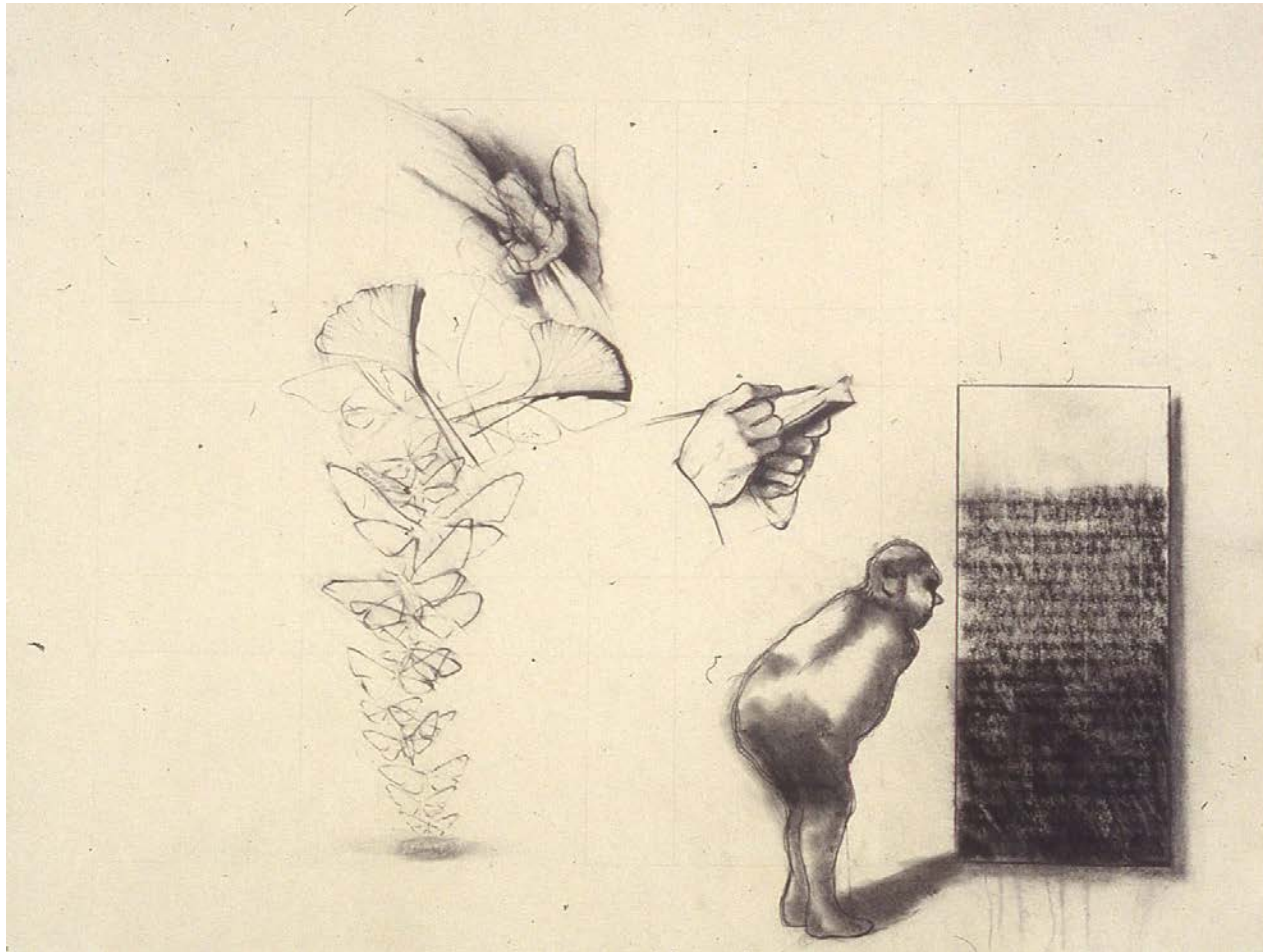
# Who cannot be a witness?

- Neither witnesses can be
  - Patient's healthcare provider or employees of patient's healthcare provider
  - Operator or employee of community care facility or assisted living facility
  - The agent named in the advance directive
- One of the witnesses cannot be
  - Related to patient by blood, marriage, adoption
  - Entitled to a portion of the patient's estate





# The Conversation Project



# The Conversation: How to start

## Here are some ways you could break the ice:

“I need your help with something.”

“Remember how someone in the family died – was it a ‘good’ death or a ‘hard’ death? How will yours be different?”

“I was thinking about what happened to... and it made me realize...”

“Even though I’m okay right now, I’m worried that \_\_\_\_\_, and I want to be prepared.”

“I need to think about the future. Will you help me?”

“I just answered some questions about how I want the end of my life to be. I want you to see my answers. And I’m wondering what your answers might be.”



# My Gift of Grace

What activities make you lose track of time?

In order to provide you with the best care possible, what three non-medical facts should your doctor know about you?

Your will is a list of things you will give away after you die. What gift would you be better off giving today rather than after your death?

When you think about care at the end of your life, do you worry more about:

- not getting enough care
- getting overly aggressive care?

Do you want your death to be announced on Facebook? If yes, by whom?



**Questions**

**Comments**

**Discussion**