

**“ Making Your
Health Care
Wishes Known ”**

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Making Your Health Care Wishes Known

No one likes to think about getting sick or being seriously injured. Even if you feel ready to talk about these issues, your friends and family may become very uncomfortable when thinking of you as anything less than healthy. While there may be many reasons to avoid having conversations about the kind of care you would want if you were ever seriously ill or injured, it is very important for you to think about and express your **preferences and values** for your care in case of the unexpected.

The process of making decisions about health care choices in case you get seriously ill or injured and communicating them to your loved ones and health care providers is called Advance Care Planning (ACP). This process includes:

- examining your values
- engaging in a conversation with your loved ones and doctor
- selecting a Patient Advocate
- stating and documenting your wishes for health care

This material explains why Advance Care Planning is important and how to begin the process.

Why should I talk with my loved ones and doctor about Advance Care Planning?

Discussing your values and concerns about your care with loved ones and your doctor will help you identify what matters most to you when you make your care preferences. While it might be hard to think about what care you would want, especially if you are feeling well, it will be a lot harder to think clearly during a time of crisis. Having these conversations now will put you and your family at ease and make sure your wishes are known and respected.



How should I prepare for conversations with my loved ones and doctor?

Before starting the conversation, take some time to think about what matters most to you, and what concerns you may have if you were to become seriously ill.

Examples include:

- What if I would recover physically but be unable to recognize my loved ones?
- What does quality of life mean to me?
- How important is it for me to be independent?

When you feel ready and comfortable, start the conversations with your loved ones and doctor. Be prepared to have several conversations.

Your preferences may change over time.

Whom should I talk to?

Talk to those who are close to you and who are most likely to be involved in decision making if you are very ill. Even if you have a close relationship with your loved ones, it does not necessarily mean they know what you want for future medical care.

While you cannot predict every possible situation, sharing your thoughts with your loved ones will help them understand what abilities are most important to you.

Some may find it helpful to talk about their values with a faith leader. It is also important to talk to your doctor and health care team about your preferences.

The most important person to talk to is the person you choose to make decisions for you in case you can't. This person is known as your **Patient Advocate**. Be sure to include that person in your conversations with your doctor and health care team.



Whom should I choose as my Patient Advocate(s)?

Choose someone that you feel confident will accurately represent your values and preferences. They will be asked to make complex decisions in difficult situations. Select someone you trust who is at least 18 years old. They do not need to be your spouse or a family member. It can be very challenging and overwhelming to try to know what you would want under every health circumstance. For this reason it is most important that your Patient Advocate has an understanding of your values and what makes your life worth living. You may also, if you wish, name an Alternate Patient Advocate in the event your first choice for Patient Advocate is no longer able or willing to serve.


What if my Patient Advocate and I disagree about preferences?

Your Patient Advocate is representing your values and preferences. It is their responsibility as the Patient Advocate to make the choices you would want, and not the choices that they feel are best.

What would I talk about with my family and doctor?

Focus the conversation more on your goals, values and concerns, and less about what specific treatments you would or would not want. Here are some tips to consider:

1. Ask your care team to explain where things stand with your health today and what the future may hold.
2. Let your care team and family know your goals and preferences, especially regarding end-of-life care.
3. Ask your care team what kinds of treatment make sense for you, based on your goals and preferences, especially if you experience a dramatic change in health.
4. Ask your care team who else you should talk to and when.



The following resources have practical advice and tips about starting the conversation and topics to think about:

- **Prepare for Your Care** – This tool helps people and their loved ones prepare for medical decision-making. Access at: <https://prepareforyourcare.org/>
- **The Conversation Starter Kit** – This form includes information and questions to help guide Advance Care Planning conversations. The form is available in English, French, Hebrew, Korean, Mandarin, Russian, Spanish and Vietnamese. Access at: <http://theconversationproject.org/starter-kit/intro/>

How would I make my wishes known to my Patient Advocate, family and care providers?

When you are ready, it is important to document your wishes so that they can be honored if and when the time comes. Advance Directive (AD) is a term that refers to the various forms used for Advance Care Planning, or making future health care decisions and communicating them to your doctor and loved ones.

The Durable Power of Attorney for Health Care (DPOA-HC)¹ is the only Advance Directive form that is considered legally binding in the State of Michigan. It is the most common one used in the state, but not the only version of the form that can be used.

It is important to know, in the State of Michigan, that the only legally binding item on Advance Directive forms is whom you choose as your Patient Advocate.

This means that while your health care team will make every attempt to provide care that is consistent with your wishes, they are **not required** to follow wishes if they are medically inappropriate. (They **are required** to contact the person named as your Patient Advocate to act on your behalf, if you are in a health care facility and unable to make decisions. The health care facility may not let any other person make health care decisions for you other than your designated Patient Advocate.)

Even after you complete an Advance Directive, **you can always go back and change your mind** about your care as situations or your preferences change. It is a good idea to look at your Advance Directive at least once a year to make sure the information is still correct.

¹http://www.rtl.org/action_center/pdfs/DPOA.pdf

What is a Living Will?

A Living Will is another type of Advance Directive. A Living Will provides general or specific information about a person's wishes and desires for care when they become terminally ill or permanently unconscious. This type of Advance Directive is not legally binding in the State of Michigan.

Where can I find Advance Directive Forms?

- **Saint Joseph Mercy Health System.** Access at:
<http://www.stjoesann Arbor.org/AdvanceDirectives>
- **State of Michigan.** Access at:
https://www.michigan.gov/documents/mdch/mdch_AdvanceDirectivesPamphlet_196639_7.doc
- **University of Michigan Health System.** Access at:
<http://www.med.umich.edu/pdf/adult/AdvanceDirectiveBooklet.pdf>
- **Veterans' Affairs Ann Arbor.** Access at:
<http://www.va.gov/vaforms/medical/pdf/vha-10-0137-fill.pdf>

This Advance Care Planning Guide is a collaborative effort of these entities



For inquiries about distribution of this guide, please contact:
Washtenawhealthinitiative@gmail.com