

Advance Directive

Patient Advocate Designation/Durable Power of Attorney for Healthcare



This document allows you to put your healthcare decisions in a written legal document and for you to designate a trusted person to carry out your decisions should you become unable to do so for yourself.

All competent adults are encouraged to have an Advance Directive, regardless of their health status. An Advance Directive ensures you stay in charge of your medical care.



MUNSON HEALTHCARE
Advance Care Planning

Table of Contents

Advance Directive General Instructions..... Page 5

Part 1: Designation of Patient Advocate..... Page 5-6

A patient advocate is a person you trust most to speak for you and to carry out your healthcare choices if you become too sick or unable to speak for yourself.

Part 2: Signatures..... Page 6

You must sign the form before it can be used. This requires two witnesses to your signature to assure you signed this voluntarily.

Part 3: Acceptance of Patient Advocate & Signatures..... Page 7

Your patient advocate must sign their name indicating they agree to be your Patient Advocate and to carry out your wishes.

Part 4: Life-sustaining Medical Terms..... Page 8

Describes some of the Life-sustaining medical treatments, such as mechanical ventilation, to help you understand your options.

Part 5: Make Your Decisions Known Page 9-10

Your patient advocate and healthcare team will not know what is important to you unless you tell them. Indicate your preferences for medical treatment, quality of life, and mental health treatment.

Frequently Asked Questions & Notes Page 11

Wallet Card



I HAVE AN ADVANCE DIRECTIVE

Name: _____ Birthdate: _____

My patient advocate: _____

Whose phone number is: _____

A copy of my Advance Directive can be found at:

My physician is: _____

My physician's phone number: _____

Specific Instructions:

Advance Directive

Patient Advocate Designation / Durable Power of Attorney for Healthcare

This document is for: _____ Date of Birth: _____

To my family, doctors, and all concerned with my care:

These instructions express my wishes about my healthcare. I want my family, doctors, and everyone else concerned with my care to act in accord with them. This document is to be treated as a durable power of attorney for healthcare.

General Instructions

This document identifies who I have designated as the person I trust most to carry out medical and mental health treatment decisions on my behalf if I become unable to make these decisions for myself. Under Michigan law, this person is referred to as my patient advocate(s). My patient advocate(s) may only act on my behalf if I am unable to participate in decisions regarding my medical or mental health treatment. If there is no patient advocate(s) willing or available to act on my behalf, I request that the instructions I have given in this document be followed and that this document be treated as conclusive evidence of my wishes.

My patient advocate shall have the authority to make all decisions and to take all actions regarding my care, medical, and mental health treatment including, but not limited to, the following:

- A. Having access to, obtaining copies of, and authorizing the release of any current medical information necessary to make decisions about my care.
- B. Employ and discharge physicians, nurses, therapists, and any other healthcare providers, and arrange to pay them reasonable compensation.
- C. Consent to or refuse any medical treatment related to diagnostic, surgical, or therapeutic procedures, including mental health treatment or other treatment of any nature on my behalf. I give my patient advocate(s) permission to withhold or withdraw including life-sustaining treatments and I understand that doing so could or would allow me to die

Part 1: Designation of Patient Advocate

I designate the following person my patient advocate:

Patient Advocate's Name

Phone Number

Designation of Successor Patient Advocate(s):

I appoint the following person(s), in the order listed, to be my successor patient advocate if my patient advocate does not accept my appointment, is incapacitated, resigns, or is removed. My successor patient advocate is to have the same powers and rights as my patient advocate.

Successor Patient Advocate's Name

Phone Number

Successor Patient Advocate's Name

Phone Number

Specific Instructions Regarding Medical Examinations

My religious beliefs prohibit a medical examination to determine whether I am unable to participate in making medical treatment decisions. I desire this determination to be made in the following manner:

Part 2: Signatures

It is my intent that anyone participating in my medical treatment shall not be liable for following the directions of my patient advocate that are consistent with my instructions.

It is my intent that the laws of the state of Michigan govern all questions concerning its validity, the interpretation of its provisions, and its enforceability. I also intend that it be fully applied wherever I am cared for.

I am completing this advance directive at my free will. I have not been required to complete this to receive medical treatment or care. I am at least eighteen years old and of sound mind. I understand that I have the right to revoke or change this document at any time, and in any manner.

Signature

Date

Witness Statement and Signatures

I declare that the person who signed above signed in my presence. I also declare that the person who signed appears to be of sound mind and under no duress, fraud, or undue influence and is not my husband or wife, parent, child, grandchild, brother, or sister. I declare that I am not the presumptive heir of the person who signed the previous page, the known beneficiary of their will at the time of witnessing, or a person named as the patient advocate. I also declare that I am not an employee of a life or health insurance provider for the person who signed, an employee of a health facility that is treating them, or an employee of a home for the aged where he or she resides and that I am at least eighteen years old.

Witness #1 Signature

Date

Witness #2 Signature

Date

Part 3: Acceptance of Patient Advocate & Patient Advocate Signatures

The patient advocate and any successor patient advocate must sign acceptance before they may act as patient advocate. I agree to be the patient advocate for _____ and I accept the individual's designation of me as their patient advocate. I understand and agree to take reasonable steps to follow the desires and instructions of the individual as indicated in the designation of patient advocate, and as we have discussed verbally. By signing below, I also understand and agree that:

- A. This designation shall not become effective unless the individual is unable to participate in medical treatment decisions.
- B. I shall not exercise powers concerning the individual's care, custody, mental health treatment, and medical care that the individual, if able to participate in the decision, would not have exercised on his or her own behalf.
- C. This designation cannot be used to make a medical treatment decision to withhold or withdraw treatment from a individual who is pregnant that would result in the pregnant individual's death.
- D. The individual and any patient advocate may revoke his or her designation at any time and in any manner sufficient to communicate an intent to revoke.
- E. A patient advocate shall act in accordance with the standards of care when acting on behalf of the individual and shall act consistent with the individual best interests. The known desires of the individual expressed or evidenced while the individual can participate in medical treatment decisions are presumed to be in the individual's best interest.

If I am unavailable to act after reasonable effort to contact me, I delegate my authority to the persons the individual has designated as successor patient advocate in the order designated. The successor patient advocate is authorized to act until I become available to act.

Patient Advocate Signature

Name: _____

Relationship to the individual: _____ Phone: _____

Signature Date

Successor Patient Advocate(s) Signature

Name: _____

Relationship to the individual: _____ Phone: _____

Signature Date

Name: _____

Relationship to the individual: _____ Phone: _____

Signature Date

Part 4: Medical Terms Associated with Life-sustaining Circumstances

Life-sustaining decisions can be overwhelming and, for some, may depend on the circumstances. Some health conditions can involve a wide range of the following life-sustaining interventions.

- **Mechanical Ventilation (also referred to as Mechanical Respiration)** - A machine that pumps air into your lungs and breathes for you. Mechanical ventilation involves placing a tube (called an endotracheal tube) into the windpipe through the nose or mouth (called intubation) attached to a machine (called a ventilator) that pushes air and oxygen into the lungs. People who need a ventilator are not able to breathe well enough on their own. Mechanical ventilation can be a temporary treatment for people suffering from a minor, but serious illness like pneumonia or a traumatic injury. A ventilator does not cure or fix any disease. People cannot talk, eat, or drink while receiving mechanical ventilation.
- **Cardiopulmonary Resuscitation (also referred to as CPR)** - A major, emergency medical procedure involving several medical techniques attempting to restart a person's heart that has stopped beating (referred to as cardiopulmonary arrest). CPR involves pressing hard on your chest to keep the blood pumping (called chest compressions), electric shocks attempting to get your heart beating into a regular rhythm (called defibrillation), mechanical ventilation, and putting strong medications in your veins. For people who are young and healthy, CPR will restart their heart in an estimated 10-15% of the time. For people who are elderly, frail, or who have advanced illness, CPR rarely works. CPR does not cure or fix any disease.
- **Do Not Resuscitate (also referred to as DNR)** - A DNR order only applies if your heart has stopped beating. This tells that you do not want CPR attempted, otherwise they are required to perform it. There are two types of DNR orders; DNR orders in a hospital (referred to as a Code Status) and DNR orders outside of hospital. People who do not want CPR typically want to avoid being kept alive artificially even if it means they might miss a change to live longer.
- **Dialysis** - A medical procedure that cleans your blood when your kidneys are not working. There are two types of dialysis: hemodialysis and peritoneal dialysis. During hemodialysis, a soft plastic tube or large IV is placed into your vein allowing blood to be pumped out of your body, into a machine to remove waste, and then returned to your body. During peritoneal dialysis, a soft plastic tube (called a catheter) is placed in your abdomen along with a cleansing fluid used to clean your blood.
- **Feeding Tube (also referred to as Artificial Nutrition)** - A tube used to feed you if you cannot eat on your own or if you cannot swallow well. The tube can be placed through your nose down into your throat and stomach (called a nasogastric tube (NG) or a Dobhoff tube. A similar feeding tube can also be placed by surgery into your stomach (called a percutaneous endoscopic gastrostomy (PEG tube). When people cannot swallow well, contents in their mouth can go into the lungs (called aspiration). Feeding tubes do not prevent aspiration.
- **Chemotherapy** - A treatment that uses powerful medications to kill fast-growing cells in your body. Chemotherapy is most often used to treat cancer. Chemotherapy can have a wide range of side effects.
- **Antibiotics** - Medications that treat bacterial infections like strep throat and urinary tract infections. They treat a wide range of infections in many different parts of your body. They can cause side effects like diarrhea, and they do not work to treat viral infections like a cold or flu.

Talk with your healthcare provider if you have question about life-sustaining treatments

Part 5: Making Your Decisions Known

Medical Treatment Decisions

In the event I am unable to make my own medical treatment decisions, this form will provide a guide for my patient advocate and the healthcare team caring for me. If I were to have an irreversible/terminal condition or a reversible/short-term condition, my patient advocate is to be guided in making decisions for me based on my choices below.

Irreversible / Terminal Condition		Reversible / Short Term Condition
<input type="checkbox"/> I do want <input type="checkbox"/> I don't want	Mechanical Respiration	<input type="checkbox"/> I do want <input type="checkbox"/> I don't want
<input type="checkbox"/> I do want <input type="checkbox"/> I don't want	CPR	<input type="checkbox"/> I do want <input type="checkbox"/> I don't want
<input type="checkbox"/> I do want <input type="checkbox"/> I don't want	Feeding Tubes	<input type="checkbox"/> I do want <input type="checkbox"/> I don't want
<input type="checkbox"/> I do want <input type="checkbox"/> I don't want	Kidney Dialysis	<input type="checkbox"/> I do want <input type="checkbox"/> I don't want
<input type="checkbox"/> I do want <input type="checkbox"/> I don't want	Chemotherapy	<input type="checkbox"/> I do want <input type="checkbox"/> I don't want
<input type="checkbox"/> I do want <input type="checkbox"/> I don't want	Antibiotics	<input type="checkbox"/> I do want <input type="checkbox"/> I don't want

Quality of Life

I understand that quality of life differs for each person. Some people are willing to live through a lot for a chance of living longer while others would rather focus on comfort even if it means they have a shorter life. The information below provides a guide to my patient advocate about whether the circumstance would be hard, or not hard, on my quality of life.

Not hard on my quality of life		Hard on my quality of life
	I am in a coma and not able to wake up or talk to my family and friends	
	I am not able to recognize my family or loved ones	
	I will need to live the rest of my life hooked up to machines	
	I am not able to think clearly and am confused most of the time	
	I am not able to bathe or dress myself independently	
	I am not able to live on my own and will need to live in a nursing home	
	I am having constant discomforts such as pain, diarrhea, or nausea	
	I am not able to go to social activities, such as church, shopping or the park	
	My care needs are significant and cause a financial burden on my family	
	I need to rely on others to feed me each meal	
	I am not mobile and will lie in bed most of the time	
	I am not able to eat foods by mouth and need to be fed by a feeding tube	

Additional Instructions

If you have any additional instructions related to how you wish to be cared for, please write them in the space below. For example, you may wish for hospice to provide medical, emotional, and spiritual care for you and your loved ones when you are at the end of your life.

Regardless of my choices, I understand that comfort measures to relieve pain will be provided, even pain that may occur because of withholding or withdrawing treatment.

Mental Health Treatment

In the event I am unable to make my own decisions about mental health treatment, this form will guide my patient advocate and the healthcare team caring for me. By choosing YES next to the option, I give my patient advocate power to consent to that treatment; by choosing NO next to the item, I do not give my patient advocate power to consent to that treatment.

1. Yes No Outpatient mental health therapy. If I need outpatient therapy, I prefer it to be provided by:
_____.
2. Yes No My voluntary admission to a hospital to receive inpatient mental health services. I have the right to give a three-day notice of my intent to leave the hospital.
3. Yes No Psychotropic medication (psychiatric medicine).
4. Yes No Electro-convulsive therapy (ECT). ECT is a medical treatment most used in individuals with severe major depression or bipolar disorder that has not responded to other treatments. ECT involves a brief electrical stimulation of the brain while the individual is under anesthesia.
5. Yes No Placement into a community living facility which provides rehabilitation services to persons with a mental illness to learn, maintain or enhance community living skills.
6. Yes No Seclusion and restraints for my safety and/or the safety of others.

Frequently Asked Questions

What happens if I do not have an Advance Directive?

The Munson Healthcare team will follow their policies on healthcare decision making for people who cannot make decisions for themselves and who do not have an advance directive. Many times, they can lean on your family to tell them what decisions you would make if you could. Other times, they will lean on the courts to decide for you or appoint a guardian.

What if I change my mind?

You can always change your mind and having an advance directive will not take away your ability to do so. Changes can be made at any time, verbally or in writing.

What do I do with my document once it is completed?

You keep the original and put it in a safe place in case you ever need it in the future. Make copies and give one to your patient advocate(s), your family, your medical care team, and the hospital closest to you.

- To get a copy of your Advance Directive to Munson Healthcare, chose one of the following options. Mail a copy to Munson Healthcare, Attn: HIM Department; 1105 Sixth St., Traverse City, MI 49684, or
- Email it to MMC-HIM-AMD@mhc.net. Please include your name, address, birth date, and telephone number in the email if we need to contact you.
- Drop one off a copy any one of the Munson hospital’s main lobby or registration desks and they will forward it to medical records on your behalf.

Keep in mind that your decisions may change as your circumstances change and as you age. Munson Healthcare encourages you to review your advance directive periodically and make updates as things change.

Advance Directives are part of the Advance Care Planning process and ensure you stay in charge of your medical care. Talk with your healthcare provider about Advance Care Planning or visit the website at munsonhealthcare.com/acp.

Notes



munsonhealthcare.com/acp