



Advance Care Planning

Peace of Mind Is Planning Ahead

Guide to Completing Your Advance Care Directive

Advance Care Planning is for every adult. It is thinking about the type of healthcare you would and would not want in the future if you had a sudden or terminal illness and could no longer make your own decisions. Advance Care Planning can help you think about these “what ifs,” consider what care is best for you, and then document your wishes in a Healthcare Power of Attorney and Advance Directive. Advance Care Planning can be the greatest gift you can offer your family to minimize conflict and confusion and give peace of mind during a difficult time.

Imagine you are in the intensive care unit of a hospital following a serious accident or injury or imagine you’ve just suffered a major stroke or heart attack. Despite the best medical care, your doctors believe you may not survive; or if you do live, you will not be able to recognize or interact with your family and friends. Would your loved ones know your preferences for care?

Advance Care Planning can help you think about your personal goals and values, as well as your religious or cultural beliefs. These things might influence your preferences for medical care. We encourage you to write these preferences down through Advance Directives which includes a Healthcare Power of Attorney and Living Will documents.

There are six (6) common steps to this process. While we strongly recommend that you complete all the steps, the ultimate choice is yours to complete any or all steps related to your future care.

1. Identify and document your Medical Decision Maker, also known as a Healthcare Power of Attorney (HC POA).
2. Think about your values and beliefs and determine what medical treatments you would want in the event of a severe or life-limiting illness.
3. Based on this, document your wishes in an Advance Directive/Living Will Declaration.
4. Think about and document any additional wishes in your Advance Directive.
5. Discuss your decisions with your Medical Decision Maker/Health Care Power of Attorney, loved ones, and healthcare providers.
6. Make your documents legal by signing them and having two witnesses sign.

For more information these six (6) steps are discussed in more detail here:

1. Identify your Medical Decision Maker/Healthcare Power of Attorney

There are two types of Power of Attorney:

- **Healthcare Power of Attorney (HC POA)** is the person you select to make healthcare decisions for you if you are unable to make your own decisions due to illness or injury, and
- **Financial Power of Attorney** is the person you select to handle financial matters and decisions on your behalf.

Your HC POA may be asked to make decisions about the type of medical care you would or would not want. These may include decisions about cardiopulmonary resuscitation (CPR) and being placed on a breathing machine; surgery; receiving blood, antibiotics, or dialysis; being given food and fluids artificially. It may also include making decisions about stopping these treatments if they have been started and are no longer helpful.

When you select your HC POA, you are not permitting them to make financial decisions for you. This HC POA is chosen specifically for your healthcare decisions when you are no longer able to make them for yourself.

If you do not select an HC POA in the state of Louisiana, there is a specific order required by law indicating who your decision-maker will be. This only goes into effect if you are unable to communicate your healthcare choices. The order for determining who your HC POA will be is:

1. Judicially appointed guardian of medical decisions if one has been appointed
2. Patient's spouse- not judicially separated
3. Adult children of the patient*
4. Parents of the patient
5. Siblings of the patient*
6. Ascendants or descendants of the patient

**A majority is required to make decisions.*

We recommend selecting an alternate HC POA if your primary HC POA is unable to make your healthcare decisions. Your alternate HC POA can also provide support to your primary HC POA.

Often, family members are good choices for HC POA, but not always. Healthcare decision making can be stressful. Selecting the right person for this is important. Sometimes a friend, partner, clergy person, or coworker might be the right choice. It is important that you choose individuals who will speak up for you and honor your decisions - even during difficult or stressful times.

Your HC POA cannot be:

- Your healthcare provider
- An employee of your healthcare provider unless s/he is your close relative

Once you identify your HC POA(s), you should speak with them and be sure they are willing to:

- Accept this role
- Speak with you about your values, goals, and priorities
- Honor your decisions, even if they do not agree with you
- Be available to make decisions at difficult times and under pressure

2. Think about your values and beliefs and determine what quality of life is important to you.

Everyone has a different idea about what “living well” means to them, what makes life meaningful and joyful. In the same way, there could be some medical treatments or situations you might find overly burdensome. We ask that you think about your values and healthcare goals. There are no right or wrong answers. Knowing what is important in your life might help you think about the type of medical care that is best for you.

3. Based on this, document your wishes in an Advance Directive/ Living Will Declaration

Now that you have reflected on what matters most to you, consider your preferences for Life-Sustaining Procedures if you are not going to survive.

The Living Will Declaration allows you to direct that Life-Sustaining Procedures be withdrawn.

Sometimes for a person with a terminal or very serious illness, a Life-Sustaining Procedure only prolongs the dying process. This could include the administration of cardiopulmonary resuscitation or the use of a breathing machine.

You may be asked whether you would like to receive nutrition “artificially.” This may be either by an IV or a tube in your mouth or stomach. Nutrition is necessary for life and is usually recommended except in situations where it offers no benefit or may impose an excessive burden, as determined by you or your HC POA in consultation with your physician. Examples of too much burden would be when your body cannot handle the feedings, or you develop pneumonia caused by feedings, recurring feeding tube infections, difficulty keeping a tube in place, or imminent death. Treatments to keep you comfortable are always provided.

4. Think about and document any additional wishes.

Imagine a time in the future when you:

- a. Might suffer a sudden and unexpected illness or injury and you are not expected to ever be able to recognize family and friends or interact with them.
- b. Might be elderly, frail, and nearing the natural end of life
- c. Have been told you have an end-stage life-threatening disease and there are no helpful treatments.

If no additional wishes come to mind, that is okay. Fill out only what you are comfortable completing.

If you have spent time thinking about your end-of-life care, you may also have questions to ask your healthcare provider. Write them down and ask them during your next visit.

You may have preferences for what happens to your body after you die as well as your funeral services. You may also have preferences about Organ donation. Be sure to talk to your family about your wishes.



5. Discuss your decisions with your Medical Decision Maker/ Healthcare Power of Attorney, loved ones, and healthcare providers.

Most importantly, once your documents are complete, you should:

1. discuss your decisions with your Medical Decision Maker/HC POA. Unless you talk with your HC POA, they may not know your healthcare goals and be able to follow your instructions. These conversations can guide them if they ever need to make medical decisions for you.
2. Talk with your family members and those who are important to you, if you have a serious illness or injury. Make sure they know who your Health Care Power of Attorney is and what your preferences are.

6. Make your documents legal

General Guidelines:

1. Provide your information as requested on the top of the first page and write your name, date of birth, and the date you complete the document on the bottom of the other pages in case the pages become separated.
 - a. You can leave them in the booklet or take them to have them scanned into your medical record in the hospital, at your physician's clinic or by uploading to MyChart.
2. If you need additional space to document your thoughts and instructions, you may attach additional pages.
3. You must sign, print your name, and date each of the documents you complete in the presence of two witnesses who will also sign the document. These witnesses must be 18 years of age or older and not related by blood or marriage, nor stand to gain financially in the event of your death.
4. Louisiana State law does not require you to have this document notarized, however If you select someone to be your HC POA that might surprise your family, we encourage you to have the form notarized.
5. Keep the original copy of your Advance Directive. It is recommended that you keep your documents in your home where they can be easily found.
6. Share a copy of your Advance Directive with:
 - a. Your healthcare providers to place into your medical record
 - b. Your HC POA / agent(s)
 - c. Your family and friends who might be involved in your care

Beginning This Important Discussion

When you are ready to have the conversation, here are some words you may find helpful to begin the discussion about this topic:

- This is not easy to talk about, but if I get sick or have an accident and cannot make medical decisions on my own, I want to tell you what is important to me so that you can be my voice.
- I need to think about the future, will you help me?
- Even though I am okay right now, I want to prepare if something happens in the future and I can't speak for myself.

Routinely review your documents to ensure they reflect your current preferences.

It's important to know that you can change your document at any time. If your end-of-life goals or preferences change you can destroy this document and create a new Advance Directive. If there are multiple Advance Directives, the most recent one is the legal version.

It is recommended that you review these documents whenever any of the following occur:

- Decade: when you start a new decade in your life
- Death: whenever you experience the death of a loved one
- Divorce: when you experience a divorce or other significant family change
- Diagnosis: when you are diagnosed with a serious health condition
- Decline: when you have a decline or worsening of an existing health condition



Advance Care Planning: Terms to Know

Artificial Nutrition and Hydration

Food or fluids provided through an IV or a tube inserted in your mouth, nose, or stomach when you are not able to eat or drink.

Code Status

Terms your doctor and nurses use to describe what may be done when a person's heart and lungs stop working.

- **Full code** - CPR will be attempted
- **DNR (do not resuscitate/allow natural death)** - CPR will not be attempted, but other medical treatments can be provided. Death will be allowed to happen naturally.

Comfort Focused Treatment

The focus of care is on comfort and dignity. Comfort focused treatment may include giving medicine and/or oxygen for relief of pain or other symptoms. Comfort focused treatment does not include measures meant to extend life, such as using a breathing machine or artificial nutrition and hydration. Comfort focused treatment is typically provided in a community setting or home rather than the hospital.

Hospice

A team of professionals and volunteers who focus on comfort and dignity as a person nears the end of life. The focus of the hospice team is on the patient's quality of life. The hospice team addresses the patient's physical, emotional, and spiritual concerns with a terminal illness and approaching death. Hospice also provides support to the family. Hospice can be provided in your home or a community healthcare facility such as a nursing home, long-term care facility, or a free-standing hospice center.

LaPOST (Louisiana Physician Orders for Scope of Treatment)

A LaPOST document is a portable medical order that outlines specific medical care decisions for a person with a serious advanced illness who is nearing the end of their life. The document is developed by the person with a serious advanced illness, or their health care representative, and their healthcare provider. A LaPOST document is honored in all care settings and by emergency medical responders.

Palliative Care

A team of health care professionals specializing in the care of persons with serious illness. Palliative care focuses on providing relief from the symptoms, pain, and stress of a serious illness and providing support for making medical decisions. The goal of palliative care is to improve the quality of life for both the patient and the family. The palliative care team works in conjunction with a person's physicians to ensure the best care possible.

Honoring My Care Decisions

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Full Name: _____ Date of Birth: _____

Address _____ City: _____ State: _____ Zip code: _____

Phone#: _____ Phone#: _____ Email: _____

(Cell / Home / Work)

(Cell / Home / Work)

Healthcare Power of Attorney (Agent)

I _____, am a person of the full age of majority and a resident of the Parish of _____, State of Louisiana.

I appoint, name, and authorize the following, hereinafter referred to as "Agent," to be my agent(s) and attorney-in-fact, giving the Agent full power and authority to make healthcare and medical decisions on my behalf, including, but not limited to, healthcare and medical decisions related to surgeries and procedures; medical treatments; medical examinations/evaluations; medical tests; hospitalizations and other confinements to medical, healthcare and/or nursing home facilities; and administration of medications and prescription or other drugs or substances, but only to the extent such are recommended by a duly licensed physician. I waive any and all restrictions on access by my Agent(s) to my health records under the Health Insurance Portability and Accountability Act or other statute.

Primary Agent:

Name: _____ Relationship: _____

Phone#: _____ Phone#: _____ Email: _____

(Cell / Home / Work)

(Cell / Home / Work)

Address _____ City: _____ State: _____ Zip code: _____

If the Primary Agent is not able or willing to make my healthcare decisions, then the following person is my next choice:

Secondary Agent: ___Not Applicable

Name: _____ Relationship: _____

Phone#: _____ Phone#: _____ Email: _____

(Cell / Home / Work)

(Cell / Home / Work)

Address _____ City: _____ State: _____ Zip code: _____



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This power of attorney shall not terminate upon my disability, infirmity, incompetence or incapacity, but rather it is my specific intention to authorize and direct my Agent(s) to carry out the power of attorney granted to my Agent(s) hereunder in such event, notwithstanding such disability, infirmity, incompetence or incapacity.

In the event that one of the Agents specified above dies or resigns as Agent, the remaining Agent shall have full authority to act.

Your Signature

Print Your Name

Date

Witness 1 Signature

Signature

Print Name

Date

Witness 2 Signature

Signature

Print Name

Date

This HC POA document is valid once all three signatures lines above are complete.

Signature of Agent indicating acceptance of Healthcare Power of Attorney role (optional):

Primary Agent:

ACCEPTED: _____
Primary Agent Signature

DATE: _____

Secondary Agent:

ACCEPTED: _____
Secondary Agent Signature



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Honoring My Care Decisions

Peace of Mind is Planning Ahead

Full Name: _____ Date of Birth: _____
 Address _____ City: _____ State: _____ Zip code: _____
 Phone#: _____ Phone#: _____ Email: _____
 (Cell / Home / Work) (Cell / Home / Work)

Advance Directive/Living Will Declaration

I, _____, believe that my life deserves to be treated with dignity.
 I desire that my dying shall not be artificially prolonged under the circumstances set forth below.

If at any time:

1. I have an incurable injury, disease, or illness, or am in a continual, profound comatose state with no reasonable chance of recovery

AND

2. My doctor and one other doctor examine me and indicate that I have a terminal and irreversible condition and death will occur whether or not life-sustaining procedures are utilized, or life-sustaining procedures would serve only to artificially prolong the dying process, then, I direct the following instructions be followed.

Check one of the following:

____ That all life-sustaining procedures be withheld or withdrawn, **including** the provision of artificial nutrition and hydration. Focus on making me comfortable and allow natural death.

OR

____ That all life-sustaining procedures be withheld or withdrawn, **except** nutrition and hydration. If the invasive administration of nutrition and hydration is excessively burdensome as determined by my physician, Healthcare Power of Attorney, or other legal decision maker, it may be withdrawn.

In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this declaration shall be honored by my Healthcare Power of Attorney, other legal decision maker, family and/or physician(s) as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

Under Louisiana Law, two witnesses must verify your signature and the date. These witnesses must be 18 years of age or older and not related by blood or marriage, nor stand to gain financially in the event of your death.

This document states my wishes about my future healthcare decisions.

_____	_____	_____
Your Signature	Print Your Name	Date

I certify that I am at 18 years of age or older and not related by blood or marriage, nor stand to gain financially in the event of the death of the person completing this document.

Witness 1 Signature

_____	_____	_____
Signature	Print Name	Date

Witness 2 Signature

_____	_____	_____
Signature	Print Name	Date

***Notarization of your Advance Directive Document is optional in Louisiana. ***



Honoring My Care Decisions

Peace of Mind is Planning Ahead

Full Name: _____ Date of Birth: _____

Advance Directive/Additional Questions

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Signature: _____ Date: _____



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Thinking about this can be overwhelming, but we are here to help you. An Advance Care Planning facilitator can help you think through your goals and values and assist you in selecting your Healthcare Power of Attorney and completing your Advance Directive. If you are in the hospital Pastoral Care is available to help you.

*Schedule an appointment with an
Advance Care Planning facilitator today.*

Toll Free: (833) 526-6050

Baton Rouge area: (225) 526-6050

Go to our website or MyChart for more information

<https://fmolhs.org/advancecareplanning>

<https://fmolhs.org/mychart/>

