My Life Choices

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My Life Choices

Introduction

You or a loved one has arrived at an important point in life: Either you or someone you love has suffered a sudden, unexpected medical emergency or has been diagnosed with a life-limiting illness. Often, these situations leave families struggling to make end-of-life treatment choices without input from or knowledge of what their loved one would have wanted.

At Trustbridge, we are passionate about helping patients and their families navigate through this often difficult and confusing time. Since 1978, we have helped more than 200,000 families in Palm Beach and Broward counties who have faced serious illness. Caring for patients and their families is our passion.

We know that healthcare decisions, especially while someone is facing a medical emergency or serious illness, can be difficult and cannot be made lightly. The team at Trustbridge can help you find the pathway that is best for you and your loved ones. The greatest gift you can give yourself and your family is to think about and then document your choices in advance. Choices begin with gathering information about possible care and treatments, followed by thoughtful examination of personal beliefs, feelings and wishes about those care options. The content in this booklet is designed to assist you in making these choices.

Things to Consider When Making Choices

Understand Medical Terms: In order to make a choice about anything in life we need to know as much as possible about options. Refer to the glossary in the back of this booklet and/or ask your healthcare provider if you have any questions.

Spiritual Beliefs: Considering your spiritual or religious beliefs, how do you view death and dying? Do your spiritual beliefs affect your decisions about your care and treatment for the rest of your life when you experience a life-limiting condition?

Quality of Life: What is quality of life to you? According to your beliefs and desires, does quality of life play a part in your decisions to limit or continue treatments when your condition is terminal? Are there specific activities that you would need to be capable of for life to have meaning? Would you need to be capable of certain mental processes for life to have meaning?

Life Support: What does "life support" mean to you? Are there certain treatments you may wish to receive? Are there certain treatments you may wish to avoid? Are those treatment decisions dictated by your condition or your quality-of-life standard?

Consider if you are seriously ill, what would be the most important...

When it comes to knowing about your condition and prognosis?

Give me just the basics. OR I want to know everything.

Don't tell me how long I have to live. OR I need to know how much time I have.

OR _____

Regarding your information sharing?

I do not want my family to know everything. I will decide what to tell them. OR I want my medical team to share ALL of my health information with my family.

OR _____

Regarding treatment choices if you are able to speak for yourself?

I want to defer my treatment choices to: _____ OR I want to make all my own choices.

OR _____

Regarding treatment choices if you are unable to speak?

I want my healthcare decision-maker to follow my documented or verbal choices. (Even if they or my family do not agree or feel comfortable with them.) OR I want my healthcare decision-maker to do whatever he or she (or my family) is comfortable with. (Even if it is not what I wanted.)

OR _____

Regarding medical interventions you receive?

I want every possible intervention or treatment. OR I do not want to receive overly aggressive care when there is no longer hope for my recovery.

I want to live as long as possible, no matter what my physical and mental status is and how futile treatments are. Even if I am dependent on a ventilator or other life-support equipment, as long as my heart is beating I want to continue receiving life-sustaining treatments. OR Quality of life is more important than quantity.

OR _____

What else is important? The effect of an extended illness on your family? Their ability to care for you? Any financial limitations if additional care is needed? Living situations that you would wish to avoid? Living or care situations that you would find acceptable?

Other things that are important to me: _____

_____

Questions to Ask Your Doctor

It is important to have all the facts and information possible when trying to make decisions about the focus of care and specific treatments you wish to receive. These are some examples of questions you may wish to ask your doctor or your healthcare team to assist you in making choices.

1. What treatments are available for my condition/illness?
2. What are the chances the treatment will work?
3. Will the treatment cure me?
4. Will the treatment extend my life? If yes, for how long?
5. What are the side effects of the treatment? Will I feel sick from it?
6. What are the risks of the treatment?
7. Will the treatment limit my ability to perform activities of daily living or interaction with my family?
8. Will the treatment affect my other medical conditions or treatments?
9. How long will the treatment last? (What period of time?)
10. Will I be able to be at home for the treatment or will I need to be in a hospital, intensive care unit or nursing home?
11. Will I need extra help if I am at home?
12. What happens if this treatment does not work?

About Advance Directives

Definition: A written legal document clearly indicating a person's choices in the event he/she becomes unable to make healthcare decisions.

Types of Medical Advance Directives: Advance Directives include Designation of Health Care Surrogate, Durable Power of Attorney for Health Care, Living Will, DNRO (Do Not Resuscitate Orders) and Organ Donation.

Advance Directives Become Effective When:

You are determined to be mentally or physically unable to communicate choices, desires and preferences yourself and if there is no reasonable medical probability of your recovery.

Time Limit – Portability of Your Advance Directives

- Advance Directives do not expire. There is no need to renew or rewrite a document unless your choices change.
- If you are traveling or visiting another state, your Advance Directives will generally be accepted by that state. However, in the event that you move out of Florida, it is recommended that you check the laws for your new location.

Changing or Canceling an Advance Directive

Decisions you make today may be changed in the future. You are in control. You may change or cancel an Advance Directive at any time by:

- Putting your decision to cancel or revoke your Advance Directive in writing. No special form is required but the document should be signed and dated by you and by two competent adult witnesses. At least one witness should not be your spouse or a blood relative. You do not need to have the document notarized.

OR

- Physically destroying the original Advance Directive and the copies.

OR

- Having someone destroy the original for you in your presence and have all copies destroyed.

OR

- Telling your medical team and healthcare decision-maker that you want to cancel or revoke the Advance Directive.

OR

- Making a new Advance Directive. The newer date will supersede the older document.

What Happens When You Don't Have a Document Naming Your Healthcare Decision-Maker?

When a person is found to lack capacity to make healthcare decisions for him/herself, Florida law specifies the sequence to be followed to determine who will make healthcare decisions. That person is called a Healthcare Proxy.

Healthcare Proxy
Florida Statute 765.401 defines the sequence medical professionals must follow in determining the Healthcare Proxy for a person who does not have capacity to make healthcare decisions and does not have an Advance Directive. The order is as follows:

1. The judicially appointed guardian (a guardian appointed by a judge) of the patient or the guardian advocate, if one exists
2. The patient's spouse
3. An adult child of the patient, or if the patient has more than one adult child, a majority of the adult children who are reasonably available for consultation
4. A parent of the patient
5. The adult sibling of the patient, or if the patient has more than one adult sibling, a majority of the adult siblings who are reasonably available for consultation
6. An adult relative of the patient
7. A close friend of the patient
8. A clinical social worker licensed pursuant to Chapter 491, or graduate of a court-approved guardianship program

Documenting Choices by Completing an Advance Directive

In the State of Florida a "legal" Advance Directive:

- Must be completed by a person who understands the decisions he/she is making
- Does not need to be completed using any specific form
- Forms are available from a variety of sources including the internet. Use form included or see page 17 for other resources.
- Forms may be handwritten or information given verbally to another person who writes it down for you
- Does not require notarization nor does it require services of an attorney (exception: Durable Power of Attorney for Healthcare)
- Must be signed and dated by the person executing the document and two witnesses. One witness should not be your spouse or blood relative. (If Health Care Surrogate document, the witness may not be the designated surrogate)

Designation of Health Care Surrogate

A Designation of Health Care Surrogate form is a legal document that allows you to choose another competent adult to make decisions for you about your medical care if your doctor determines that you are unable to express your choices due to physical or mental inability.

It is important that the person you choose knows, has documentation of, and understands your wishes. In addition, the person must be competent, be willing to act on your behalf, and feel able to make those decisions for you.

In addition to a Health Care Surrogate, it is good to name an alternate Health Care Surrogate. Your alternate would become effective only if the primary person you chose were not able or not willing to perform the duties.

Your Health Care Surrogate choice must be in writing and signed by two competent adult witnesses. At least one witness should not be your spouse or a blood relative. Nor should your chosen surrogate be a witness. You do not need an attorney to designate a Health Care Surrogate and you do not need to have the document notarized.

Living Will

A Living Will allows you to document your healthcare choices in the event that you are unable to communicate your wishes and have a terminal or end-stage condition or are in a persistent vegetative state. Your choices may be as detailed or as basic as you choose. In the event that you do not have a Living Will, your family or someone who knows you well will make choices for you. Your Living Will "choices" must be in writing and signed by two competent adult witnesses. At least one witness should not be your spouse or a blood relative. You do not need an attorney to complete a Living Will and you do not need to have the document notarized.

Durable Power of Attorney for Healthcare

Frequently, but not always, a Financial Power of Attorney designating certain financial rights is completed in conjunction with the Durable Power of Attorney for Healthcare. A specific format is required for the handling of finances; for that reason it is recommended that you obtain the services of an attorney to complete the document. Healthcare advance directives may be included in a durable power of attorney. Healthcare clauses may include designation of a health care surrogate and/or medical choices that are typically included in a living will.

Medical Choices for Your Body after Death

Autopsy:

An examination of your body after your death to determine the cause of death or the extent of changes produced by a disease. Autopsy is rarely performed. There are generally costs associated with this procedure.

Anatomical Gifts:

Anatomical gifts, permission to use your body or organs, may be determined in advance by you. There are two types of anatomical gifts, Gifts to a Living Recipient and Gifts to a Scientific Study or Learning Institutions.

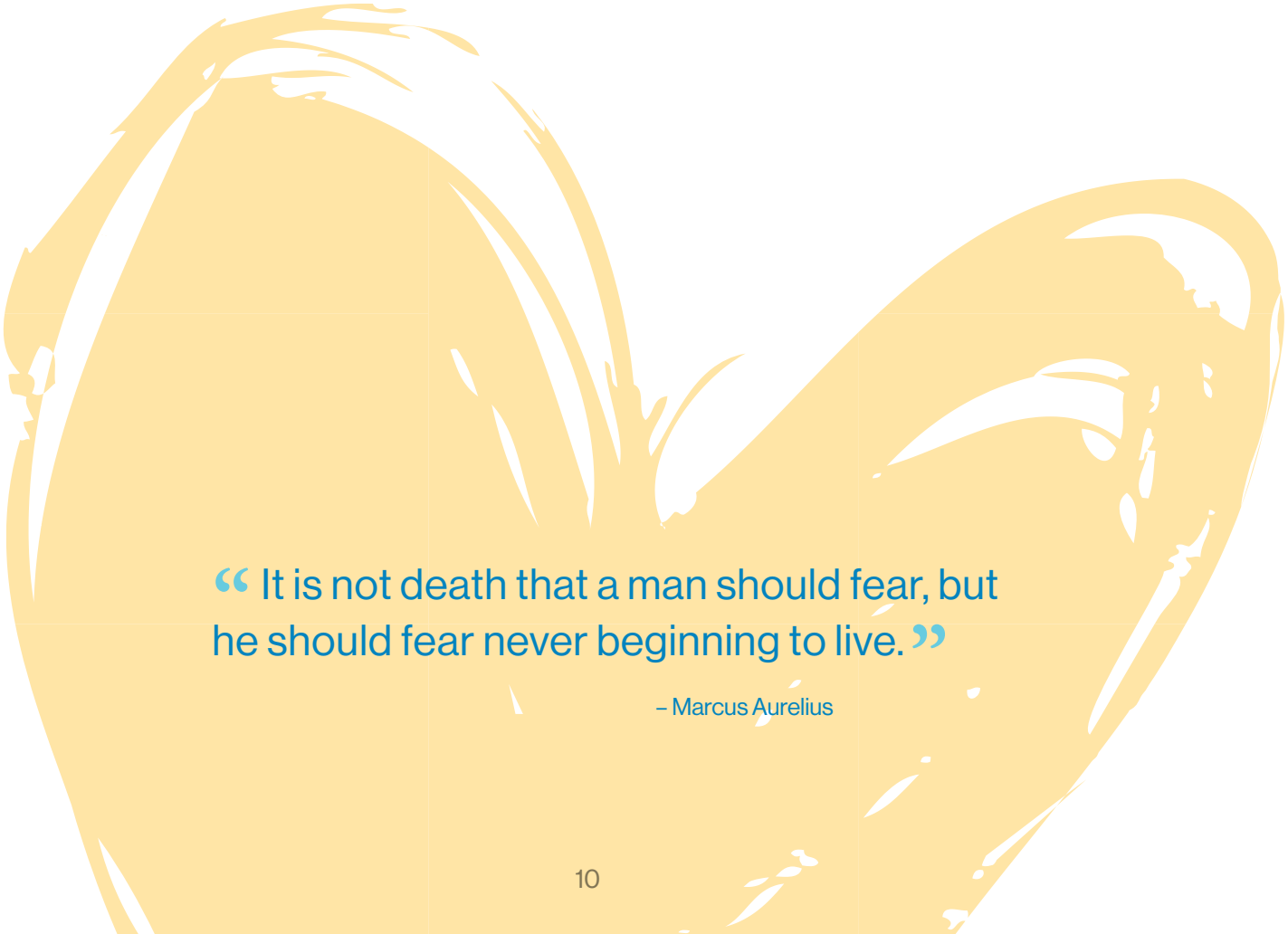
Organ Donation:

In the event that you choose to donate your organ(s) or body at the time of your death, the State of Florida has a Uniform Donor form that allows you to document your choices.

Your organ-donation choices must be in writing. The Uniform Donor form must be signed by two competent adult witnesses. At least one witness should not be your spouse or a blood relative. You do not need an attorney to complete a Uniform Donor form and you do not need to have the document notarized.

Anatomical Study:

If you choose to donate your organ(s) for anatomical study or research, it is recommended that you contact a local medical school to be the recipient of your donation. The medical school may have specific forms and procedures that must be followed. It is much easier to make these arrangements in advance.



“It is not death that a man should fear, but he should fear never beginning to live.”

– Marcus Aurelius

State of Florida DNRO (Do Not Resuscitate Order)

Definition of DNR: *See Glossary, "Terms to Describe Treatments"*

The State of Florida DNRO form is a legal document that allows you to choose the option of comfort care in the event your heart stops (cardiac arrest) and/or your breathing stops (respiratory arrest). It is a physician order to prevent intensive medical interventions and to allow a natural death.

A properly completed Florida DNRO is the only portable order that, when given or shown to a healthcare worker, emergency medical technician, paramedic, or healthcare agency such as a hospital, nursing home, home health agency or hospice, directs the withholding of resuscitation in the event of a respiratory or cardiac arrest.

DNROs may be written and recognized within a specific healthcare facility or healthcare setting. The State of Florida DNRO form is the only document addressing resuscitative efforts that is recognized by emergency medical personnel. Without this order, emergency medical personnel are required by law to use all available interventions to resuscitate.

A DNRO is generally chosen by a person who has a terminal or end-stage condition, or is invoked by the person's decision-maker when he/she is in a coma or persistent vegetative state.

A living will does not substitute for a DNRO. A living will instructs your healthcare team and your legal decision-maker about your choices; however, a DNRO must be completed in order to prevent interventions to resuscitate.

You may obtain a copy of the Florida DNRO form on the internet at:
http://www.floridahealth.gov/licensing-and-regulation/trauma-system/_documents/dnro-form-multi-lingual2004bwyw.pdf

In order to be valid, the downloaded form must be printed on canary-yellow paper, completed in English and signed by either you or, if you are unable to speak for yourself, your legal representative and by your Florida-licensed physician. If you do not speak English as a primary language, the form is available in other languages as a double-sided document; however, the English side of the document is the side that must be completed.

Included at the bottom of the form is a patient-identification section that may be completed, removed and carried separately. Some people choose to laminate this part of the document so they can clip it on their key chain, bed, clothing, etc., to ensure visibility to emergency medical personnel. You are not required to complete this portion of the form for the DNRO to be valid.

The Florida DNRO document should be kept in a noticeable place in your home so that it is readily available to emergency healthcare workers. Copies may be made on similar yellow paper and given to facilities or other healthcare providers.

As with other Advance Directives, a DNRO can be revoked by you or your legal representative at any time.

Communicating Your Choices

- It is important to talk to your family and your doctor about your choices.
- It is important to document your wishes so there is a record of your choices.
- Give copies of your Advance Directives documents to your healthcare decision-maker, your family and your doctor.
- Keep copies of your Advance Directives in a place where they are easy to access. (Do not put them in your safety-deposit box).
- Take a copy with you to the hospital if you are admitted.

Who has my Advance Directives?

Glossary

Terms to Describe Decision-Making Ability

Capacity and competence are terms that are often used interchangeably. However, capacity is the ability to give informed consent for medical treatment and competence is a legal determination.

Capacity
Capacity is the ability to make an informed decision. A person has the ability and right to make his/her own healthcare decisions unless it is shown that he/she can't understand, communicate or process information needed to make those decisions. Any licensed physician may make a determination of capacity.

Competence
Competence is a legal term. Competence is presumed unless a court has determined that an individual is incompetent. A legal decision of incompetence may be general or limited to specifics such as financial matters, personal care or medical decisions.

Terms to Describe a Medical Condition

Prognosis: A prediction of the chances of surviving or recovering from a disease or injury. Prognosis is generally based on statistics and studies of how people respond to treatment.

Stable: At the moment the condition is not worsening or improving. Unable to determine if disease will progress. May not be able to cure.

Terminal Condition: When an individual is seriously ill with a life-threatening condition that is generally considered to be incurable. It is expected that the condition will result in death. (Terminal condition alone does not define the length of life before anticipated death.)

Life Expectancy: The length of time an individual can expect to live. Using statistics and studies of people with similar conditions, physicians generally estimate life expectancy in terms of minutes to hours, days to weeks, months or years.

End-Stage Condition: An illness, disease or injury that has caused severe and permanent decline of the person's health. Treatment will not result in improvement and the person will continue to become worse until death.

Coma: A condition caused by an illness or injury in which a person is unresponsive or unconscious. The person appears to be asleep and is not able to be awakened.

Persistent Vegetative State: Severe permanent brain damage that cannot be reversed. The person is "awake" but is unable to communicate or voluntarily interact. The person is not aware of him/herself or surroundings.

Brain Death: Florida law defines brain death as total absence of activity in ALL parts of the brain. This includes the brain stem, which controls heartbeat and respiration.

Terms to Describe Treatments

Life Support

Life support is generally understood to be the use of equipment or treatments to artificially substitute for the function of an organ that has failed. Life support equipment/treatments may include:

- Ventilator and breathing tubes to breathe for a person
- Dialysis machines that clean blood of impurities when kidneys have failed

Examples of Life-Support Treatments

Artificial Nutrition and Hydration: Methods sometimes used to provide nutrition when a person is unable to eat or drink. These measures are helpful for a person recovering from an illness. However, at end-of-life these measure may make a person more uncomfortable.

(TPN) Total Parenteral Nutrition: A short-term type of nutrition administered through a line inserted in the neck or arm, into a vein, and threaded until it is near the heart. Possible complications include: increased risk of infection, fluid and electrolyte complications. Requires frequent blood tests to monitor electrolytes.

(NG) Nasogastric Tubes: A tube inserted through the nose into the stomach. Liquid food (formula) is administered into the stomach either by a continuous flow with the help of a pump or by larger "bolus" quantities given at intervals. Possible complications include: increased risk of pneumonia, irritation and sores in the nose and irritation in the throat.

(G) Gastrostomy Tubes: A tube inserted surgically through the abdomen or by endoscopy into the stomach. As with the NG tube, liquid food (formula) is administered either by continuous flow with the help of a pump or by larger "bolus" quantities given at intervals. Possible complications include: increased risk of pneumonia and infection.

(IV) Intravenous Hydration: Fluids such as sugar water or salt water are delivered through a small needle inserted into a vein. Possible complications include: increased risk of infection, fluid overload (excess fluid accumulation in the body) causing swelling or breathing problems.

Cardiac Support Devices

Implanted Heart Rhythm Devices: If you have an irregular heartbeat your physician may recommend a surgical procedure to implant a device in your chest (or abdomen) to help control abnormal heart rhythms. These devices are battery-operated and send electrical impulses to the heart through wires that are "threaded" into the blood vessels closest to your heart.

Pacemaker: The purpose of a pacemaker is to treat a slow heartbeat with a small amount of painless stimulation to your heart. A pacemaker does not beat for your heart. It delivers energy, which stimulates the heart muscle to beat. Irregular heart rhythms can cause symptoms such as fatigue and fainting. The goal of a pacemaker is to improve quality of life. A pacemaker does not cause pain and will not prevent death. If you stop breathing and the heart no longer has oxygen, not even the energy from the pacemaker can restart your heartbeat. If you have heart failure the pacemaker can decrease uncomfortable symptoms without preventing death.

(ICD) Implanted Cardioverter Defibrillator (ICD): An ICD is similar to a pacemaker, and is used to treat irregular fast heart rhythm in the lower parts of your heart (ventricles). When the device detects an abnormal heart rhythm it delivers a strong electric shock to restore a normal heartbeat. People describe the shock as feeling like a "painful kick in the chest." An ICD will prevent you from dying from a dangerously fast heart rhythm but it will not stop you from dying of a terminal illness, including heart failure. If you are at end-of-life (a few weeks from death) it may be recommended to turn off an ICD. At end-of-life the ICD can deliver an increased number of painful shocks, which may be difficult for you and your family to tolerate. Deactivating the ICD will not cause immediate death, the process is not painful and does not require surgery. (It can even be done in your own home.) Once the device is turned off it will no longer deliver shocks and you "will die a natural death."

(LVAD) Left Ventricular Assist Device (LVAD): An LVAD is a mechanical pump that is implanted inside a person's chest to help a weakened heart to pump blood. It is not a total artificial heart and does not replace your heart. It is most commonly used for a person whose heart needs to rest after open-heart surgery or for people waiting for a heart transplant. It may also be used long-term for a person who is terminally ill and whose physical condition makes it impossible to receive a heart transplant. The LVAD is a pump that is surgically implanted below the heart. One end of the device is attached to the left ventricle (lower left chamber), which pumps the blood out of the heart and into the body, and the other end is attached to the aorta, the body's main artery. Blood flows from the heart into the pump and then into the aorta. A tube is connected from the LVAD through the skin and connects the pump to an external control, a power pack and a reserve power pack, which may be on a belt or harness.

Respiratory Support

Ventilator: A mechanical ventilator is a machine to support breathing. Mechanical ventilation requires "intubation."

Intubation: Intubation is the passage of a tube through your mouth, down the throat into the trachea (windpipe). The tube is then connected to a ventilator so the machine can force air into the lungs. Because the tube is uncomfortable, medication is often given to keep the person sedated and calm. Individuals with a ventilator are unable to speak because the exhaled air passes through the tube rather than through their vocal cords.

(CPR) Cardiopulmonary Resuscitation: CPR is a technique used to support the circulation of blood and oxygen in an individual who does not have a pulse or is not breathing. CPR alone is unlikely to restart a person's heart. The main purpose of CPR is to restore partial flow of oxygenated blood to the brain and the heart.

The procedure includes:

Chest Compressions: Chest compressions administered during CPR are given quickly and with enough force to compress the chest about 1 inch in depth. This puts pressure on the ribs strong enough to cause rib fractures.

Rescue (mouth-to-mouth) breathing: Rescue breathing during CPR provides air directly into the lungs and assists efforts to provide oxygen to vital organs. Assistance with breathing usually requires insertion of a breathing tube into the throat and utilization of a ventilator.

Defibrillation (electric shock): Administration of an electric shock is usually needed to return the heartbeat to a normal rhythm.

CPR Survival Rate Statistics

Studies show that frail elderly people and people with advanced or end-stage illness who experience cardiac arrest (their heart stops) and who receive CPR are unlikely to recover. Even if CPR is initially successful, survival is usually very short, with an overall survival rate of less than 1%. Some examples of advanced illnesses include: cancer, heart disease, lung diseases such as COPD, dementia, kidney disease, Parkinson's disease and stroke.

(DNR) Do Not Resuscitate: A physician order, based on a person's choice, to allow a natural death in the event the person's heart stops beating or breathing stops. All other care and treatments, including comfort measures, are continued and do not stop.

Natural Death: A natural death occurs when you decide not to have treatments or measures to delay the moment of death. It applies only when death is near and will happen from natural causes.

Renal (Kidney) Support

Dialysis: Dialysis is a treatment that filters and purifies the blood using a machine when your kidneys can't do the job of removing waste and excess fluid from your body.

Hemodialysis: Hemodialysis is the most common type of dialysis. It utilizes an external machine to act as an artificial kidney. In order to be able to access your blood vessel on a regular basis, the physician will surgically insert a device that connects one of your arteries and one of your veins. This is called an AV graft. Hemodialysis treatments are performed in a hospital, doctor's office or a dialysis center. The healthcare staff at the center will connect you to the dialysis machine for about three to five hours on average three times a week. Short-term hemodialysis treatments may be provided using a catheter inserted into the large vein in your neck.

Peritoneal Dialysis: Peritoneal dialysis cleanses and purifies the blood. It involves filling your abdomen with a special fluid called dialysate, allowing the fluid to remain in your abdomen for a period of time, and then removing it. Peritoneal dialysis uses the internal membrane of your abdominal cavity (the area in your body that surrounds your intestines) to act as a natural filter. This type of dialysis can be performed at home. Your physician will surgically place a catheter into your abdomen. You will connect a tube to the catheter and then to an external machine, which will pump special fluid (dialysate) into your abdomen and back out. (This is usually done at night while you sleep.)

Comfort Measures

Discomfort is defined in the American Heritage Dictionary as "mental or bodily distress; something that disturbs comfort." We recognize external symptoms of discomfort such as pain, nausea, constipation, shortness of breath, agitation, delirium and insomnia. However, it is not as easy to identify internal discomfort such as loneliness, isolation, financial worries or fear of the unknown.

Comfort measures are individualized and are directed toward comforting actions including physical, environmental, emotional and spiritual needs. When comfort measures are employed, all treatments are evaluated individually, weighing both benefits and burdens of the treatment. Some of the interventions may include:

- Eliminating non-essential and burdensome treatments
- Prescribing medications to relieve physical symptoms with the goal of maximizing the quality of life
- Providing emotional support and encouragement
- Providing spiritual support
- Assisting with an ensuring environment of choice

Terms to Describe Goals for Treatment

Cure: No further evidence of a disease.

Curative Goal or Focus: Treatments aimed at making you well. (Eliminating the disease or condition.)

Goal to Stabilize or Control: Focus is on limiting progression. May not be able to cure or eliminate the disease. (Example: Diabetes cannot be cured but the goal is to control the disease.)

Palliate: To control symptoms. Palliation of symptoms may be associated with either curative or comfort-focused treatments.

Comfort Focus: Quality of life is the focus. Care and treatments are changed to maximize patient comfort and quality of life and minimize distress and discomfort. There would be no lasting benefit from curative treatments.

Trial Period: Care and treatments that are initiated with the goal of evaluating their effect on a patient's condition. Trial periods are understood to be short-term but there is no standard time frame associated with them. If during the trial period outcomes are beneficial, the treatment may be incorporated into the long-term plan of care. If there is no improvement or the treatment causes an additional burden or negative effects, the treatment is discontinued.

Resources

Selecting Effective Living Arrangements

National Alliance for Caregiving
www.caregiving.org
A non-profit coalition of national organizations focusing on issues of family caregiving

The Official U.S. Government Site for Medicare
www.medicare.gov/nhcompare
Provides information on nursing homes, home health and hospitals

National Care Planning Council
www.longtermcarelink.net
Comprehensive resource for elder care (senior care) and long-term care planning

National Center for Assisted Living
www.ahcancal.org/ncal/
The National Center for Assisted Living (NCAL) is the assisted-living voice of the American Health Care Association (AHCA) that provides information of how to choose an assisted-care facility

New LifeStyles
www.newlifestyles.com
A comprehensive nationwide database for senior living and care options

General End-of-Life Information

Donate Life Florida
www.DonateLifeFlorida.org
Provides information on organ and tissue donation from live donors to live recipients

The Anatomical Board of the State of Florida
http://anatbd.acb.med.ufl.edu
Provides information regarding donation of a person's body after death for medical training and research

Florida Department of Health
www.MyFlorida.com
or
http://www.floridahealth.gov/licensing-and-regulation/trauma-system/_documents/dnro-form-multi-lingual2004bwyw.pdf
Provides information regarding a Florida Do Not Resuscitate Order as well as a pre-hospital Do Not Resuscitate

Florida Health Finder
www.FloridaHealthFinder.gov
Provides downloadable forms including Living Will, Designation of Health Care Surrogate, Designation of Health Care Surrogate for a Minor, and a Donor Form

National Hospice and Palliative Care Organization
www.nhpco.org/about/hospice-and-palliative-care
Provides a variety of information regarding end-of-life issues

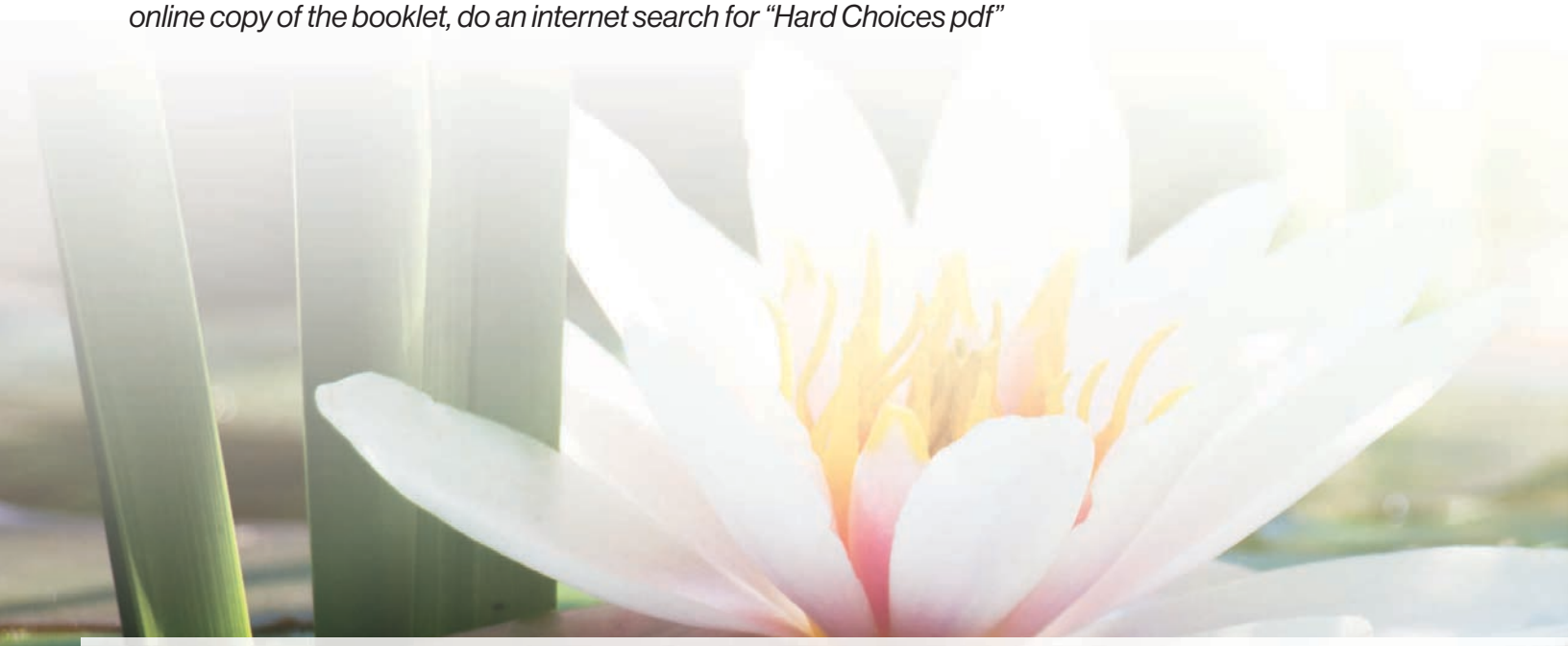
Florida Hospice and Palliative Care Association
http://www.floridahospices.org/
http://www.floridahospices.org/hospice-palliative-care/advanced-directives
Provides general information and resources regarding hospice and palliative care, including Advance Directives

National Association for Home Care and Hospice
www.nahc.org
Provides information regarding local home care and hospice agencies

National Institute on Aging
https://www.nia.nih.gov/health/topics/living-wills-and-advance-directives
Provides general information on health and aging, including Advance Directives

The Conversation Project
www.theconversationproject.org
Provides additional information on having the conversation about Advance Directives

Hard Choices for Loving People
Addresses CPR, Artificial Feeding, Comfort Care, and the Patient with a Life-Threatening Illness. For a free online copy of the booklet, do an internet search for "Hard Choices pdf"



Acknowledgements

The Conversation Project – Have You Had the Conversation?
www.theconversationproject.org

Emedicinehealth – Definitions Involved in Advance Directives
www.emedicinehealth.com/advancedirectives

National Hospice and Palliative Care Organization; CaringInfo
www.caringinfo.org

National Institute on Aging, Understanding Healthcare Decisions at End of Life
www.nia.nih.gov/health/understanding-healthcare-decisions-end-life

National Caregiver Alliance, Making-End-Of-Life Decisions, What Are Your Important Papers?
www.caregiver.org

My Notes

Your Life. Our Passion.®

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