



## **Talk About Your Final Health Care Decisions**

**KEY Conversations™** is a program to help people better understand and plan for their health care at the end of life.

### **KEY Conversations™ PLANNING GUIDE**

#### **Step 1—The Conversation Starter**

- A.** Story offering a potential medical condition with which a person could be faced
- B.** Discussion questions
- C.** Definition of terms—*it's important to read the definitions before you can have a thoughtful and meaningful conversation.*

#### **Step 2: The Individual Worksheet**

- A.** The worksheet assists a person to begin making decisions about the medical treatments they would want at the end of life.
- B.** This worksheet is not a legal document, but it can serve as a guide for loved ones when they have to make decisions.
- C.** Completing the worksheet helps you to prepare your Advance Directive—*many people know little to nothing about the issues they may face.*

#### **Step 3: The Advance Directive**

- A.** Legally appoint someone as your Health Care Representative to make health care decisions for you when you cannot.
- B.** Formally state your health care instructions for the medical treatments you do or don't want.

***The following 11 pages are a sample of the 40 page KEY Conversations™ PLANNING GUIDE***

*The Advanced Directive is included in the Planning Guide—perforated so it's easy to pull out and use!*

For more information, call Oregon Health Decisions at **503-692-0894** or toll free **1-800-422-4805**.



**OREGON HEALTH DECISIONS**  
*Giving Oregonians a Voice in Their Health Care*

# ADVANCE DIRECTIVE

Your Life. Your Decisions.™



Whether you're 18 or 80, documenting your wishes today means your family won't have to make heart-wrenching decisions later.



**OREGON HEALTH DECISIONS**  
*Giving Oregonians a Voice in Their Health Care*

**Includes Oregon's Advance Directive Forms  
and KEY Conversations™ Planning Guide**

# Step 1: Conversation Starter

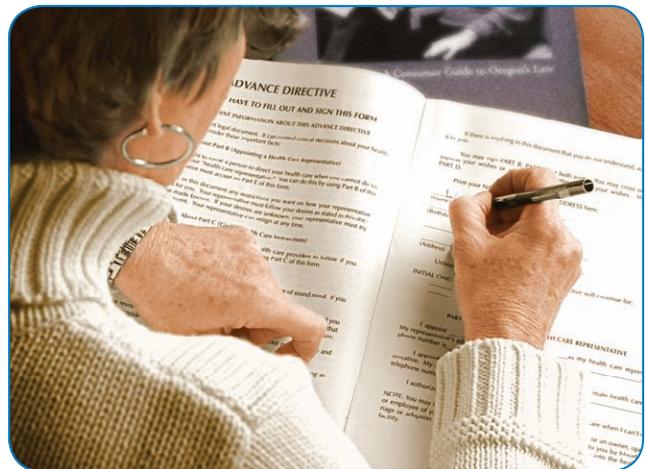
The Conversation Starter tells a story and describes real-life medical conditions that require decisions about providing, withdrawing, or withholding treatments. Each story describes a specific situation that could happen to you or a loved one. Definitions and discussion questions are provided to help guide your conversation. Having this conversation with your family is one of the most important parts of the planning guide.

Begin by reading the first story and see if you share the same concerns about having a serious illness. Read the questions and allow each person to answer. Discuss your answers by asking, “Why do you feel that way?” When everyone has had a chance to talk, move on to the next story and repeat the same process.

Try not to limit your discussion to the person described in the story. *Imagine yourself in a similar situation and ask yourself, “What would I want?”*

You and your loved ones might have different ideas about the medical treatments you desire, and you may discover that your loved ones’ point of view differs from yours. You shouldn’t feel you have to agree; simply try to understand and respect each others’ opinions.

Each family will talk about these issues in their own way, in their own time. You may find that your religious views, financial and family concerns, and attitudes about quality of life play a part in how you feel about many different medical situations. *The goal is for you to start thinking and talking and understand what you want for yourself.* There are no right or wrong answers.



**Communication is the key. Remember, your wishes can't be followed if no one knows what they are.**

# Receiving Food & Water Through a Tube

Simone is 28 years old. She has a husband and two young children. As a result of a car accident, she has severe trauma to her head. Her doctors say she is in a **persistent vegetative state**, with brain damage that makes it highly unlikely that she will ever regain **consciousness**. Because she is young and otherwise healthy, Simone could live a number of years if she is given food and water through a tube which is surgically placed in her stomach (**artificial hydration** and **artificial nutrition**).

## Loss of Consciousness

There are three types:

**Coma:** a state of unconsciousness from which a person cannot be aroused.

**Persistent vegetative state:** a state of permanent unconsciousness that is caused by severe damage to the brain. The thinking functions of the brain are destroyed, but the body can be kept alive for years with continuous medical and nursing attention. This diagnosis requires the agreement of two doctors.

**Brain death:** no electrical activity at all of the brain; although the heart and lungs may still work, the person is truly dead.

## Artificial Hydration

A needle or tube used to provide water and other fluids when a person cannot drink normally. Without fluids, death occurs in approximately 3 to 14 days. Most medical evidence indicates that dehydration in the end stage of a terminal illness is a very natural and compassionate way to die. Lack of fluids causes sleepiness and coma, making the person unaware of the dying process.

## Artificial Nutrition

A tube placed in the nose, or mouth, or surgically placed in the stomach to provide food when a person cannot eat normally.

## Discussion Questions:

1. If you were in Simone's condition, would you want to be kept alive by receiving food and water through a tube?
2. Would you want to receive fluids through a vein but not want to receive food through a stomach tube? Why or why not?
3. Do you feel differently about removing a feeding tube than you do about inserting the tube in the first place? Why?
4. Can you think of situations when it would be important for you to receive food and water through a tube? What situations?
5. Can you think of situations when you would not want to receive food and water through a tube? What situations?
6. How long would Simone need to be in this condition before you could make the decision about inserting a feeding tube?

# Breathing Machines

George is 62 and has suffered for many years from a lung disease that has made it difficult for him to breathe. One day a friend finds George unconscious and not breathing. The friend calls for an ambulance and George is revived at the emergency room. He is put on a breathing machine known as a **ventilator**. The doctors say George has suffered **brain damage** from loss of oxygen. He will die if he is taken off the breathing machine. He may or may not regain consciousness, but he could live for many years with help from the breathing machine.

## Ventilator

A machine that breathes for a person if lung function is inadequate. For extended ventilator support, it is necessary to surgically place a breathing tube into the windpipe through the neck. This is called a tracheostomy. The individual will not be able to cough or clear secretions and will require suctioning.

## Brain Damage

Brain function is measured by electrical activity in the brain. To be considered “brain dead” requires irreversible cessation of all functions of the entire brain, including the brain stem. A person who is brain dead would have a total absence of responsiveness, reflexes, and electrical activity.

## Discussion Questions:

1. Would you want to be placed permanently on a breathing machine in order to live? Why or why not?
2. What information would you need to remove a loved one from a breathing machine if it would surely end his or her life?
3. Do you feel differently about removing George from the breathing machine than you do about connecting George to the breathing machine?
4. If you were in George’s situation, would your loved ones know if you wanted to be permanently placed on a breathing machine?
5. If a loved one were in George’s condition, would you know what he or she wanted?

# Step 2: Individual Worksheet

The Individual Worksheet assists you to express what quality of life means to you and how your choice of medical treatment supports your values. *The Worksheet can serve as a guide for your loved ones should they have to make decisions for you.* The Worksheet also prepares you to complete Oregon’s legal document—the Advance Directive.

**Remember, the Worksheet is not a legal document.** To execute a legal document, you will need to complete the Advance Directive. You may attach the Individual Worksheet to your Advance Directive to provide a more clear and comprehensive picture for your family and physicians.

## This is the Individual Worksheet of:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Copies of this document have been given to:

1: \_\_\_\_\_  
(Provide complete name, address and phone number)

2: \_\_\_\_\_  
(Provide complete name, address and phone number)

3: \_\_\_\_\_  
(Provide complete name, address and phone number)



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## Receiving Treatments If I Have an Incurable Illness

Refer to Conversation Starter, page 6-8.

**5. If I have an incurable illness which will *most probably* cause my death, and I can no longer speak for myself:**

*(Check one)*

I want to try any medical treatment to prolong my life for as long as possible, even if the treatment could cause me great discomfort.

**OR**

I want to try medical treatments for a reasonable period of time, but I will probably want treatments other than pain medicine to be stopped, if my condition does not improve.

**OR**

I only want pain medicine and other treatments to make me comfortable. I do not want to spend my last months having medical treatments that have no hope of curing my illness.

**OR**

I am undecided at this time.

**6. I chose this approach because:**

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**7. If I am in the final stages of an illness that *cannot be cured*, such as cancer, and I also have another illness that can be cured, and I can no longer speak for myself:**

*(Check Your Responses)*

a. I want to receive medications for the illness that can be cured:     Yes    No    Undecided

b. I want any surgery necessary to treat the illness that can be cured:    Yes    No    Undecided

**8. I made this choice because:**

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9. If I am in the final stages of an illness that *cannot be cured*, and that will *most probably cause my death*, and I can no longer speak for myself, I want:

Check <b>one</b> response for each treatment				
	Yes	No	Try, but if no clear improvement, stop treatment	Undecided at this time
a. A tube placed in my nose or mouth and connected to a machine to breathe for me:			(check one) <input type="checkbox"/> Try for a few days <input type="checkbox"/> Try for a few weeks <input type="checkbox"/> Try for a few months	
b. A tube placed in my nose or mouth, or surgically placed in my stomach, to give me food:			(check one) <input type="checkbox"/> Try for a few days <input type="checkbox"/> Try for a few weeks <input type="checkbox"/> Try for a few months	
c. A needle or catheter placed in my body to give me water and other fluids:			(check one) <input type="checkbox"/> Try for a few days <input type="checkbox"/> Try for a few weeks <input type="checkbox"/> Try for a few months	
d. Medications such as antibiotics to treat infections:				
e. Techniques used to bring a person back to life when breathing and pulse have stopped (Cardiopulmonary Resuscitation/CPR):				
f. To receive blood or blood products through a needle placed in my body (transfusions):				
g. My blood cleansed by a machine if my kidneys fail (kidney dialysis):				
h. Surgery to help prolong my life/delay my death:				
i. To receive emergency treatment if I am found unconscious in my home:				
j. To receive hospice care:				
k. Other:				

## Receiving Treatments If I Am In a Persistent Vegetative State

Refer to Conversation Starter, page 7.

**13. If I am in a persistent vegetative state and it is highly unlikely that I will ever wake up and very little chance I will get better, I want:**

Check <b>one</b> response for each treatment				
	Yes	No	Try, but if no clear improvement, stop treatment	Undecided at this time
a. A tube placed in my nose or mouth and connected to a machine to breathe for me:			(check one) <input type="checkbox"/> Try for a few days <input type="checkbox"/> Try for a few weeks <input type="checkbox"/> Try for a few months	
b. A tube placed in my nose or mouth, or surgically placed in my stomach, to give me food:			(check one) <input type="checkbox"/> Try for a few days <input type="checkbox"/> Try for a few weeks <input type="checkbox"/> Try for a few months	
c. A needle or catheter placed in my body to give me water and other fluids:			(check one) <input type="checkbox"/> Try for a few days <input type="checkbox"/> Try for a few weeks <input type="checkbox"/> Try for a few months	
d. Medications such as antibiotics to treat infections:				
e. Techniques used to bring a person back to life when breathing and pulse have stopped (Cardiopulmonary Resuscitation/CPR):				
f. To receive blood or blood products through a needle placed in my body (transfusions):				
g. My blood cleansed by a machine if my kidneys fail (kidney dialysis):				
h. Surgery to help prolong my life/delay my death:				
i. To receive emergency treatment if I am found unconscious in my home:				
j. To receive hospice care:				
k. Other:				

# Step 3: Advance Directive

## THINGS YOU SHOULD KNOW

- Oregon’s Advance Directive is the legal document that allows you to express your wishes for end-of-life care. It allows you to choose someone to make health care decisions for you if you can’t.
- The Advance Directive comes into effect when you are no longer able to make decisions for yourself.
- The Advance Directive is valid only if you sign it voluntarily and when you are still able to speak for yourself. If you do not want an Advance Directive, you do not have to complete one.
- The Advance Directive covers only health care decisions. It has no effect over your financial affairs or medical insurance.
- If you have an emergency and your Advance Directive is not available, life-sustaining treatments may be started. Treatment can be stopped if it is discovered that it is not what you want.

- You may change or revoke an Advance Directive at any time. Any changes should be signed and dated. Copies should be given to your health care representative and your physician.

## ■ NURSING HOME WITNESSING REQUIREMENTS:

If you reside in a nursing home when you sign the Advance Directive, one of the witnesses must be an individual designated by the facility (this could be an owner, operator, volunteer, etc.) and the other witness must not be anyone linked to the facility.

In 1993, the Oregon Legislature combined two documents—the Directive to Physicians and the Health Care Power of Attorney—into one form. The legal form for the State of Oregon is now called the Advance Directive.

If you previously signed the Directive to Physicians before November 4, 1993, it is still valid and you can use it. If you previously signed a Health Care Power of Attorney, it expired after seven years—unless you were already incapable when it expired.

# ADVANCE DIRECTIVE

## YOU DO NOT HAVE TO FILL OUT AND SIGN THIS FORM

### PART A: IMPORTANT INFORMATION ABOUT THIS ADVANCE DIRECTIVE

This is an important legal document. It can control critical decisions about your health care. Before signing, consider these important facts:

#### Facts About Part B (Appointing a Health Care Representative)

You have the right to name a person to direct your health care when you cannot do so. This person is called your “health care representative.” You can do this by using Part B of the form. Your representative must accept on Part E of this form.

You may write in this document any restrictions you want on how your representative will make decisions for you. Your representative must follow your desires as stated in this document or otherwise made known. If your desires are unknown, your representative must try to act in your best interest. Your representative may resign at any time.

#### Facts About Part C (Giving Health Care Instructions)

You have the right to give instructions for health care providers to follow if you become unable to direct your care. You can do this by using part C of this form.

#### Facts About Completing This Form

This form is valid only if you sign it voluntarily and when you are of sound mind. If you do not want an advance directive, you do not have to sign this form.

Unless you have limited the duration of this advance directive, it will not expire. If you have set an expiration date, and you become unable to direct your health care before that date, this advance directive will not expire until you are able to make those decisions again.

You may revoke this document at any time. To do so, notify your representative and your health care provider of the revocation.

Despite this document, you have the right to decide your own health care as long as you are able to do so.

If there is anything in this document that you do not understand, ask a lawyer to explain it to you.

You may sign PART B, PART C, or both parts. You may cross out words that don't express your wishes or add words that better express your wishes. Witnesses must sign PART D.

# What To Do Now

Here are some suggestions to help ensure your final health care wishes are followed:

- Keep your signed original Advance Directive and Individual Worksheet where they can be easily found. Do not put them in a safe deposit box which requires a key or combination to open. Tell your Health Care Representative and other loved ones where to find your original documents.
- Give copies of your Advance Directive and Individual Worksheet to your Health Care Representative, Alternate Representative, and anyone else you think should know what you want (family members, lawyer, spiritual advisor, etc.). Keep a list of the people you give them to in case you change your mind.
- Tell your doctor you have completed an Advance Directive and discuss your decisions with him or her. Give a copy of your Advance Directive to your doctor for your medical record.
- Use one of the Wallet Cards included in this booklet to indicate that you have completed an Advance Directive and where it can be found. Carry it with you.
- If you are being admitted to a hospital or nursing home, take a copy of your Advance Directive with you. Ask that it be placed in your medical record.
- Plan to review and update your Advance Directive and Individual Worksheet occasionally as the circumstances of your life change. Initial and date the forms each time you review them so your loved ones will know you have not changed your mind.
- If you are terminally ill and wish to die at home, you should talk to your doctor, other caregivers, and family members about situations when you may or may not want an ambulance called. If an ambulance is called, the emergency team must give you life-prolonging care unless you have a valid POLST form completed by your doctor or nurse practitioner. Comfort Care is always provided.
- If you become terminally ill, you can call hospice in your area and ask for information about the care they can give to you and your family. Many of these programs will work directly with your doctor to arrange for you to have hospice services in addition to your medical care.
- If you are traveling outside of Oregon, it is a good idea to take a copy of your Advance Directive with you. Most states will honor an out-of-state document, but some require that it conform to their own laws. If you are going to receive medical care out of state, ask the medical facility where you will be treated to give you information about their laws and requirements.