

Important Choices with Your Care

York Hospital Advance Care Planning **Reference Guide**

How Can I Use This Reference Guide?

This optional reference guide is intended to help patients and their loved ones navigate the care planning process. Information within this guide includes topics to consider when documenting final wishes, and where to go for additional help. Talking with your loved ones about your wishes at the end of your life can be hard. Yet, it is so important to be clear with those who are dear to us about what matters to us so that those wishes can be best honored.

We are here to help you and your loved ones in this process.
For more information:

- Visit www.yorkhospital.com/care-management
- Call Care Management at (207) 351-2226
- Contact the HealthCare Help Center at (207) 351-2345
- The Center for Older Adults can be reached at (207) 351-2371
- Contact your primary care provider
- Contact Spiritual Care at (207) 361-3647



York Hospital

Safe, Trusted, Quality Care

Your answers to these questions can help provide you and your caregivers with peace of mind.

VALUES

- What gives your life its purpose and meaning?
- What do you value most about your physical or mental wellbeing? For example, do you love the outdoors?
To read or listen to music? To be aware of whom you are with?

FAMILY/FRIEND RELATIONSHIPS

- Who among your family and friends are important in your life?
- Have you talked with your loved ones about the medical care choices to be made when problems arise or death comes close?

SPIRITUAL/RELIGIOUS BELIEFS

- How would you describe your spiritual or religious life?
- Do you have a faith community, church or synagogue who support you?
- Do you have religious beliefs about medical treatment?

MEDICAL

- Have you talked with your doctor or other health provider about your health concerns and medical treatment questions?
- Under what conditions would you want the goals of medical treatment to change from trying to continue your life to focusing on your comfort?
- Would you want a hospice team or palliative care offered to you?
- How does cost influence your decisions about medical care?
- Do you want CPR used to try to revive you if your heart stops or you stop breathing? How effective is CPR likely to be for you?

MAKING PLANS

- If you could plan it today, what would the last day or week of your life be like? Where would you be? Who would be with you?
- What will be important to you when you are dying (comfort, no pain, family present, music, prayer, being touched or held, etc.)?
- What general comments would you like to make about dying or death?
- Are you interested in organ or tissue donation?
- Are there people to whom you want to write a letter, or for whom you want to prepare a taped message, perhaps marked to be opened at a future time?
- What are your wishes for a memorial service: songs or readings you want, or people you hope will participate?

- Would you prefer to be buried or cremated, or do you have no preference? Have you contacted a funeral home?

Part 1 - Resources

Choosing Your Health Care Agent

Choose someone who knows you well, cares about you, and who can make difficult decisions. A spouse or family member may not be the best choice because they are too emotionally involved. Sometimes they are the best choice. You know best. Choose someone who is able to stand up for you so that your wishes are followed. Also, choose someone who is likely to be nearby so that they can help when you need them. Whether you choose a spouse, family member or friend as your Agent, make sure you talk about these wishes and be sure that this person agrees to respect and follow your wishes.

Items to consider include:

1. Does my agent meet legal criteria in my state?
2. Would they be willing to speak for me?
3. Could they act on my wishes, and separate their own feelings or beliefs?
4. Are they local? Can they be at my side when I need them?
5. Will they likely be available long into the future?
6. Could they navigate conflicting opinions between family, friends and my medical care team?
7. Can they be a strong advocate for my wishes?

Part 2 – Special Instructions

Making Choices with Life Sustaining Treatment Options

We all want to be treated with dignity. When we are no longer able to speak for ourselves, it is important that you clearly articulate your wishes and directions to your Health Care Agent. Life-support means any medical procedure, device or medication that is used to keep you alive. This may include helping you breathe, providing nourishment, resuscitation (CPR), surgery, blood products, medication or anything else meant to keep you alive.

If you wish to limit the meaning of life support treatment because of your beliefs, it is important to document your wishes clearly under "Other Directions" on page 8 of your Advance Care Planning booklet.

Items to consider include:

1. Do I want life support treatment?

2. If treatment has been started, do I want it stopped?
3. Do I want treatment if my provider believes it will help?
4. In what ways do I wish to be kept comfortable? (i.e. medicine, comfort measures, spiritual needs, etc.)
5. How do I want people to treat me? (i.e. visitors, prayer, music, etc.)

Part 5 – Funeral and Burial Arrangements

How Do I Want to be Honored or Remembered?

Items to consider include:

1. How do you want your remains handled after your death?
2. Who do I want to manage my remains?
3. What would I want a memorial service to look like?
Do I want a memorial service at all?
4. Is there a charity I'd like donations made to upon my death?

If you wish to further define these wishes, please document your wishes clearly on page 11 of your Advance Care Planning booklet.

Next Steps

I've completed my Advance Care Planning documents. Now what?

Items to consider include:

1. Sign and witness the form as instructed.
2. Talk about your decisions with your provider and your loved ones.
3. Keep your original document in a special place at home where it is accessible.
4. Provide copies of the document to your provider, hospital, close loved ones and your agent.

For more opportunities for support and discussion, consider a community outreach event. Visit <https://yorkhospital.com/advancecareplanning> to learn about upcoming events intended to foster dialog on end of life decisions in a meaningful and effective way.

Definitions to Consider

- **Allow Natural Death (AND)** Allow Natural Death is an alternative language used by some people who do not want CPR but want only comfort care.
- **Attending physician or attending advanced practice registered nurse (APRN)** – A doctor or APRN who has primary responsibility for

your treatment and care. An APRN means a registered nurse having specialized clinical qualifications under state law.

- **Capacity to make health care decisions** – The ability to generally understand the risks and benefits of a health care decision, as well as any alternate options for treatment. This is determined by a doctor or APRN.
- **CPR or Cardiopulmonary resuscitation** – Emergency medical procedure used to try to restart heartbeat and breathing, which can involve blowing into the mouth, pushing on the chest, inserting a breathing tube into the windpipe, giving medicines into your vein, and electrical shock.
- **Comfort care** – Keeping you as comfortable and peaceful as possible, including pain medication, giving you ice chips and lip ointment, turning your body to prevent bed sores and bathing you.
- **DNR or Do Not Attempt Resuscitation order** – A medical order placed in your medical chart in a hospital or other health facility that says you do not want CPR performed if your heart or breathing stops. You can extend a DNR outside a hospital or health facility by completing a Portable-DNR order. It is a bright pink colored form that stays with the person who requests it.
- **Guardianship** – A guardianship of an incompetent person is established by the Probate Court when it determines that the functional limitations of a person have declined to the point where that person's ability to participate in and perform minimal activities of daily living is not present. Incompetence of the person must be proved "beyond a reasonable doubt" and there must be no other available solutions that would impose fewer restrictions on the person. The person loses the right to make a(ny) decision. The court appointed guardian shall make any decision.
- **Health care agent** – Someone chosen as your Durable Power of Attorney for Health Care to make health care decisions when you are unable to express your own wishes for care or treatment.
- **Health care decision** – This means informed consent, refusal to give informed consent or withdrawal of informed consent to any type of health care, treatment, admission to a health facility or procedure to diagnose or maintain an individual's physical or mental condition.
- **Hospice care** – A team approach to provide comprehensive medical, nursing and social services, spiritual care and bereavement support for you and your family near the end of life.
- **Intravenous or IV line** – A tube placed in your vein that is used to give you fluids, blood or medication.
- **Life-sustaining treatment** – "Life-sustaining treatment" includes, but is not limited to, the following: medically administered nutrition and hydration, mechanical respiration, kidney dialysis, or the use of other external mechanical or technological devices. "Life- sustaining

treatment” may include drugs to maintain blood pressure, blood transfusions, and antibiotics. “Life-sustaining treatment” shall not include the administration of medication, natural ingestion of food or fluids by eating and drinking, or the performance of any medical procedure deemed necessary to provide comfort or to alleviate pain.

- **Medically administered nutrition (feeding)** – Using IVs or tubes to supply food when you are unable to eat. A feeding tube is a medical tube through which food or water is put into your body. It does not include the natural process of eating foods.
- **Medically administered hydration** – Using IVs or tubes to supply water when you are unable to drink. It does not include the natural process of drinking fluids.
- **Near death** – An incurable condition caused by injury, disease or illness that reasonable medical judgment finds will cause death at any time, so that life-sustaining treatment will only postpone death. This is determined by a doctor or APRN working with an additional doctor.
- **Organ and tissue donation** – Giving your usable organs for transplantation into others, which can save or improve their lives. Organs you can donate: heart, kidneys, pancreas, lungs, liver, and intestines. Tissue you can donate: cornea, skin, bone marrow, heart valves, and connective tissue. To be transplanted, organs must receive blood until they are removed from your body. Therefore, it may be necessary to place you on a breathing machine temporarily or provide other organ-sustaining treatment. Doctors evaluate whether you have organs or tissue suitable for transplant at or near the time of death. Your body can still be shown and buried after your death.
- **Palliative care** – Palliative care is specialized medical care for people living with serious illness. It focuses on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family.
- **Permanently unconscious** – A lasting condition, indefinitely without improvement, in which you are not aware of your thought, yourself and environment and other indicators of consciousness are absent as determined by a neurological assessment by a doctor in consultation with your doctor or APRN.
- **Persistent vegetative state** – An irreversible condition where reasonable medical judgment finds the complete loss of key brain functions. It results in the end of all thinking and consciousness, although heartbeat and breathing continue. Periods of sleep and wakefulness will still occur.
- **Trial of treatment** – To try treatment(s) for a period of time (such as 1 or 2 weeks) until it is decided that the treatment will or will not succeed.

- **Provider** – “Provider” or “Medical Care Provider” is used in this document to refer to any licensed professional providing medical, rehabilitative, or residential or custodial care under medical orders. It is important to note that the only providers authorized by law to determine a patient’s capacity to make medical decisions, to recognize a surrogate, to authorize POLST or DNR orders are Medical Doctors and Advanced Practice Registered Nurses. Under Maine law, the following types of providers can do the following:
 - Capacity determinations – physicians (DO and MD). 18-C M.R.S. § 5-909(3).
 - Recognize medical surrogate – physicians (DO and MD). 18-C M.R.S. § 5-806
 - Sign POLST – physician (DO or MD), APRN, PA
 - DNR:
 - DNR Directive – physician (DO or MD), APRN, PA
 - DNR Order – physician (DO or MD)

- **POLST – Provider Orders for Life Sustaining Treatment.** Medical orders for patients likely to be in the last year of life, containing orders (meeting form requirements for Portable DNR orders) which guide medical treatment decisions. A POLST form is intended to move with the patient between health and residential care facilities and is signed by patient and Provider.

- **Medical Surrogacy**
 Medical Surrogacy is a provision in New Hampshire statute that temporarily recognizes the authority of a relative or friend to make a patient’s healthcare decisions in the absence of an advanced directive until the patient’s death, or a guardian is appointed or ninety days pass, whichever is first. As noted previously, Maine has a similar statute (18-C M.R.S. § 5-806). Authority may not be extended unless the patient is “near death” and, like advance directive-appointed agents, cannot commit a patient to a psychiatric facility, or consent to sterilization, psychosurgery, electro-convulsive treatment, or an experimental treatment of any kind. Consents are limited with regard to pregnant patients. The law sets out the priority order for who may be recognized as follows:
 - (a) The patient’s spouse, or civil union partner or common law spouse as defined by RSA 457:39, unless there is a divorce proceeding, separation agreement, or restraining order limiting that person’s relationship with the patient.
 - (b) Any adult son or daughter of the patient.

- (c) Either parent of the patient.
- (d) Any adult brother or sister of the patient.
- (e) Any adult grandchild of the patient.
- (f) Any grandparent of the patient.
- (g) Any adult aunt, uncle, niece, or nephew of the patient.
- (h) A close friend of the patient.
- (i) The agent with financial power of attorney or a conservator appointed in accordance with RSA 464-A.
- (j) The guardian of the patient's estate. The individual may be named as surrogate by the provider or APRN, and authority is granted when the individual is named in the medical record. The priority order must be adhered to and the surrogate decision maker must be willing and

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