



Advance Care Planning Workbook

Making Your Medical Wishes Known



MUNSON HEALTHCARE
Advance Care Planning

munsonhealthcare.org/acp

Making Your Medical Wishes Known

At any age, a medical crisis could leave someone too ill to make his or her own health care decisions. This could be the result of disease or severe injury – no matter how old you are. We encourage people of all ages to participate in advance care planning before a crisis occurs. This workbook will help prepare you if challenging circumstances ever arise.

What is Advance Care Planning?

Advance Care Planning focuses on learning about the types of decisions you might need to make if a medical crisis occurs, and determining what your goals would be in such a situation. It helps others know what kind of care you want.

Everyone is encouraged to complete an advance medical directive. This document should be updated every few years because your goals and wishes are likely to change over time. You can make changes to this document at any time.

What is an Advance Directive?

An advance directive is a legally binding document that allows you to designate who will advocate and speak out your medical choices if you are ever unable to speak for yourself. Your designated spokesperson is referred to as your “patient advocate.” Your patient advocate is **only** authorized to make medical treatments decisions on your behalf if/when you are unable to speak for yourself.

Examples of advance medical directives include durable power of attorney for health care, the FIVE Wishes booklet, or other state recognized documents that identify who you have designated to be your voice if you are unable to tell us your medical wishes. This document also includes specific directions about the kind of care you want or don’t want to receive. Your designated health care agents will be required to sign an acceptance form stating their willingness to be your health care agent and honor **your** wishes, even if he/she does not entirely agree with them.

Why Do I Need an Advance Directive?

There may come a time when you cannot understand or are unable to express your choices due to an illness or accident. Because your choices matter, we value your right to make your own decisions. Under Federal and State laws, everyone age 18 years and older who is legally competent (does not have a court appointed guardian for medical decisions) and of sound mind has the right to create an advance directive, which indicates your choice for medical care.



Why Does Making Your Medical Wishes Known Matter?

- We cannot honor your wishes if we do not know what they are.
- Knowing your wishes takes a heavy burden off your loved ones. They will not have to make difficult decisions while trying to guess what you would want.
- Studies show that people suffer from post-traumatic stress disorder when they do not know their loved one's wishes and are placed in a decision-making role.
- Our hospital beds are filled each day with people who didn't plan to be there that day.
- A high anxiety, loud, fast-paced Emergency Department is not a good place to start this conversation.
- The time to start the conversation is now, before you need emergency medical care.

Why Don't People Make Their Medical Wishes Known?

There are as many reasons as there are people. Here are some common ones:

- I am not sick enough.
- My family members have different opinions.
- I don't think this will ever happen to me.
- I am not sure what to say, or how to start the conversation with my family.
- It's too upsetting to think about.
- I am not sure where to begin.
- I am young and healthy.

Who Should I Pick as a Patient Advocate?

It's important to pick the right person to be your health care agent. Select someone who:

- Is 18 years of age or older who you trust with your life.
- Knows you well and understands what is important to you.
- Is willing to follow your instructions.
- Would be strong enough to act on your wishes, separate from his or her own feelings.
- Would be able to handle conflicting opinions that may arise with family members, friends, and medical clinicians regarding your choices.

What Will my Health Care Agent be Expected to do?

- Communicate with your health care team about what your answers to medical questions would be if you could give them.
- Answer questions from the health care team about the kind of care you would or would not want in certain situations.
- Consent to or refuse medical treatments for you, including life-sustaining treatment.
- Authorize your transfer to other facilities if needed (nursing home, another physician, another hospital).
- Your health care agent only directs care when you cannot.



Let's Get Started!

Eight Steps to Making Your Wishes Known

Step 1: Organize Your Thoughts

You do not need to talk about it yet, just start thinking about it. Thinking about it will help you get ready for the conversation with your family.

List important things in your life that matter to you:

What activities would you not want to live without:

Step 2: Prepare for the Conversation

First, who is your "audience"?

- Are you the health care agent?
- Are you the one seeking a health care agent?

(Circle what best fits you and your loved ones.)

WHO to talk with

Mom or Dad
Child/Children
Spouse/Partner
Sister/Brother
Doctor/Caregiver
Other: _____

WHERE to talk

At the kitchen table
Sitting in the park
On a walk
In the car
At a restaurant
At a friend's house
In the living room
At church
Other: _____

WHEN to talk

At the next holiday
Before my child goes to college
Before I get sick again
Before I have surgery
At a family gathering
After church
Other: _____

Step 3: Utilize tools to help facilitate the conversation

- Quality of Life Assessment Worksheet
- My Treatment Wishes Worksheet
- End-Of-Life Plans



Quality of Life Assessment Worksheet

If you were faced with an illness that significantly impacted your quality of life values, please indicate which of the follow is worth living, barely worth living, or not worth living.

| If you... | ...life would be | Worth living | Barely worth living | Not worth living | Unsure |
|--|------------------|--------------|---------------------|------------------|--------|
| Could not think clearly and I am confused most of the time | | | | | |
| Could no longer make your own decisions most of the time | | | | | |
| Had discomforts such as nausea, diarrhea or shortness of breath most of the time | | | | | |
| Had severe pain or discomfort most of the time | | | | | |
| Could no longer contribute to my families well-being | | | | | |
| I am no longer able to go out for social activities such as church, shopping and visiting others | | | | | |
| Could not communicate in a way that people could understand you | | | | | |
| Were confined to a wheelchair most of the day | | | | | |
| Could no longer be spoon fed safely and needed to be feed via a tube | | | | | |
| No longer recognized your family members or loved ones | | | | | |
| Were a severe financial burden on my family | | | | | |
| Could not feed yourself and needed to have others feed you most of the time | | | | | |
| Were no longer able to talk and be understood by others | | | | | |
| Needed someone else to bath you and/or get you dressed each day | | | | | |
| Needed someone to care for you 24 hours a day | | | | | |
| Lose your mobility and could no longer get out of bed on your own | | | | | |
| Were paralyzed, but could think clearly | | | | | |
| Needed to rely on a breathing machine to keep you alive | | | | | |
| Needed to rely on a feeding tube to keep you alive | | | | | |



My Treatment Wishes Worksheet

Please check the box indicating your wishes for treatment in each situation:

| I would prefer to: | Agree | Disagree | Unsure |
|--|-------|----------|--------|
| Be told the truth about my condition no matter how "bad" the news | | | |
| Be told first, rather than my family about my condition and treatment | | | |
| Have my wishes to refuse medical treatment be honored even if it may shorten my life or result in my death | | | |
| Have my pain or discomforts lessened, even if the dose of medicine would make me less aware or sleepy most of the time | | | |
| Have all treatments possible to keep my alive, even if I will never get better | | | |
| Die at home rather than in a hospital or nursing home if possible | | | |
| Be allowed to die comfortably and be free of machines if there is little hope for a meaningful recovery | | | |
| Die as naturally as possible. Therefore, if I were close to death or my condition is so bad, I would not want artificial nutrition or hydration given just to keep my body functioning | | | |
| Have treatments based on the goal to help get me better so I can live a life consistent with my values and wishes. I want those treatments withdrawn or stopped when I cannot achieve these goals. | | | |

End-of-Life Plans

1. What are your fears, if any, regarding the end of your life? _____

2. If I were very ill and given less than a year to live, I would want to have palliative or hospice care made available to ensure I was comfortable and that my symptoms were managed. Yes _____ No _____
3. If I were dying, I would like to be (at home, hospital, etc.) _____ with my (family, spiritual leader, friends, pets, etc.) _____.
4. After my death, I would like my body to be (cremated or buried) _____ and my body or remains put in the following location: _____.
5. If I had severe pain, I would want to receive adequate pain medications to control my pain, even if it makes me drowsy or puts me to sleep much of the time. Yes _____ No _____
6. If I could plan it today, the last days or weeks of my life would look like this: _____



Step 4: Complete an Advance Medical Directive

You can download a directive at munsonhealthcare.org/ACP-resources. The state of Michigan requires you to sign the document in front of two witnesses. Your witnesses cannot be:

- Your health care agent(s)
- Your health care provider or employer of your health care provider
- Related to you by blood, marriage, or adoption
- Financially responsible for costs associated to your health care
- An employee of a life or health insurance provider for this person *Your health care agents also must sign an acceptance form.*

Step 5: Store Your Document

Keep the original document and email a copy to **MMC-HIM-AMD@mhc.net**, or mail a copy to:

Munson Medical Center
HIM department
1105 Sixth St., Traverse City, MI 49684

- * *Make a copy for your health care agent(s) to keep.*
- * *Make a copy for your physician to keep and discuss it with him or her.*

Step 6: Make this Conversation a Part of Your Life

You can make changes to your advance medical directive at any time. We recommend you update your document every few years, or follow the 5D rule:

- Every new decade of your life
- After the death of a loved one
- After a divorce
- After any significant diagnosis
- After any significant decline in functioning

For more information, contact Advance Care Planning at **231-935-6176** or email **advancecareplanning@mhc.net**.

Step 7: Congratulate Yourself!

You have made your wishes known and provided your loved ones with one of the best gifts you could ever give them. Be proud of yourself, this wasn't an easy thing to do.



For additional forms or assistance with questions about your wishes and completing this form, please contact one of the following:

**Munson Medical Center
Advance Care Planning Department**
1105 Sixth St.
Traverse City, MI 49684
231-935-6176 or 800-847-8474
advancecareplanning@mhc.net

**Munson Healthcare Grayling
Community Health Center**
1250 E. Michigan Ave.
Grayling, MI 49738
989-348-0550

**Munson Healthcare Prudenville
Community Health Center
Social Work**
2585 W. Houghton Lake Dr.
Prudenville, MI 48651
989-366-2900

**Kalkaska Memorial Health Center
Patient Liaison/Representative**
419 S. Coral St.
Kalkaska, MI 49646
231-258-7532

Otsego Memorial Hospital
825 N. Center Ave.
Gaylord, MI 49735
800-322-3664

**Paul Oliver Memorial Hospital
Patient Liaison/Representative**
224 Park Ave.
Frankfort, Michigan 49635
231-352-2265

**Munson Healthcare Cadillac Hospital
Social Work or Spiritual Care Department**
400 Hobart St.
Cadillac, MI 49601
231-876-7200

**Munson Healthcare Grayling Hospital
Social Work**
1100 Michigan Ave.
Grayling, MI 49738
989-348-0870

**Munson Healthcare Roscommon
Community Health Center**
234 Lake St.
Roscommon, MI 48653
989-275-1200

Munson Healthcare Charlevoix Hospital
14700 Lake Shore Dr.
Charlevoix, MI 49720
231-547-4024

Munson Healthcare Manistee Hospital
1465 East Parkdale Ave.
Manistee, MI 49660
231-398-1000

