

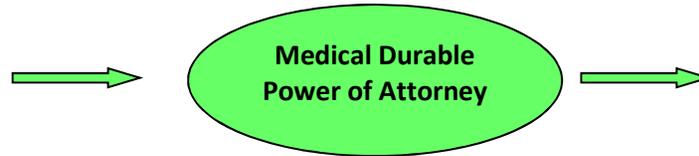
Legend:  = Strongly recommended
Use this form or process now

 = Optional/at person's
or agent's discretion

 = Not appropriate at
this time/for this person

Advance Care Planning Flowchart

You are 18 or older, have capacity to make healthcare decisions, and are NOT currently seriously ill.



Have you thought about who you would want to make healthcare decisions for you if you can't?

If you were hurt or sick and couldn't decide for yourself what medical care you would want, who would you trust to speak for you?

MDPOA ("healthcare agent") should be: Available, Willing, Informed, Backed up by alternate agent and written instructions



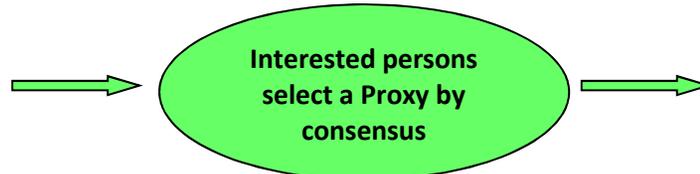
If you were terminally ill, and not able to make your own decisions, would you want your doctors to keep you alive with medicine or machines? What about tube feeding?

If you were in a deep, irreversible coma – the kind that is called "persistent vegetative state" – would you want your doctors to keep you alive with medicine or machines? What about tube feeding?

Are there other special instructions you might like to make for your care when you have a terminal illness and can't make decisions for yourself, or are in a deep, irreversible coma?



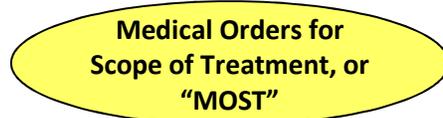
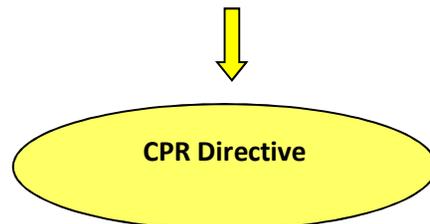
You are 18 or older, have NOT appointed an MDPOA, do not have capacity to make healthcare decisions, and are seriously ill or injured.



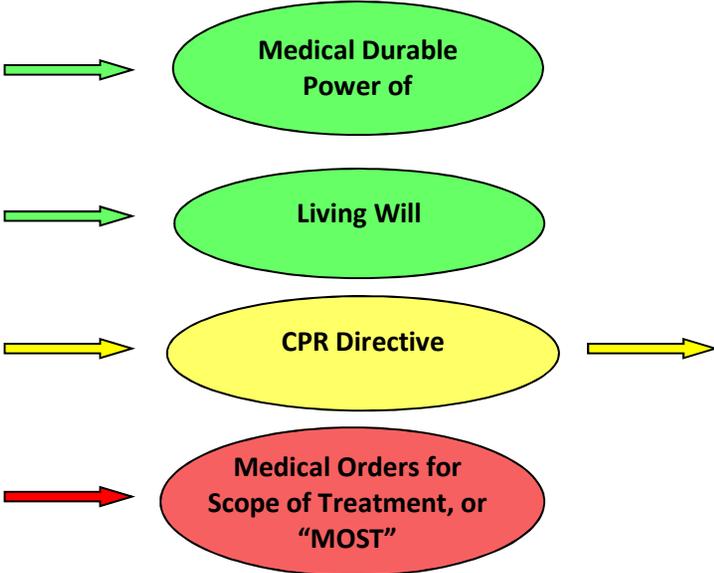
Your spouse or other "next of kin" have no automatic legal standing as surrogate decision makers – a "Proxy" must be selected:

- Your doctor determines and documents your incapacity.
- Your doctor or his/her "designee" contacts and gathers as many "interested persons" (persons who know you well and have an interest in your well-being) as reasonably possible.
- "Interested persons" select a Proxy decision maker by consensus. You must be told of the choice of Proxy and may object. Any one of the other parties may object. If consensus can't be reached, one of the parties must seek guardianship through the courts.
- If you have no "interested persons" or none can be located, another physician may serve as your Proxy.
- Your doctor documents the Proxy selection in your medical records.
- The Proxy makes decisions according to your known wishes, or, if not known, your best interests. Must consult with you (to extent possible) and other interested persons on each decision.

Intended for emergencies and episodes only; if you have an ongoing need for surrogate, guardianship must be sought.



You are over 60, have capacity to make healthcare decisions, and are NOT now seriously or chronically ill.



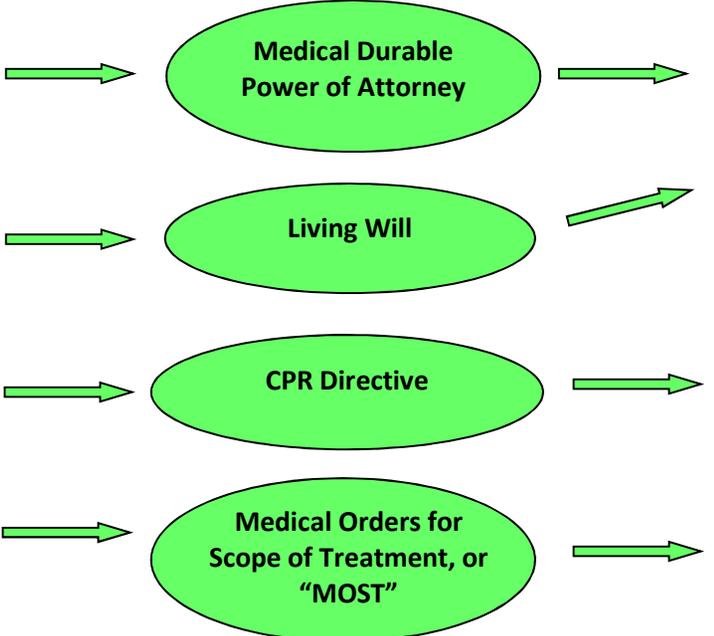
Even if your health is very good, it's not impossible that you could have a heart attack or stroke or other sudden health problem. CPR looks great on television, but in reality only about 17% of people who receive CPR survive, and the survival rate of people over 60 is about half that. Only 3% of people who are already sick or very old survive. The risk of serious physical (broken ribs, collapsed lungs) or mental damage (from lack of oxygen) is very high. That might be a risk you are willing to take, but if you would prefer to refuse CPR, completing this directive is the way to communicate your choice.

If you do not have a CPR directive, and your heart or breathing stop or malfunction, emergency personnel MUST attempt to resuscitate you.

Your CPR directive must be "apparent and immediately available" to any emergency responders: Post on refrigerator or by bedside at home; wear special No CPR bracelet or necklace when out and about.

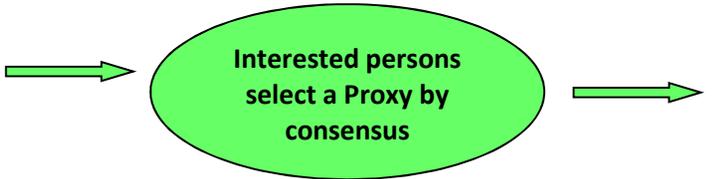
You are over 60, have capacity to make healthcare decisions, and have one or more serious or chronic illnesses.

You are over 60, have lost capacity to make healthcare decisions, and have one or more serious or chronic illnesses.



If you lose or do not have capacity to make healthcare decisions, your MDPOA may execute a CPR Directive or a MOST (see below) on your behalf. Make sure you have instructed your MDPOA, preferably in writing, as to your wishes. If your MDPOA does not know what you would want, they must act in your "best interests." Your MDPOA cannot execute a Living Will on your behalf, or revoke one you executed, unless you specifically say so in the Living Will or MDPOA document. MDPOA cannot revoke a CPR directive executed by you. MDPOA may modify a MOST originally completed by you, but should do their best to balance your original wishes with changing conditions.

You are over 60, have one or more serious or chronic illnesses, and do NOT have capacity or MDPOA.



Even if you and your doctors are working hard to manage your [SERIOUS OR CHRONIC ILLNESS], it's not uncommon for people to have sudden flare-ups or events that might need emergency medical attention or a trip to the hospital. A CPR directive is a must-have if you don't want the emergency responders to pump on your chest or put a tube down your throat. The MOST records your decisions on certain key choices, such as CPR, general scope of treatment, and tube feeding, on a form that can be easily and quickly understood. When this form is signed by your doctor, or nurse practitioner, or physician's assistant, it become "medical orders" – like a prescription – which must be followed in any healthcare facility. It's essential to complete the form with your care provider. Like the CPR directive, the form needs to be kept handy and should go with you anytime you need medical care. It doesn't replace or revoke your other directives, which might have other important instructions.

Proxy can execute a CPR directive or MOST on your behalf if you are incapacitated, being sure to follow your wishes or best interests.