



# Caring Conversations<sup>®</sup>

*Making your wishes known for end-of-life care*

Like natural childbirth, natural dying is a way to cope with one of the great milestones in life, and to help us appreciate that all of life is about connections, relationships, and unconditional love.

– Marilyn Webb, *The Good Death*

workbook

This workbook belongs to

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Date 

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This workbook includes a questionnaire to help you have “caring conversations,” an advance directive document, and a list of the most frequently asked questions about advance directives.

Center for Practical Bioethics  
Harzfeld Building  
1111 Main Street, Suite 500  
Kansas City, Missouri 64105-2116

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## Order Information

Center for Practical Bioethics  
Harzfeld Building  
1111 Main Street, Suite 500  
Kansas City, Missouri 64105  
(816) 221-1100  
fax (816) 221-2002  
[www.practicalbioethics.org](http://www.practicalbioethics.org)

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# Caring Conversations

We live within webs of social relationships — family, school, work, faith. We mark many of the predictable landmarks of our lives with social rituals — birthdays, graduations, weddings, retirements, deaths. However, social rituals that mark life's last chapter are uncommon. Without such rituals, dying in America is marked in other ways.

Patients die in pain that could and should be managed. Seriously ill patients and their families needlessly suffer spiritual, psychological, and social distress. Too often, the financial costs of caring for dying patients are catastrophic, but the benefits of the care are marginal. Preferences concerning care are not expressed or heard, or they are heard but not respected. The value of life's last chapter may be missed entirely.

This *Caring Conversations* workbook provides a social ritual to help you and your loved ones plan the kind of healthcare you will want at the end of life. Sharing the information in *Caring Conversations* allows others to understand and respect your wishes and moderates the tension that patients and their families experience during a last illness.

This workbook is intended to prompt you, your family, and friends to think about these issues now, while you are able to respond to specific questions. Sharing the workbook can help you and your loved ones find peace of mind. Your preferences may change over time, so revisit your workbook regularly and modify it as necessary. We invite you to use the workbook to prepare yourself and others to have caring conversations.

## Reflect, Talk, Appoint, Act

This workbook is designed to help you reflect on decisions you may have to make in the future regarding your healthcare and how you wish to be treated when you are too ill to speak for yourself. It is also a tool to help you communicate these wishes to your loved ones and healthcare providers.

Talking with your loved ones is probably the most important and caring thing you can do to ensure that your loved ones and friends will know how you want to be cared for during the last chapter of your life. Advances in modern medicine have added years to our lives, but there comes a time for each of us when decisions will have to be made about continuing or discontinuing treatment, and how we want to die.

*Caring Conversations* can empower your friends and loved ones to act for you when that day comes. It can also help you identify an agent, a durable power of attorney for healthcare, whom you can designate to make your healthcare decisions. Ideally, your durable power of attorney will be a family member or close friend: someone who knows and understands your values, someone who will act on your wishes with tenacity and courage. Naming and instructing your durable power of attorney is much easier in the context of having a caring conversation.

Your choice of a surrogate decision maker (an agent) can then be formalized using the documents included in this workbook.

In most cases, the durable power of attorney becomes effective when and only when you are no longer able to make decisions for yourself. In some cases, you may want your agent to help you make decisions even though you are still capable of making decisions for yourself. When you fill out the Durable Power of Attorney form included in your *Caring Conversations* workbook, you will be able to choose between these options. You can make your power of attorney effective on the date you sign the document, or you may make it effective when and only when you no longer have the capacity to make and communicate your healthcare decisions.

You may also wish to complete a Healthcare Treatment Directive. Some people may not want to appoint an agent or may not be able to identify the person they want to make decisions for them when they are no longer able to make or communicate their wishes. In such cases, you can still specify the kind of healthcare treatment you want by completing a Healthcare Treatment Directive and giving copies to your healthcare providers, friends, and loved ones.

For many people, the end of life is a call to complete unfinished business. It offers a time and opportunity to reexamine the relationships, events, values, decisions, and tasks that are most important to us. Preparing for this last chapter of our life is difficult and requires reflection. *Who am I? Who is important in my life? Whom do I want near me, or do I want to be alone?*

This workbook provides a series of questions to help you think about a future when you may no longer be able to make decisions. It will help communicate your preferences to those who may be called on to make decisions for you — loved ones

and healthcare providers — if you cannot speak for yourself.

You may want to complete this book alone, before you have a caring conversation. Or you may choose to fill it out with someone during a caring conversation. Even if you have already shared these thoughts, we urge you to talk about them again from time to time. Caring conversations affirm life; they ensure that your values and preferences will be known, remembered, and honored. They also give confidence and peace of mind to those we ask to act on our behalf.

*As you consider the following questions imagine that you are in the last six months of your life. Use additional paper if needed and skip any questions you are not ready to answer. There are no “right” or “wrong” answers.*

✦ With whom do you want to have your caring conversation? \_\_\_\_\_  
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✦ What do you most want them to know? \_\_\_\_\_  
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✦ When and where will you have your caring conversations? \_\_\_\_\_  
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✦ What life events have given you the most joy?  
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✦ What life events have saddened you the most, or caused you regret? \_\_\_\_\_  
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✦ What ethical, religious, or spiritual beliefs do you hold that influence your thoughts about life and your thinking about dying? \_\_\_\_\_  
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✦ What concerns do you have about your health or future healthcare? \_\_\_\_\_  
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✦ What are your fears regarding the end of your life?  
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✦ What do you most value about your physical or mental well-being? (For example, do you love to be outdoors? Does being able to read or listen to music bring you pleasure? How important is it to be aware of your surroundings and the people with you? How important is seeing, tasting, touching?) \_\_\_\_\_  
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✦ Are there circumstances under which you would refuse or discontinue treatment that might prolong your life? If so, describe those circumstances. \_\_\_\_\_  
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✦ If you could plan it today, what would the last day of your life be like? (Where would you be? What would you be doing? What would you eat? What music would you listen to? What would be your final words and your last acts?) \_\_\_\_\_  
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✦ How do you want to be remembered? \_\_\_\_\_  
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✦ If you wrote your own epitaph, what would it say?  
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## Personal/Relationships

In his book, *Dying Well*, Dr. Ira Byock suggests five words or phrases that dying people want to share. These words are “I forgive you.” “Please forgive me.” “I love you.” “Thank you.” “Good-bye.” Consider these phrases as you ponder the following questions.

### At the end of your life,

- Are there people to whom you may want to write a letter or prepare a taped message, perhaps marked for opening at a future event? \_\_\_\_\_  
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- Are there special ways you want to share time with friends and family? (Would you, for example, want to have a private good-bye visit with some of the special people in your life?) \_\_\_\_\_  
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## Spiritual/Religious Values

- Would you want to make a final trip to visit family, friends, or a special place? (If so, where would you go? What would you do?) \_\_\_\_\_  
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- Do you want to have a special gathering such as a prayer service, or perhaps an event to share memories, old stories, and songs? \_\_\_\_\_  
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- What are your thoughts about your funeral or memorial service? (Do you have any favorite songs or readings? Are there special people you hope will participate?) \_\_\_\_\_  
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- How would you describe your spiritual or religious life? \_\_\_\_\_  
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## End-of-Life Decisions

- What gives your life its purpose and meaning? \_\_\_\_\_

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- What is important for others to know about the spiritual or religious part of your life? \_\_\_\_\_

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- If forgiveness is important to you, from whom will you seek it, and how? \_\_\_\_\_

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- What spiritual, religious, and psychosocial support do you want as you journey near death? (Do you want to pray with a member of the clergy, be read to from spiritual or religious texts, or listen to poetry or music?)

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- Whom do you want to make your healthcare decisions when you cannot make them for yourself? \_\_\_\_\_

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- Who would be your second choice? \_\_\_\_\_

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- Where do you want to be when you die? Would you prefer to be in a hospital, at home, or in another special place? \_\_\_\_\_

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- What do you think would make you comfortable? Do you want privacy and quiet or would you prefer to have the company of loved ones and friends? Would you want to be held? To review family photos, stories, and traditions? To listen to music? \_\_\_\_\_

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• Would you want to be sedated if it were necessary to control your pain? \_\_\_\_\_

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• If you could no longer swallow, would you want to be tube fed? \_\_\_\_\_

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• Would you want to have a palliative or comfort care consultation? \_\_\_\_\_

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• Would you choose to continue or begin treatments that may prolong your life if you are . . .  
(please circle your response)

• No longer able to think for yourself.

Yes No

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• No longer able to communicate with your family and friends.

Yes No

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• Permanently unconscious or in a persistent vegetative state?

Yes No

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• Of very advanced age.

Yes No

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• What does very advanced age mean to you? \_\_\_\_\_

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• Do you wish to donate your organs and tissue? \_\_\_\_\_

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• Do you want to donate your body for medical science? If yes, to what institution? \_\_\_\_\_

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• Would you agree to an autopsy? \_\_\_\_\_

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• Do you prefer burial or cremation? \_\_\_\_\_

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# Career, Legal, and Financial Decisions

- If work is still part of your life, are there duties and obligations still to delegate or projects to finalize?

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- Are there things you want friends and loved ones to know about the importance of work and career to you?

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- Do you have a will, living trust, or other legal documents? If so, where are these documents located?

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- Are there financial arrangements that you need to make? (For example, long-term care insurance, transfers of property, providing for dependents, making charitable contributions?) \_\_\_\_\_

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- Where do you keep information about your bank account, insurance policies, stock certificates, deeds, titles? And whom do you wish to have access to this information? \_\_\_\_\_

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## Conclusion

Having caring conversations can provide confidence and peace of mind to those faced with making decisions for loved ones at the end of life.

The next section of this workbook includes a Durable Power of Attorney for Healthcare Decisions and a Healthcare Treatment Directive. These are legal documents. You may complete both forms. The Durable Power of Attorney for Healthcare Decisions is your designation of a decision maker (an agent) to make healthcare decisions for you. It is valid in any state so long as it is notarized, signed, and witnessed. We encourage you to complete this form and give copies to your healthcare providers, family, friends, and loved ones.

The Healthcare Treatment Directive is also a legal

form, valid in all states. You may use it to specify the kind of healthcare you want when you are no longer able to make or communicate your wishes. Your agent, if you have one, will be guided by this form when he or she is acting on your behalf. If you do not appoint an agent, it is important to complete this form and give copies of it to your healthcare providers, family, friends, and loved ones to help them know your preferences when you can no longer speak for yourself.

We also encourage you to continue having caring conversations. Your preferences and values may change over time, but making your desires known will give you and your loved ones peace of mind as you near the end of life.

# Preparing an Advance Directive

Advance directive is a general term used in this workbook to describe both a Durable Power of Attorney for Healthcare Decisions and a Healthcare Treatment Directive. It is a term also used to refer to living wills and informal directives people may set down in letters or conversations.

An advance directive allows you to communicate your healthcare preferences when you can no longer make your own decisions. The U.S. Supreme Court has recognized that adults with decision-making capacity have a constitutional right to refuse any medical treatment, including ventilators and feeding tubes. State laws also authorize you to name a person to make healthcare decisions for you when you cannot.

This advance directive has been developed to help you document your wishes about healthcare. It has two parts:

1. Durable Power of Attorney for Healthcare Decisions: a document that allows you to name a person to make healthcare decisions for you.

2. Healthcare Treatment Directive: a document that allows you to state in advance your wishes regarding the kind of healthcare treatment you want when you cannot make or communicate these decisions.

You may complete one or both of these forms. They will be more helpful and informative if you discuss your wishes with your loved ones, friends, and healthcare providers as part of your advance care planning.

These documents are intended to ensure that your wishes will be known and followed. In most cases, these documents become effective only when you can no longer make or communicate decisions for yourself. However, if you name a person to make healthcare decisions for you in a Durable Power of Attorney for Healthcare Decisions, you may choose to make his or her authority effective immediately.

## The Benefit of Communication

The greatest benefit of your advance directive is its power to communicate your wishes. Discuss your advance directive with your doctor, and make your wishes about healthcare known to your loved ones, friends, healthcare providers, clergy, and your attorney (if you have one), and others whom you trust to carry out your wishes.

Completing the *Caring Conversations* workbook first will make this process easier. It provides an opportunity for you to identify and communicate your goals and values. Discuss the workbook with those who care for you.

**1. What is an advance directive?**

Usually an Advance Directive is composed of two parts: the appointment of an agent to make healthcare decisions for you when you are unable to make these decisions for yourself (a Durable Power of Attorney for Healthcare); and a description of the kind of medical treatment you want when you are facing serious illness (e.g., a living will or healthcare treatment directive).

**2. Do I need both a Durable Power of Attorney for Healthcare Decisions and a Healthcare Treatment Directive?**

While it is useful, it is not necessary to have both. However, situations may arise that your Healthcare Treatment Directive does not cover. To anticipate such events, you should name a person (agent) you can trust to make decisions for you. Be sure to discuss your *Caring Conversations* workbook (if you have one) and your Healthcare Treatment Directive with your agent.

**3. How is your Healthcare Treatment Directive different from a living will?**

The Healthcare Treatment Directive is similar to a living will because it is a signed, dated, and witnessed document that allows you to state in advance your wishes regarding treatment when you are seriously ill or at the end of life. The difference is that most living wills apply only when you are terminally ill. The Healthcare Treatment Directive becomes effective whenever you lose your ability to make and communicate decisions.

**4. How is the Durable Power of Attorney for Healthcare Decisions different from other powers of attorney?**

Powers of attorney usually address business and financial matters, and are no longer effective when you lose decisional capacity unless they are “durable.” A Durable Power of Attorney for Healthcare Decisions allows you to name a person (agent) to make healthcare decisions for you. You may give your agent this authority on the day you sign the form, or you may give your agent that authority only when you lose the ability to make or communicate your own decisions.

Some people choose to name separate agents for business and healthcare decisions and must use separate documents to do so. The document in this book addresses healthcare matters only.

**5. Whom should I name as my agent?**

It is important that you name a person as your agent who knows your goals and values and whom you trust to carry out your wishes. You may name a family member, but it is not necessary to do so. You might choose your spouse, an adult child, a close friend or other loved one. Be sure to talk with your agent about your wishes in detail and confirm that he or she agrees to act on your behalf. When you complete your *Caring Conversations* workbook, share it with your agent.

**6. If I have already completed a living will, or other advance directive, do I need a Healthcare Treatment Directive or Durable Power of Attorney for Healthcare Decisions?**

Your living will may not be as comprehensive as the Healthcare Treatment Directive, and may not allow you to name an agent. If you decide to complete the Healthcare Treatment Directive or Durable Power of Attorney for Healthcare Decisions, notify persons to whom you have distributed your living will and give them a copy of your new advance directive. It is always a good idea to review any previously completed documents and discuss any needed changes with your healthcare providers.

**7. Do I need an attorney to make a Healthcare Treatment Directive or a Durable Power of Attorney for Healthcare Decisions?**

No. However, you may want to discuss your advance directive with your attorney, if you have one.

**8. Do advance directives need to be witnessed or notarized?**

Yes. Witnessing and notarizing requirements vary from state to state and from document to document. States typically require witnessing by two adults, and they may limit who may witness. Some states disqualify persons as witnesses who are related to you, who will inherit from you, or for whom you are financially responsible. Because of state-to-state differences, it is a good idea to have advance directives both witnessed and notarized.

**9. Does the federal privacy rule known as HIPAA affect the ability of the agent I appoint as my durable power of attorney for healthcare to make healthcare decisions for me?**

HIPAA does not apply to patients. People acting as agents under durable powers of attorney for healthcare have the same rights as the patients who appointed them. Therefore, HIPAA does not impede an agent's ability to make healthcare decisions. Furthermore, HIPAA allows "covered entities," such as hospitals and nursing homes, to use or disclose the information contained in your durable power of attorney for healthcare document to help identify, locate, and notify your agent that he or she is needed.

**10. What effect does HIPAA have on my healthcare directive?**

HIPAA prohibits "covered entities," such as hospitals and nursing homes, from making unauthorized disclosures of "protected health information." When a copy of your healthcare directive is placed in your medical record, it becomes part of the protected health information. However, because HIPAA authorizes covered entities to disclose relevant protected health information to family members, other relatives, or close friends who are involved with a patient's care, HIPAA should not have any effect on your healthcare directive. Giving copies of your healthcare directive to everyone who might advocate for your healthcare further ensures that HIPAA won't be an obstacle. You may make and distribute as many copies of your healthcare directive as you want.

**11. What do I do with my completed advance directive?**

- Make copies of your advance directive to provide to any agent(s) named in your Durable Power of Attorney for Healthcare Decisions and other appropriate individuals

(i.e., physicians, family, friends, clergy, and attorney).

- Discuss the details of your advance directive with these individuals.
- Ask your physician to make it part of your permanent medical record.
- Whenever you are hospitalized or go on a trip, take a copy with you.
- You may also want to register your advance directive with an online repository (e.g., [uslivingwillregistry.com](http://uslivingwillregistry.com)) so that your agent or healthcare providers can retrieve it electronically.

**12. When does my advance directive go into effect?**

So long as you can make decisions, it is both your right and your responsibility to make your own decisions. In most cases, therefore, your advance directive goes into effect only when you are no longer able to make or communicate your decisions. If, however, you are concerned about your ability to make reliable decisions, you may give your agent the authority to act on your behalf on the day that you sign the document. The Durable Power of Attorney contained in this workbook allows you to make this choice.

**13. How long will my advance directive be effective?**

As a general rule, your advance directive is effective until the time of your death. We recommend that you review your advance directive periodically, especially when there is a change in your health status. Date and initial it following every review, and discuss any changes with your family, friends, and physician.

If you appoint an agent in a Durable Power of Attorney for Healthcare Decisions document, your agent can, in conformity with state law, make a few decisions following your death, for example, decisions about an autopsy, organ and tissue donation, and the disposition of your body.

**14. May I change or revoke my advance directive?**

Yes, you may change or revoke it at any time, either verbally or in writing.

**15. Will my advance directive be valid in another state?**

Yes, especially if it is both notarized and witnessed. The right to make an advance directive has been constitutionally affirmed.

*continued on page 15*

## Durable Power of Attorney for Healthcare Decisions

■ **Take a copy of this with you whenever you go to the hospital or on a trip** ■

It is important to choose someone to make healthcare decisions for you when you cannot make or communicate decisions for yourself. Tell the person you choose what healthcare treatments you want. The person you choose will be your agent. He or she will have the right to make decisions for your healthcare. If you DO NOT choose someone to make decisions for you, write NONE on the line for the agent's name.

I, \_\_\_\_\_, SS# \_\_\_\_\_ (optional), appoint the person named in this document to be my agent to make my healthcare decisions.

This document is a Durable Power of Attorney for Healthcare Decisions. My agent's power shall not end if I become incapacitated or if there is uncertainty that I am dead. This document revokes any prior Durable Power of Attorney for Healthcare Decisions. My agent may not appoint anyone else to make decisions for me. My agent and caregivers are protected from any claims based on following this Durable Power of Attorney for Healthcare. My agent shall not be responsible for any costs associated with my care. I give my agent full power to make all decisions for me about my healthcare, including the power to direct the withholding or withdrawal of life-prolonging treatment, including artificially supplied nutrition and hydration/tube feeding. My agent is authorized to

- Consent, refuse, or withdraw consent to any care, procedure, treatment, or service to diagnose, treat, or maintain a physical or mental condition;
- Make all necessary arrangements for any hospital, psychiatric treatment facility, hospice, nursing home, or other healthcare organization; and, employ or discharge healthcare personnel (any person who is authorized or permitted by the laws of the state to provide healthcare services) as he or she shall deem necessary for my physical, mental, or emotional well-being;
- Request, receive, review, and authorize sending any information regarding my physical or mental health, or my personal affairs, including medical and hospital records; and execute any releases that may be required to obtain such information;
- Move me into or out of any State or institution;
- Take legal action, if needed;
- Make decisions about autopsy and tissue and organ donation, and the disposition of my body in conformity with state law; and
- Become my guardian if one is needed.

In exercising this power, I expect my agent to be guided by my directions as we discussed them prior to this appointment and/or to be guided by my Healthcare Directive (see reverse side).

**If you DO NOT want the person (agent) you name to be able to do one or other of the above things, draw a line through the statement and put your initials at the end of the line.**

Agent's name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_

**If you do not want to name an alternate, write "none."**

First Alternate Agent _____	Second Alternate Agent _____
Name _____	Name _____
Address _____	Address _____
Phone _____	Phone _____
Email _____	Email _____

**Effective Date of Appointment (initial the option that best reflects your wishes)**

My agent's authority shall take effect immediately upon my signing of this document. \_\_\_\_\_  
 My agent's authority shall be effective when and only when I cannot make healthcare decisions for myself. \_\_\_\_\_

**(Be sure that you initialed one, and only one, of the above two options.)**

**SIGN HERE** for the Durable Power of Attorney and/or Health Care Directive forms. Many states require notarization. It is recommended for the residents of all states. Please ask two persons to witness your signature who are not related to you or financially connected to your estate.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Witness \_\_\_\_\_ Date \_\_\_\_\_

**Notarization:**

On this \_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_, personally appeared before me the person signing, known by me to be the person who completed this document and acknowledged it as his/her free act and deed. IN WITNESS WHEREOF, I have set my hand and affixed my official seal in the County of \_\_\_\_\_, State of \_\_\_\_\_, on the date written above.

Notary Public \_\_\_\_\_ Commission Expires \_\_\_\_\_

# Healthcare Treatment Directive

I, \_\_\_\_\_, SS# \_\_\_\_\_ want everyone who cares for me to know what healthcare I want.  
(optional)

I always expect to be given care and treatment for pain or discomfort even if such care may affect how I sleep, eat, or breathe.

I want my dying to be as natural as possible. Therefore, I direct that no treatment (including food or water by tube) be given just to keep my body functioning when I have

- a condition that will cause me to die soon, or
- a condition so bad (including substantial brain damage or brain disease) that I have no reasonable hope of achieving a quality of life that is acceptable to me.

An acceptable quality of life to me is one that includes the following capacities and values. (Describe here the things that are most important to you when you are making decisions to choose or refuse life-sustaining treatments.)

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- Examples:
- recognize family or friends
  - make decisions
  - communicate
  - feed myself
  - take care of myself
  - be responsive to my environment

I want my doctor to try treatments on a time-limited basis when the goal is to restore my health or help me experience a life in a way consistent with my values and wishes. I want such treatments withdrawn when they cannot achieve this goal or become too burdensome to me.

Among the time-limited treatments I would not agree to under any circumstances are the following: \_\_\_\_\_

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- Examples:
- resuscitation (CPR)
  - dialysis
  - ventilator
  - food or water by tube
  - chemotherapy
  - transfusions
  - antibiotics
  - surgery

In facing the end of my life, I expect my agent (if I have one) and my caregivers to honor my wishes, values, and directives. For further clarification, please refer to my *Caring Conversations* Workbook, which is located at \_\_\_\_\_.

***Be sure to sign the reverse side of this page even if you do not wish to appoint a Durable Power of Attorney for Healthcare Decisions***

*If you only want to name a Durable Power of Attorney for Healthcare Decisions, draw a large X through this page.*

**Talk about this form and your ideas about your healthcare with the person you have chosen to make decisions for you, your doctors, family, friends, and clergy. Give each of them a completed copy.**

You may cancel or change this form at any time. You should review it often. Each time you review it, put your initials and the date here. \_\_\_\_\_

This document is provided as a service by the Center for Practical Bioethics.  
For more information, call the Center for Practical Bioethics 816-221-1100  
E-mail – [bioethic@practicalbioethics.org](mailto:bioethic@practicalbioethics.org) • Web site – [www.practicalbioethics.org](http://www.practicalbioethics.org)

## Frequently Asked Questions

continued from page 12

### 16. Can I expect healthcare providers to carry out the directions in my advance directive?

Yes, you should expect that your directions will be carried out. Healthcare providers have both legal and ethical duties to respect patient directions, whether verbal or written, within any limitations of state law. However, your directive is more likely to be known and honored if you have named an agent to act on your behalf. If your directive is not being honored, your agent or loved ones should ask for help from an ethics committee, social worker, chaplain, or ombudsman.

### 17. Will my advance directive be honored in an emergency situation?

Depending on your condition and orders written by your doctor and available to first responders, your advance directive may not be honored in an emergency. Much depends on how prepared you are and how readily available the documents are when emergency personnel arrive on the scene.

However, after the emergency situation has passed, your agent will be able to make your directive known to the healthcare providers who will continue to care for you.

### 18. Will my advance directive prevent me from getting cardiopulmonary resuscitation (CPR) if my heart stops, or I stop breathing?

Not in most cases. A very specific document called a Do Not Resuscitate order (DNR order) must be authorized by your doctor for responders not to attempt resuscitation. We recommend that you discuss this serious matter with your doctor.

If your advance directive addresses the subject of resuscitation, it may be used as evidence of your consent to a DNR order during times of incapacity.

### 19. Can my advance directive or decisions made by my agent be overridden by my family members?

Advance directives and decisions made by an appointed agent are morally and legally binding. In practice, however, they are not always honored. The best assurance that they will not be overridden is conversation about these matters with your loved ones and healthcare providers. Instruct your agent to use

your healthcare treatment directive as a guideline. He or she may have to make decisions for you in clinical situations that you have not anticipated.

### 20. Can someone else complete an advance directive for me without my participation?

No, an advance directive is your statement of your preferences.

### 21. May I request that tube feedings be withheld or withdrawn?

Yes. In some states, a clear and specific instruction to decline tube feeding may be required.

### 22. May I state my wishes for donating organs or tissues in my advance directive?

Yes. You may also want to complete an organ donor card, and discuss your wishes with your loved ones. In some cases, state law may limit the power of your agent once you have died.

### 23. How can I describe what an “acceptable quality of life” means to me?

There is no right answer to this question; however, here are some things to consider:

- What is your own “bottom line?” Under what circumstances would dying naturally be preferable to sustaining life?
- Do religious values influence your treatment decisions? (If so, how?)
- How important is it for you to be able to care for yourself?
- What kind of living environment would you be willing to accept?
- How important is it to you to be able to recognize family and friends?

## Conclusion

We encourage you to complete the *Caring Conversations* workbook, discuss your healthcare treatment preferences with those who care for you, and indicate that you have done so on your advance directive. The more you express your choices regarding end-of-life care, the more confidence and peace of mind you and your loved ones will have in making these decisions.



The Center for Practical Bioethics is a freestanding practical bioethics center.

Our vision is a society in which the dignity and health of all people is advanced through ethical discourse and action. Our mission is to raise and respond to ethical issues in health and healthcare. Our core value is respect for human dignity. We believe that all people have intrinsic worth, and we express this belief by promoting both autonomy and social justice in health and healthcare.

We welcome your interest in the *Caring Conversations* program. For more information about the program, please contact the Center at 816 221-1100, visit our website <[www.practicalbioethics.org](http://www.practicalbioethics.org)>, or email us at <[bioethic@practicalbioethics.org](mailto:bioethic@practicalbioethics.org)>.



**Center for Practical Bioethics  
Harzfeld Building  
1111 Main Street, Suite 500  
Kansas City, Missouri 64105-2116**

*Please  
place  
stamp  
here.*