

V I S T A S



**A GUIDE TO END-OF-LIFE PLANNING FOR
TODAY'S HEALTHWISE CONSUMER**

Learning materials
specially created
as part of our:

*Well & Wise
Health Series*

Introduction to Vistas

Three brothers chatted excitedly as the snow capped peak of Mount Shasta loomed closer and closer. Adrenalin flowed freely as they savored their memories of muscles searing each step up the pitched, icy slope; lungs burning on the wind whipped summit. Their father sat silently—on their last trip, he had stumbled and slid terrified hundreds of feet before he was able to desperately dig in his ice axe and grind to a stop. He decided that on this trip he would not attempt the arduous climb to the summit. No. He would await his sons at the base of the ice field and he would enjoy his vista. His sons—young, vigorous and daring—deserved the right to seek their own vista.

Vista is a Spanish word that means “view.” As we age, our bodies mature, undergo change, and grudgingly admit to more and more limitations. In this process, we find that our world view also changes. We begin to question what is most important to us by asking ourselves, “What gives my life meaning? What do I value? What risks am I willing to undertake for matters that are important to me? How about for matters that used to be important? Are those things still as important? How do I define quality of life? What trade-offs am I willing to make and am I willing to endure discomfort in the hopes of prolonging life?”

Health care decisions are increasingly complex. Each person must be aware of their potential care issues, to be an informed partner in their health care decisions, and to have an alternative decision-making process available.

Vistas is about evaluating your health care status. **Vistas** is about empowering you to express your health care wishes and values.

The first step in the process is the California Advance Health Care Directive and our guide to completing the form correctly. The second step is a more specific Preferred Intensity of Care form and supporting information. This form asks about specific situations and what your wishes would be, both in your current state of health and if your health status should change. Your responses help to guide specific decisions and also help your physician understand your values in other situations. Part three explains the vista of an older patient living with chronic illness and the final step is an information sheet to be filled out and kept for future reference.

Using the Advance Health Care Directive and Preferred Intensity of Care:

Tools to Help with Medical Decisions for Acute or Chronic Illness

What is an Advance Health Care Directive (AHCD)?

- ◆ The AHCD is an opportunity for you to express your values with regard to medical treatment and its impact on the quality of your life. You identify who can speak for you if you are too sick or unable to speak for yourself.

Why is the Advance Health Care Directive important?

- ◆ Many times, especially for older patients or patients with chronic illnesses, further medical intervention can prolong life, but this may be at a reduced quality of life. Thus, standard medical therapy, which is taken for granted by others, *may not be* desired by an elderly patient or patient with chronic illness.
- ◆ Expressing your wishes helps reduce the burden on your family. If you are unable to speak for yourself, your family already knows what your preferences are for medical care.
- ◆ You or a family member may be looking at these forms to make decisions on behalf of the patient. Your responsibility is to make these decisions as best as possible in the way that you believe the patient would, considering their circumstances. Ask yourself the question, “What would (*Mom*) have wanted if she could speak for herself?”

What does life support mean?

- ◆ Cardiopulmonary resuscitation (CPR) is applicable to situations in which the heart stops beating. It is successful in only 5 to 15% of cases, depending on how quickly CPR is started and the age and health of the patient. Older patients and those in nursing homes with chronic illness have lower survival rates, often less than 5%. Within minutes, permanent brain damage begins if CPR has not restarted the heart. So even if CPR is eventually successful in reviving the heart, brain damage may have already taken place. For these reasons, patients sometimes choose in advance to be listed as “NO CPR.”
- ◆ Ventilators are machines that breathe for you. They are uncomfortable and patients must be kept sedated while one is being used. If one is being used because a patient has a treatable problem like pneumonia, most patients can get off of the machines and be healed to their usual state of health. When a ventilator is being used because of permanent brain damage, many people consider this artificially prolonging life.

Why do I need a Preferred Intensity of Care form?

Medical decision-making is often not simple, nor is it a predictable process. As decisions need to be made, it is important to consider what you value and what you mean by “quality of life.” Hypothetical situations can be discussed to identify your values and provide insight into what your choices might be in various situations. Following are some questions you might ask yourself as you consider your perception of “quality of life.”

- ◆ Is intensive and uncomfortable treatment with a ventilator worth enduring if the expectation is that I can be restored to my usual health?
- ◆ Cardiac resuscitation gives a slight hope of restoring life, but at a significant risk of permanent severe disability. Is the value of extending my life worth the risk of disability?
- ◆ Choosing a feeding tube if I cannot eat and life is being sustained with artificial feeding implies the belief that I value life even with a significant disability. Does this quality of life have value for me?

What do I do with the Advance Health Care Directive and Preferred Intensity of Care forms once they are completed?

- ◆ If you have questions, talk with your doctor.
- ◆ A copy of the Advance Health Care Directive and Preferred Intensity of Care form should be placed in your hospital and clinic charts. You can also give your family a copy.

Advance Health Care Directive Instructions

To complete the Advance Healthcare Directive the following areas **MUST** be completed.

1. Name

2. Date

3. Part 1.1 Designation of agent

You may also designate an alternate agent

4. Part 2.1 End of Life Decisions

Page 2, Part 2

Mark one of the boxes

5. Part 3.1 Donation of Organs at Death

Page 3, Part 3 (optional)

6. Part 5.2 Signature: You need to sign the document

Page 3, Part 5

7. You will need 2 witnesses

Page 4

One of the witnesses must sign in 5.4 that they are not related to you and not entitled to any part of your estate.

CONGRATULATIONS, you have completed the form!

If you have any questions, or would like to talk with someone about your form, you can make an appointment to speak with:

1. Your primary doctor
2. Joanne Hatchett, RN, FNP
Woodland Clinic 666-1631, extension 6559
3. Sharman Loreda, MSW
Woodland Healthcare 662-3961, extension 4542

Preferred Intensity of Care:

Additional Information for Advanced Health Care Directive

Name: _____

Date of Birth: _____

I have completed an Advance Health Care Directive: Yes _____ No _____

The following preferences for medical treatment are given to help my Health Care Agent and my Physician understand my desires for medical treatment, based upon **my current health status**.

If my heart stopped beating and I was not breathing: (choose one)

- Attempt cardiopulmonary resuscitation (CPR), which includes chest compressions and inserting a breathing tube into my lungs for the ventilator (respirator).
- Attempt CPR, but stop efforts if there is a high likelihood of brain damage.
- Do not attempt or continue CPR. If my heart stops, allow me to die with dignity and comfort.

If I become ill with a life-threatening condition, for example a severe pneumonia: (choose one)

- I would want treatment, except **I do not want a ventilator to be used**. If I am not responding to antibiotics and other treatments, I would want to be kept comfortable and be allowed to die.
- I would want treatment to include use of a ventilator. (choose one)
 - If my lungs **did not heal**, and I could not breathe on my own, I would want to continue being **treated with the ventilator** as long as my body continues to respond.
 - If my lungs **did not heal**, and I could not breathe on my own in a reasonable time, I would want to **be taken off the ventilator**, be kept comfortable and be allowed to die.

continued

If I suffer a **devastating illness with a severe disability** for which my doctors do not think I will recover and I am unable to express my wishes, the following statements reflect my treatment preferences:

If my heart stopped beating and I was not breathing: (choose one)

- Attempt cardiopulmonary resuscitation (CPR), which includes chest compressions and inserting a breathing tube into my lungs for the ventilator (respirator).
- Attempt CPR, but stop efforts if there is a high likelihood of brain damage.
- Do not attempt or continue CPR. If my heart stops, allow me to die with dignity and comfort.

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If I were not able to control my swallowing muscles and I could have problems with choking on food: (choose one)

- I would want a tube inserted into my stomach to artificially feed me with a liquid feeding solution. There is a chance of pneumonia even with a feeding tube.
- I would not want any feeding tube placed. My treatments should focus on comfort. Allow me to try to eat, even if I might get pneumonia.

I have discussed my preferences with my family. If I cannot speak for myself, I have named _____ to be my surrogate decision-maker(s).

I do not want the following person(s) to make decisions for me:

Signature: _____ Date: _____

Staff: _____ Date: _____

Intensity of Care:

A Patient Perspective

I talked to my doctor and told him last week that I didn't want to go back to the hospital for treatment anymore. He asked me why and I told him this:

"I'm more comfortable here and the staff knows me and knows what I need. The people at the hospital are nice and they want to help, but they don't know my needs as well. At the hospital, I get stuck with a lot of needles and tubes and get wheeled from test to test. I suppose that they want to help me, but I'm not sure that all of the tests and treatments really help me that much. I guess they help me live a little longer, but to me it doesn't seem to be worth the pain and discomfort that goes along with being in the hospital."

My doctor told me that he understands and supports my decision. He told me that he would leave instructions for the staff here at the nursing home so that they would understand also. He assured me that they would continue to take care of my needs and take care of new problems as they arise. But he said that they would always try to consider my comfort first. He also told me that there might be a time at which it was necessary to go to the hospital if the staff here couldn't keep me comfortable with the equipment and medications that they have here.

Some of my family had a difficult time with my decision. I think they have a hard time thinking of having to let go. But I know that they will understand when they really consider what is best for me.

Even I sometimes have doubts – that's probably natural isn't it? But I sleep better at night since I made this decision. I also know that I can always talk with my doctor about how I am feeling."

Vital Statistics:

A Tool to Help Organize Your Information

Many people want to have their important papers organized and information easily accessible to their families, in order to decrease the stress and burden of finding information after a loved one's death. Completing a Vital Statistics Record is a tool to help organize your information. This form covers the details needed to complete a death certificate. In addition, information that may be included in an obituary is included. Important people to contact can be listed. Financial paperwork can also be detailed to assist your family.

Other important paperwork includes completing your will or living trust, as well as discussing the importance of a Durable Financial Power of Attorney with your lawyer.

Vital Statistics Record

Name (first, middle, last): _____
Birth date: _____ Sex: _____ Ethnicity: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: () _____ Number of Years in Current County: _____
Birthplace (city, county, state): _____
Citizen of What Country: _____
Social Security Number: _____
Spouse's Name: (if wife, give maiden name) _____
Marital Status: (circle one) Married Widowed Divorced Single Other _____
Occupation: (former occupation, if retired) _____ # of years: _____
Father's Name: (first, middle, last) _____ Birthplace: _____
Mother's Maiden Name: (first, middle, last) _____ Birthplace: _____
Veteran: Yes or No Branch: _____ Highest Grade Completed: _____
Rank: _____ Organization: _____ Service Number: _____
Enlistment Date & Place: _____
Discharge Date & Place: _____
Doctor's Name: _____ Telephone Number: () _____
Address: _____
City: _____ State: _____ Zip Code: _____

Historical Information

At present address since: _____ Where & when married: _____

Employer: _____ Position: _____ # of years: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Fraternal or other organizations: _____
City & State: _____ Offices Held: _____
Dates: _____

Church Societies/Organizations: _____
City & State: _____ Offices Held: _____
Dates: _____

Business or Service Organizations: _____
City & State: _____ Offices Held: _____
Dates: _____

Additional Information:

Newspaper Notices

Name as it should appear in newspaper: _____
Newspaper: _____ Address: _____
Newspaper: _____ Address: _____
Additional Instructions: _____

Immediate Family to be Notified

	Name	Address	City	State	Telephone	Relationship
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____

Personal Information for Family Use

The following important papers can be found in these locations.

Will: _____
Insurance Policies: _____
Stocks & Bonds: _____
Military Discharge: _____
Funeral Arrangement Documents: _____
Cemetery Property Deeds: _____
Checking Account at: _____ Number: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Savings Account at: _____ Number: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Savings Account at: _____ Number: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Safe Deposit Box at: _____ Number: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Attorney Name: _____ Phone: () _____
Address: _____ City: _____ State: _____ Zip Code: _____
Accountant Name: _____ Phone: () _____
Address: _____ City: _____ State: _____ Zip Code: _____

Additional Important Contacts or Information

Name: _____
Name: _____

Notes