



Your Company

Family Caregiver Resources

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Health care planning

What if you became very ill and were unable to talk or make decisions for yourself? Who would speak for you? How would they know what your wishes are? These are not easy questions. But your family and medical team need your guidance before a situation such as this occurs. Without it, there is no way to be sure your wishes will be followed.

The advance directive



Every adult over 18 should have a document called an "advance directive" to outline wishes regarding end-of-life care, because you never know...

Too many people put it off, thinking, "I don't need that yet."

Unfortunately, this is one of those cases where it's always too early, until it's too late.

Talk with your doctor about your wishes

It's important that he or she understand your values about what makes life worth living.

An advance directive typically has two parts:

- **The medical power of attorney names a person to make health care decisions.** You identify a person to be your health care "agent" or "proxy." The agent has the responsibility to make medical decisions based on his or her understanding of your wishes. This includes approving or declining treatments.
- **The living will provides instructions for health care.** Here, you outline your thinking about life-sustaining treatments. What do you want or not want? If you have cancer, are your desires different than if you have Alzheimer's? At such time that it is your turn to die, do you prefer to be at home or in another setting, such as a hospital?

Although everyone needs an advance directive, some red flags tell you to get one in place right away:

- A hospitalization
- A scheduled surgery
- Diagnosis of a life-threatening illness
- Diagnosis of dementia

An advance directive is simple to complete. You do not need an attorney. Contact us to get the form that is authorized for our state: 707.477.0700.



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Elder Pages Online supports older adults in [Your Service Area] as they plan for their later years.

Give us a call at [Your Phone] to find out how we can support you.

Choosing a decision maker



Key to health care planning is the selection of someone to make decisions for you if you are unable to do so yourself. That person becomes your “medical power of attorney” (sometimes referred to as your “MPOA” or your “health agent” or “health proxy”).

A spouse may be a reasonable choice. But he or she may have health issues as well. Selecting a grown child has advantages. However, it’s important to think it through objectively. The job has many responsibilities.

Choose someone who is

- **willing to listen.** Someone you feel comfortable talking to about life support issues. Choose someone you know will put aside his or her own preferences to follow your instructions.
- **willing to act.** Someone levelheaded who will advocate on your behalf. Who is not afraid to ask questions or demand answers. Who can make difficult decisions, especially under pressure. Who won’t be intimidated by other family members. (Ideally, your agent would be someone who can be firm and yet communicate diplomatically enough to encourage others to rise to their wisest selves.)
- **nearby and available.** Someone who lives relatively close by who could readily shift their responsibilities and get to you in an emergency.

Also keep in mind that

- **a health directive can be rewritten at any time.** Wishes or views may change over time. So can the choice of a decision maker. Just make sure all parties know there’s been a change and receive the updated documents.
- **your doctor cannot serve as MPOA.** Ideally, the proxy is a friend or relative. Do not choose someone out of guilt. Choose the best person for the job.
- **a backup agent must be named in case the MPOA is not available.** But do not make them co-agents. Precious time is lost if they can’t agree.

If you are chosen

Being chosen to act as someone’s health care decision maker is a role of honor and responsibility. If your relative has selected you, consider these tips.

Prepare for the role

- **Talk with your relative.** Face to face, ideally. Ask how he or she would like to live the last chapter of life. Clarify spiritual or religious preferences. Talk about wishes and fears. For example, some people want to die at home. Others fear that would be a burden to family.
- **Discuss crisis issues.** Learn your loved one’s priorities. Talk specifics. What life-support measures are desired (CPR, a ventilator, tube feeding)? Which are not? Is there a condition or situation your relative feels would be worse than death?
- **Keep the signed directive.** Make sure you’ve got a document your loved one signed, not a copy. Keep it where you’ll be able to find it quickly.

When you are called to act

- **Steady your mind.** Give yourself a few minutes to use a calming strategy: pray, call someone, take a short walk.
- **Get involved.** Introduce yourself to the medical team. Observe your relative’s condition. Take notes. Prepare questions for the doctor.
- **Clarify the timeline.** You may hear “We need a decision now.” Is that 30 minutes or by 5:00 pm tomorrow?
- **Gather information.** Ask about *all* options, including letting nature take its course. What are the benefits for each? The risks and possible negative outcomes? Find out about long-term consequences. How do these line up with what your relative would want?
- **Focus on the patient’s wishes.** Consider a family meeting. In the end, however, you must do as your loved one would have wanted, even if others disagree. A social worker, chaplain, or Aging Life Care Manager can provide support.

Contact us at 707.477.0700



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