



Your Company

Family Caregiver Resources

Questions? Call Us!

[Your Phone Number]

For Elder Care in [Your Community]: Call [Your Phone Number]

Learn more at our website for family caregivers: [AgingAnswers\[YourCommunity\].com](http://AgingAnswers[YourCommunity].com)

Health care planning and the POLST

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.



"It eases my family's mind to know what my wishes are and that I've discussed it with my doctor too."

[YOUR PHONE NUMBER]

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: [Your Phone Number].

[Your Care Management Service] has been supporting older adults and their families since [Your Start Date]. Give us a call at [Your Phone Number] 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.

The POLST

In our state, there is an additional document called the Physician Orders for Life-Sustaining Treatment (POLST). This is an order from the doctor, like a prescription, that details which life support measures are and aren’t desired.

A POLST bears authority in all settings, from the hospital to a skilled nursing facility to EMTs (emergency medical techs) in your home who are responding to a 911 call. It outlines your desires in very short sentences in a form familiar to medical professionals so they can quickly know what to do.

You complete a POLST with your physician. He or she can answer questions, such as

- **What exactly is involved in each procedure?** What gets done to you? What’s it like to experience that?
- **What are the benefits?** Does it relieve suffering? Heal the body? Regain function? Enhance quality of life?
- **What are the risks?** Is it painful? Are there side effects? Does it increase the chance of infections? Does it subtract from quality of life?
- **How likely is it to cure the problem?** Will you return to a healthy state or does it just prolong dying?

A POLST typically addresses CPR (cardiopulmonary resuscitation), ventilators (breathing machines), antibiotics, and tube feeding.

Life-sustaining measures can serve as a bridge to buy time for relatives to come say good-bye. But they also introduce the awkward decision of when to say “enough” because you don’t want to be prolonging an inevitable death. Slipping away peacefully from pneumonia, for instance, might be preferable to being cured but then lingering with advanced dementia. Or returning to chemo.

There is no right or wrong answer. These decisions are based on personal values. A POLST simply gives medical staff clear, quick instructions so everyone can follow the patient’s wishes.

Contact us at [Your Phone Number]



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