

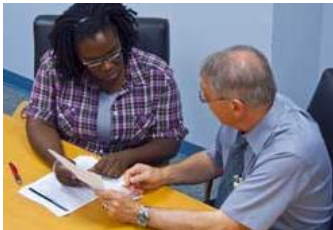
# Advance Care Planning

## What is advance care planning?

Advance care planning is the process where you identify your values and wishes for your health care at a future time if you are no longer capable of making choices for yourself.

## What is an advance directive (AD)?

An advance directive (AD) is a legal form that helps your doctors and loved ones understand your wishes about medical and mental health care. It can help them decide about treatments if you are not able to decide for yourself. An advance directive protects your right to make your own medically-related decisions. And, it provides the best way to ensure that your future medical care reflects your wishes.



The VA AD includes sections that allow you to identify a Health Care Agent and to specify your treatment preferences. Those sections are:

- **Durable Power of Attorney for Health Care** – Allows you to identify a Health Care Agent, the person who would make health care decisions for you if you are unable to make decisions for yourself.
- **Living Will** – Allows you to indicate the treatments you would and would not want, such as resuscitation, mechanical ventilation (breathing machine) and feeding tube.

Ask your social worker for a VA AD form or go to [www.va.gov/vaforms](http://www.va.gov/vaforms) for the form and related information. You can also talk with your social worker if you need help starting a conversation with loved ones about your wishes or completing the advance directive.

## How do I get started?

- Think about the medical treatments and care you would or would not want, if you were no longer able to make those choices. The *Values Worksheet* on the other side of this handout can help you get started.
- Choose your Health Care Agent and talk with them about your values and wishes.
- Complete a VA advance directive.

## What do I do with the advance directive (AD) after I fill it out?

Put the original in a safe and easy-to-access place. Put a note on the copies about where the original is kept.

Give copies to your health care provider, Health Care Agent and a family member.

While an AD does not expire, you can cancel or change it at any time.

Review your AD from time to time. Your preferences for future health care may change based on changes in: your health or where you live, who provides support or care for you, or new medical treatments.

## Non-VA Advance Directives

VA accepts state-authorized and Department of Defense advance directives. Your state may also have a separate Mental Health AD. If you complete a VA advance directive, you do not need to complete a separate one for mental health. You can record those preferences on your VA AD. Ask your social worker if you have questions about these documents.

To learn more visit [www.va.gov/Geriatrics](http://www.va.gov/Geriatrics) or [www.va.gov/Ethics](http://www.va.gov/Ethics).

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## Values Worksheet for Advance Care Planning

Think about these questions before you prepare your advance directive. They are also good topics to discuss with your loved ones, health care providers and spokesperson.

- | How important are these items to you?                         | Not Important |   |   |   |   | Very Important |   |   |   |   |
|---|---------------|---|---|---|---|----------------|---|---|---|---|
|   | 0             | 1 | 2 | 3 | 4 | 0              | 1 | 2 | 3 | 4 |
| Preserve my quality of life.....                              | 0             | 1 | 2 | 3 | 4 | 0              | 1 | 2 | 3 | 4 |
| Be independent .....  | 0             | 1 | 2 | 3 | 4 | 0              | 1 | 2 | 3 | 4 |
| Be alert and competent .....                                  | 0             | 1 | 2 | 3 | 4 | 0              | 1 | 2 | 3 | 4 |
| Be able to relate to family and friends.....                  | 0             | 1 | 2 | 3 | 4 | 0              | 1 | 2 | 3 | 4 |
| Be comfortable and as pain-free as possible .....             | 0             | 1 | 2 | 3 | 4 | 0              | 1 | 2 | 3 | 4 |
| Leave good memories for family and friends .....              | 0             | 1 | 2 | 3 | 4 | 0              | 1 | 2 | 3 | 4 |
| Leave money to family, friends or charity .....               | 0             | 1 | 2 | 3 | 4 | 0              | 1 | 2 | 3 | 4 |
| Let nature take its course .....                              | 0             | 1 | 2 | 3 | 4 | 0              | 1 | 2 | 3 | 4 |
| Die in a short time rather than lingering.....                | 0             | 1 | 2 | 3 | 4 | 0              | 1 | 2 | 3 | 4 |
| Live as long as possible, no matter the quality of life ..... | 0             | 1 | 2 | 3 | 4 | 0              | 1 | 2 | 3 | 4 |
| Stay true to my spiritual beliefs and traditions.....         | 0             | 1 | 2 | 3 | 4 | 0              | 1 | 2 | 3 | 4 |
| Help with medical research or teaching.....                   | 0             | 1 | 2 | 3 | 4 | 0              | 1 | 2 | 3 | 4 |
- 
- Do you want to take part in making decisions about your care?  Yes  No
  - Do you always want to know the truth about your condition?  Yes  No
  - Do you want your finances taken into account when treatment decisions are being made?  Yes  No
  - How do you feel about using life-sustaining measures in the face of terminal illness? Do you have strong feelings about certain medical treatments (such as mechanical breathing, CPR, feeding tube, kidney dialysis, intensive care, chemo or radiation therapy)?  Yes  No
  - Would you want to avoid certain treatments only if death was certain?  Yes  No
  - Would you want certain treatments if used to prolong the dying process?  Yes  No
  - Would you accept certain treatments to lessen pain?  Yes  No
  - What will be important to you when you are dying?
  
  - Would you prefer at-home hospice care or would you prefer to be in a hospital?
  - Do you want to be an organ donor?  Yes  No