

Completing your Advance Health Care Directive

by Community First Hawaii

Step 1: Choosing Your "Agent"

What is an "Agent"

- Your "Agent" is your Health Care Power of Attorney. Your Agent will speak for you in medical matters if you cannot speak for yourself because of illness or accident.
- Your Agent has the right to accept or refuse any kind of medical care and testing.

Who should your Agent be?

- Someone you trust to carry out your wishes
- Does not have to live near you but should be easily accessible by phone or email.
- Does not have to be your spouse or relative. It could be a close friend.

What is an Alternate Agent?

- This is the person who will take the place of your Agent if it becomes necessary.
- Should have the same qualities as your Agent

When does your Agent's authority become effective?

- When your primary care physician determines that you are unable to make your own decisions because of illness or accident.
- However, if you want your Agent to be able to make health care decisions immediately, check the box on the form. You always retain the right to make your own decisions about your health care as long as you are mentally capacitated (of sound mind).

Step 2: Your Individual Instructions

A. END OF LIFE DECISIONS

Check only one of the boxes on the form:

- I want to stop or withhold medical treatment that would prolong my life.**
Choosing this option allows a Natural Death which simply means not interfering with the natural dying process. You would still be provided care to keep you as comfortable as possible.

OR

- **I want medical treatment that would prolong my life as long as possible within the limits of generally accepted health care standards.**
Choosing this option means do everything possible to keep me alive: Intubation, breathing machines, CPR, etc.

B. ARTIFICIAL NUTRITION AND HYDRATION - FOOD AND FLUIDS

This means giving liquid and nutrients through a tube if you can longer eat or drink by mouth. A tube can be inserted through the nose or a tube can be inserted directly into the stomach, commonly called "tube feedings". Liquids can be given intravenously, commonly called "IV fluids".

What is your decision regarding Artificial Nutrition and Hydration?

-If, in Paragraph A (above), you said to stop or withdraw any medical treatment that would prolong your life, you would not be given foods or fluids by ARTIFICIAL methods. For those who still have some swallowing ability, careful handfeeding may be tried; also ice chips to alleviate a dry mouth and for comfort. If this is your choice, do not mark the box in this section.

- If you mark the box in this section, ARTIFICIAL nutrition and hydration must be provided under all circumstances as long as it is within the limits of generally accepted healthcare standards.

C. RELIEF FROM PAIN

-If you mark the box in this section, you are choosing to alleviate pain or discomfort even if it might hasten your death. *According to experts, the majority of people would rather be comfortable and without pain. If this is your wish, you should check the box in this section.*

Note: Pain medications provide pain relief and allow patients to be more relaxed and comfortable. Sometimes, not always, they do pass sooner but are more relaxed instead of stressed and suffering.

D. OTHER and E. WHAT IS IMPORTANT TO ME

-These sections are optional and allows you to say whatever you wish regarding end-of- life health care. *Examples: "Try to keep me alive until my daughter from California arrives"; "Do not allow my son Joey to impose his wishes over mine."; "I am an organ donor"; "I wish to have Hospice care "; "I would like to meet with clergy and be at peace with God."; "Do trial of life support treatments that my doctors think might help but if the treatments do not work and there is little hope of getting better, stop the life support treatments and focus on my comfort.": "I would like to be without pain and to not be short of breath."*

Step3: Witnesses

In order for this document to be valid and legal, this section must be completed. *Your witnesses do not need to know what your choices are, they are simply verifying that you are the person listed at the top of the page. Choose Option 1 or Option 2 (not both).*

-Option 1: Witnesses

You will need two witnesses. At the follow-up meeting, we will provide witnesses.

-Option 2: Notary Public *(Many places of businesses have staff that serve as Notary Public. There will usually be a small fee.)*

Step 4: Preparing for the Follow-up Session

Complete as much of your Advance Health Care Directive form as you feel comfortable and bring it with you.

- Fill in your Agent's and Alternate Agent's name, address, cell phone number, etc. Decide what your end-of-life wishes are.

- Write your name and birthdate on all pages. Do not fill in the date and do not sign on the last page. Your witnesses or Notary Public should see you sign the document.
- Have a conversation with your Agent and family members so everyone understands your wishes.

We will be available to answer any questions you may have and will provide witnesses. There will not be a formal presentation so you'll be able to leave as soon as your AHCD is complete. If you are unable to attend the upcoming follow-up session, feel free to come to a later one (see schedule). Please call to let us know when you plan to come so that we can be sure to have enough volunteers. Call Tony at 292-4559 or Amy at 935-1500.

Step 5: Final Important Steps:

- Give copies of your Advance Health Care Directive to your primary care physician and your Agents. A copy has the same effect as the original.
 - Review your Advance Health Care Directive annually (pick a holiday or special occasion). If changes need to be made, a new AHCD needs to be completed.
 - Put your copy where you can find it easily. Do not put it in your Safety Deposit box.
 - If you are being hospitalized, take a copy with you.
- If you were hospitalized in 2008 or after, you can take a copy of your AHCD to the MEDICAL RECORDS Department at Hilo Medical Center and request that it be added to your records.

Where to find more resources:

Kokua Mau has forms and information

Kokuamau.org

Community First has forms and local resources

CommunityFirstHawaii.org

Contact Anthony Kent at 292-4559; akent@communityfirst.co

If you travel frequently to another state, it is recommended that you have two AHCDs, one for each state. The following websites have copies of each State's AHCD:

www.caringinfo.org

www.aarp.org

It's never too early to complete an Advance Health Care Directive. You may never need it but if something should happen, your loved ones will be happy that you made these decisions in advance.

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