
INTRODUCTION TO YOUR CALIFORNIA ADVANCE HEALTH CARE DIRECTIVE

This packet contains a legal document, the **California Advance Health Care Directive**, that protects your right to refuse medical treatment you do not want, or to request treatment you do want, in the event you lose the ability to make decisions yourself.

1. Part 1, Power of Attorney for Health Care, lets you name someone to make decisions about your medical care—including decisions about life support—if you can no longer speak for yourself or immediately if you designate this on the document. The Power of Attorney for Health Care is especially useful because it appoints someone to speak for you any time you can not or do not choose to make your own medical decisions, not only at the end of life.

2. Part 2, Instructions for Health Care, functions as your state's living will. It lets you state your wishes about medical care in the event that you can no longer speak for yourself and:

- a) you have an incurable and irreversible condition that will result in death within a relatively short time, or
- b) you become unconscious and, to a reasonable degree of medical certainty, will not regain consciousness, or
- c) the likely risks and burdens of treatment would outweigh the expected benefits.

Although you have the option to complete only one part of this document, Partnership for Caring suggests that you complete Part 1 and Part 2 to best ensure that you receive the medical care you want when you can no longer speak for yourself.

3. Part 3, Donation of Organs at Death this is an optional section that allows you to record your wishes regarding organ donation.

4. Part 4, Primary Physician, this is an optional section that allows you to designate your primary physician.

Note: This document will be legally binding only if the person completing it is a competent adult who is 18 years of age or older.

INTRODUCTION TO YOUR CALIFORNIA ADVANCE HEALTH CARE DIRECTIVE (CONTINUED)

How do I make my advance health care directive legal?

In order to make your Advance Health Care Directive legally binding you have two options:

1. Sign your document in the presence of two witnesses, who must also sign the document to show that they personally know you (or you provided convincing evidence of identity) and believe you to be of sound mind and under no duress, fraud or undue influence. Both of your witnesses **cannot:**

- be the person you appointed as your agent,
- be your health care provider, or an employee of your health care provider.
- be the operator or employee of a community facility,
- be the operator or employee of a residential care facility for the elderly.

In addition, one of your witnesses cannot be:

- related to you by blood or marriage or adoption,
- entitled to any part of your estate either under your last will and testament or by operation of law.

OR

2. Sign your document in the presence of a notary public.

If you are a resident in a skilled nursing facility, one of the witnesses must be a patient advocate or ombudsman designated by the State Department of Aging.

Are there any important facts that I should know?

A copy of your California Advance Health Care Directive has the same effect as the original.

COMPLETING PART 1: POWER OF ATTORNEY FOR HEALTH CARE

Whom should I appoint as my agent?

A health care agent is the person you appoint to make decisions about your medical care if you become unable to make these decisions yourself. Your agent can be a family member or a close friend whom you trust to make serious decisions. The person you name as your agent should clearly understand your wishes and be willing to accept the responsibility of making medical decisions for you.

The person you appoint as your agent **cannot** be:

1. the supervising health care provider or employee of the health care institution where you are receiving care; or
2. an operator or employee of a community care facility or residential care facility at which you are receiving care.

Unless:

1. he or she (other than the supervising health care provider) is related to you by blood, marriage, adoption or is your registered domestic partner; or
2. he or she is your co-worker (other than the supervising health care provider) employed by the same health care institution, community care facility, or residential care facility for the elderly where you are a patient.

You can appoint a second and third person as your alternative agents. An

alternative agent will step in if the person you name as agent is unable, unwilling or unavailable to act for you.

Should I add personal instructions to my Power of Attorney?

You can use the space provided under paragraph (2) to **limit** your agent's authority. Unless the form you sign limits the authority of your agent, your agent may make all health care decisions for you including :

- a) consenting or refusing consent to any care, treatment, service or procedure to maintain, diagnose or otherwise affect a physical or mental condition;
- b) selecting or discharging health-care providers and institutions;
- c) approving or disapproving diagnostic tests, surgical procedures, programs of medications and orders not to resuscitate; and
- d) directing the provision, withholding and withdrawal of artificial nutrition and hydration and all other forms of health care.

One of the strongest reasons for naming a health care agent is to have someone who can respond flexibly as your medical condition changes and can deal with situations that you did not foresee.

We urge you to talk with your health care agent about your future medical care and describe what you consider to be an acceptable "quality of life". If you

COMPLETING PART 1: POWER OF ATTORNEY FOR HEALTH CARE (CONTINUED)

want to record your wishes about specific treatments or conditions, you can use Part 2 of this document, Instructions for Health Care.

What if I change my mind?

If you wish to cancel your Durable Power of Attorney for Health-Care Decisions you may do so by a signed writing or by personally notifying your supervising health care provider, of your intent to revoke.

Are there any important facts I should know?

Paragraph (4) contain various statements about your agent's authority. Cross out

and initial any portion of these statements that do not reflect your wishes.

Paragraph (5) gives your agent the authority to make anatomical gifts, authorize an autopsy, and direct the disposition of your remains after your death. Cross out and initial any portion of these statements that do not reflect your wishes.

Paragraph (6) nominates your agent or alternate agents to be your court-appointed guardian should one become necessary. If this is not your intention, cross out and initial this section.

COMPLETING PART 2: INSTRUCTIONS FOR HEALTH CARE

Can I add personal instructions to my Instructions for Health Care?

Yes. Paragraphs (7) and (8) allow you to include instructions about certain care and treatment. If there are any specific instructions that you would like to include that are not already listed on the document you may list them in paragraph (9).

For example, you may want to include a sentence such as, "I especially do not want cardiopulmonary resuscitation, a respirator or antibiotics."

If you have appointed an agent, it is a good idea to write a statement such as, "Any questions about how to interpret or

when to apply my Instructions for Health Care are to be decided by my agent."

What if I change my mind?

You may cancel your Instructions for Health Care at any time and in any manner that communicates your intent to do so.

It is important to learn about the kinds of life-sustaining treatment you might receive. Consult your doctor or order the Partnership for Caring booklet, "Advance Directives and End-of-Life Decisions."

AFTER YOU HAVE COMPLETED YOUR DOCUMENT

1. Your California Advance Health Care Directive is an important legal document. Keep the original signed document in a secure but accessible place. Do not put the original document in a safe deposit box or any other security box that would keep others from having access to it.
2. Give photocopies of the signed original to your agent and alternate agent(s), doctor(s), family, close friends, clergy and anyone else who might become involved in your health care. If you enter a nursing home or hospital, have photocopies of your document placed in your medical records.
3. Be sure to talk to your agent and alternate agent(s), doctor(s), clergy, family and friends about your wishes concerning medical treatment. Discuss your wishes with them often, particularly if your medical condition changes.
4. If you want to make changes to your document after it has been signed and witnessed, you should complete a new document.
5. Remember, you can always revoke one or both sections of your California Advance Health Care Directive.
6. Be aware that your California document will not be effective in the event of a medical emergency. Ambulance personnel are required to provide cardiopulmonary resuscitation (CPR) unless they are given a separate order that states otherwise. These orders, commonly called “nonhospital do-not-resuscitate orders,” are designed for people whose poor health gives them little chance of benefiting from CPR. These orders must be signed by your physician and instruct ambulance personnel not to attempt CPR if your heart or breathing should stop. Currently not all states have laws authorizing nonhospital do-not-resuscitate orders. Partnership for Caring does not distribute these forms. We suggest you speak to your physician.

If you would like more information about this topic contact Partnership for Caring or consult the Partnership for Caring booklet “Cardiopulmonary Resuscitation, Do-Not-Resuscitate Orders and End-Of-Life Decisions.”

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