Advance Care Planning: An Overview

HDSA Center of Excellence
UC Davis Medical Center
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You have a right to make your own medical decisions at all stages of your adult life. Advance Care Planning is a process of discussing, preparing and documenting your wishes and/or preferences. Decisions are based on your personal beliefs and values.

Advance Care Planning discussions include:

- Medical Preferences on:
  - pain management
  - artificial nutrition and hydration
  - intubation
  - resuscitation
  - dialysis
  - antibiotics
  - any treatments you would not want
- Where do you wish to be cared for specifically at end of life:
  - Home
  - Community
- What is important to you at end of life:
  - Having family/friends visit often
  - Being pain free
  - Dignity
  - Quality of Life
  - Having closure
  - Religious/Spiritual preferences
- Who do you trust to make decisions and follow your wishes if you cannot communicate them yourself
  - Spouse
  - Children
  - Friend
The topics listed above can be very difficult to think about, much less discuss with your loved ones. Please remember advance care planning is an ongoing process of discussion and you don’t have to make all your decisions right now, but discussing what your are thinking in regards to the topics above will assist you and your loved ones in caring for you both now and at end of life.

Advance Care Planning can involve discussing questions, concerns and preferences with many different people including:

- loved ones (trusted family, friends, children, etc.)
- physicians
- social worker
- lawyer
- financial advisor
- religious/spiritual advisor

Tips to beginning the process and discussion of Advance Care Planning:

- Confront and understand any fears you might have associated with end of life. This will help you determine what is important to you at the end of life, as well as help you plan to resolve the fear.
- Speak openly and honestly about your beliefs, values, hopes and fears.
- Ask questions to health care professionals about what to expect in regards to your health situation.
- Research your care options and available resources (Community Care Facilities, Hospice, etc)

Under state law you will be the person making your decisions as long as you are determined to have capacity and understanding about the decisions you are making. Physicians and/or the State will determine your capacity. If you are determined to not have capacity or ability to communicate your wishes your agent or proxy would assume responsibility for your decisions. You may not select any members of your health care team to be your agent or proxy.

When selecting person(s) to make your decisions you may want to consider choosing someone who is:

- responsible
- trustworthy to carry out your wishes as expressed
- shares your values and beliefs about medical care and dying
- willing to accept responsibility and be available should decisions need to be made.
Important Reminders:

- You may change your wishes at any time.
- To ensure your wishes are adhered to, make sure to have ongoing discussions with your loved ones and/or agent or proxy.

Forms and Fact Sheets:

- HDSA Center of Excellence, Intensity of Care Form (attached)

Advance Care Planning Resources:

- Family Caregiver Alliance [www.caregiver.org](http://www.caregiver.org)
- Caring Connections [www.caringinfo.org](http://www.caringinfo.org)
- Coalition for Compassionate Care of California [http://coalitionccc.org/](http://coalitionccc.org/)
- Center for Health Care Decisions [www.sacdecisions.org](http://www.sacdecisions.org)
- Aging with Dignity, 5 Wishes [www.agingwithdignity.org](http://www.agingwithdignity.org)

Additional Advance Care Planning information is available upon request. Please contact Lisa Kjer, MSW, HDSA Center of Excellence, UC Davis Medical Center @ (916) 734-6277 or e-mail at lisa.kjer@ucdmc.ucdavis.edu.
INTENSITY OF CARE FORM

In an effort to respect self-determination and the wishes of our patients, the HD team has provided this “Intensity of Care Form” for use with our HD patients. The purpose of this form is to assist families in engaging in discussion about end of life wishes, treatment preferences and to effectively communicate those desires to your treatment team.

This form is not a binding contract, but a tool to start conversation about how to best care for you if you should be unable to communicate your wishes. It is best to talk both to you loved ones and the HD team about these decisions at a time that is comfortable for all and preferably prior to any health care crisis.

Please review the listed comfort and medical treatment options that you or your loved ones may be presented with at the end stages of life. Use this as a guide to talk to your loved ones about your end of life preferences. You may also complete this form and return it to your HD clinic team so they can also be aware of your wishes. This form can also be used to assist you in preparing an Advance Directive, Living Will and/or Durable Power of Attorney for Health Care. Any of the above legal forms for determining your health care wishes can be kept in your medical record.

Please note, you may amend or update your wishes at any time, as your preferences may change over time. Expressing your wishes at this time does not prevent you from changing your mind, or directing your care in the future.

- If I am unable to sustain my nutritional needs eating by mouth I would want a tube (PEG) placed in my stomach for feeding.
  
- If I am terminally ill and unable to breathe on my own, I would want a machine to permanently breathe for me. (referred to as Intubation)

- If I am terminally ill, with no reasonable hope of recovery, I would want chest compressions (CPR) if my heart should stop.

- If I am at the end stages of life and I get an infection, I would want IV antibiotics to treat the infection and prolong my life.

- If I am at the end stages of life and was having trouble breathing I would want oxygen for comfort.

- If I am in the final stages of life and in pain, I would want my physician to provide pain control, using narcotics if necessary.

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