



# Advance Care Planning

## Planning for the future

Having an Advance Care Plan for health care is important. Like all planning it involves thinking ahead. Advance care planning involves thinking about what you would do if you became so ill that you could no longer communicate with your loved ones or health care providers. You may be in good health right now, or you may have a chronic or serious health issue. But all of us need to think about what we would want if we were suddenly injured or suffered a tragic illness and were unable to hear or speak with others.

**WHO** would talk with the doctor and nurses to make decisions for you? **WHAT** would they decide?

## Why have a plan?

Medical research has made it possible to prevent and treat many illnesses so people are living longer than ever. But as we age or our health conditions progress even advanced medical treatments fail and we will eventually die.

Advance care planning helps us make important decisions and writing a healthcare directive helps us communicate our wishes for how we want to be cared for when we can no longer communicate due to injury or illness.

## What is advance care planning?

Advance care planning is a process for making decisions now for future health care you may need when you are no longer able to convey your preferences. It involves having conversations with your family and your health care providers. Ideally you do this planning while you are healthy, have mental capacity and are not stressed by bad news about your health.

Advance care planning encourages you to define your values and preferences for treatment if cure is no longer possible or you are in an irreversible coma—situations where you can only be kept alive with a variety of tubes or may totally dependent upon caregivers in a skilled nursing facility.

## What are your goals for treatment?

If cure or recovery is no longer possible what would be your goals of treatment? Most people say they do not want to suffer, receive treatments that are not beneficial, cause financial difficulties or to be a burden to their families. Preferences are unique to each person; no two people express exactly the same wishes. Some goals commonly expressed include the following:

- Ability to say goodbye to family and friends
- To be kept comfortable
- Not to be connected to machines
- To be surrounded by loved ones
- Die at home
- Maintain my dignity
- Have my affairs in order
- Be at peace spiritually

## Why write a healthcare directive now?

Things can change suddenly and for many people they do. We never know if we'll be in a car accident, have a stroke, or experience some other sudden injury or illness that will make it impossible for them to express their preferences for care. The best time to develop a plan is when you are healthy. You should review this plan regularly and can always change the plan in the future.

## How do I prepare a directive?

1. Define your goal for seeking medical treatment. Is quality of life most important or quantity of days? Are you seeking comfort or cure?
2. Identify who will speak for you when you cannot speak for yourself. Make sure this person agrees to be your agent and understands your preferences.
3. Prepare a healthcare directive. Put your preferences in writing, get the document notarized, give a copy to your agent, and put a copy on your medical record.

## Do I need a lawyer?

No. You do not have to hire a lawyer to draft a healthcare directive. The only requirement is that you be an adult of 18 years of age or older and have mental capacity when you write the directive. Most states require that you authenticate your signature with a notary or two witnesses. This document only takes effect when you cannot speak for yourself.

## How much does it cost?

There is no cost associated with writing your own healthcare directive. Forms are free and are available at clinics, hospitals, and skilled nursing facilities. Forms for all states are available on-line too.

## What if I need help?

Providers and nurses in the clinic, hospital, or skilled nursing facility can answer many of the questions you may have about advance care planning. Social workers and chaplains may also be available to provide you with assistance.

Most organizations have educational brochures that explain cardiopulmonary resuscitation, artificial hydration and nutrition, and other related issues that are usually addressed in a healthcare directive.

Some organizations also have professionals who are trained as Advance Care Planning Facilitators. Competency of these individuals has been certified using evidence based training processes.

As of January 1, 2016 there are more than 40 First Steps ACP certified facilitators in eleven different communities in North Dakota. In addition, there are more than six education sessions planned for 2016 so ask your health system whether they have a certified ACP Facilitator who can assist you with identifying your preferences and writing your healthcare directive.

## Advanced Care Planning of North Dakota

Advanced Care Planning of North Dakota is collaborative organization working on a statewide initiative to improve advance care planning. More than 119 individuals representing various professions and organizations are participating in this effort.

### Vision

To create a culture across ND where continuous (on-going) advance care planning is the standard of care and every individual's informed preferences for care are documented and upheld.

### Goal

To assist statewide community partners with the development and implementation of a comprehensive advance care planning program by December 2016.

### Priorities

The following four priorities were identified to accomplish the goal of implementing a comprehensive advance care planning program:

1. Identify the model the best suits a rural state.
2. Organize as a non-profit entity.
3. Identify a standardized medical order form for advance care planning.
4. Establish a presence in North Dakota.

### Invitation

HCND is reaching out to prospective members and engaging those who bring a wealth of knowledge to this initiative. We encourage you to share your views, experiences and/or expertise with HCND by joining one of our workgroups.

### Contact Us

For more information contact Sally May, RN, BSN, CH-GCN who is the Program Coordinator for ACP ND. You can reach her at 701-852-4231 or [sally.may@honoringchoicesnd.org](mailto:sally.may@honoringchoicesnd.org)