MyChoices My Right to Decide

Patient-centered care at CHRISTUS St. Vincent means knowing and implementing YOUR healthcare wishes.

4 short steps to: “Yes, I've got it” when asked about your advance directives whenever you access healthcare.

Page 1 of this tool helps you start the conversation and outlines steps you can take.
Page 3 and 4 is the advance directive.
Page 5 answers frequently asked questions.

Step 1: Pick a medical decision maker: In the event you have been determined incapable of making medical decisions by your physicians, the person appointed would make healthcare decisions for you. This person speaks to doctors and the healthcare team on your behalf.
Choose someone:
- Who listens closely to your concerns and hopes regarding serious illness or end of life care.
- Who will articulate your wishes to other family members and those treating you, when needed.
- Who is willing to be your representative, can stay level headed and will respect your wishes.

Step 2: Have a conversation! Your medical decision maker will want to know your beliefs, values and wishes. Before having the conversation with this person, consider the questions in the table below. This tool should help you get started; it is not an advance directive! If you answer “not sure” to any of the questions, you might want to ask for assistance from a MyChoices expert, or look at the FAQ section, (page 5)

<table>
<thead>
<tr>
<th>Questions to ask yourself:</th>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
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<tr>
<td>If I'm seriously ill, I would want a say in every decision.</td>
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<td>If I had a terminal illness, I'd prefer knowing how rapidly it's progressing</td>
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<td>When the time comes, I want to be in my own home</td>
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<td>In serious illness, it's important to me to feel I've followed medical recommendations.</td>
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<td>If my chances of survival were very low or my mental abilities greatly changed I would want to continue with treatments regardless of how uncomfortable they are.</td>
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<tr>
<td>If my chances of survival were very low or my mental abilities greatly changed, I'd prefer to focus on quality of life, which is more important to me than quantity; Shift to comfort care.</td>
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<td>If my heart stops beating, I would like compressions started to attempt to restart my heart (CPR).</td>
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<tr>
<td>If I cannot breathe on my own, I would like a tube placed down my throat to help me breath (intubation).</td>
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The three most important things that I want my family, friends, and doctors to understand about my wishes and preferences for end of life care are.....

1. ___________________________________________________________
Some people are concerned that talking about end of life wishes may cause family disagreements. **Talk anyway!** Having conversations *before* a medical crisis removes the burden of others making decisions for you without really *knowing what mattered most to you*. Here are some helpful Conversation Starter Phrases:

“Remember how ________ died? or “when ______________ was hospitalized?…” It got me thinking……”

“I was thinking about what happened to ______________ and it made me realize……”

“Even though I’m okay right now, I’m worried that _____________ and I want to be prepared.”

“I need to think through some health care options should I get seriously ill, can you listen?”

“I just answered a bunch of questions about how I want the end of my life to be. I’d like you to see my answers. I’m wondering what yours would be?”

Consider : **Who do you want have the conversation(s) with?**

- __mom__
- __child/children__
- __friend__
- __dad__
- __sister/brother__
- __doctor__
- __spouse/partner__
- __faith leader__
- __care-giver__

- Make sure to share your answers from page one with chosen decision makers
- Think about when would be a good time to talk
- Consider where you would feel most comfortable talking

Other concerns that may come up:
If something serious happened, what affairs should be in order, or at least talked about? (personal finances, property). Are there any worries or family tensions to sort out if something sudden occurred? Under what conditions would it be okay to shift from a focus on cure to a focus on comfort?

**Step 3: Complete a Document.** The CHRISTUS St. Vincent registration areas and your healthcare team have user-friendly Advance Directive documents that provide an opportunity to name your medical decision maker (page 3) and express your wishes (page 4). Complete either page 3 or both pages. **No notary is needed in New Mexico, and witnesses are optional.** New Mexico Law accepts all kinds of Advance Directives. Review page 5 and 6: Frequently Asked Questions, with family members as needed.

**Step 4: Submit the completed document** to your healthcare team, or bring it in to CHRISTUS St. Vincent registration or medical records. It will be scanned into your medical record. Keep the original in an easy to find place and give copies to your medical decision makers and doctors.

**Congratulations, you can say, “Yes, I’ve Got It!”**

We will do all we can to respect your wishes if you are unable to communicate them verbally. See Frequently Asked Questions pages 5 and 6 for definitions, explanations of advanced medical treatments, and websites that provide additional information. Ask your nurse to talk to a MyChoices expert if needed.
MyChoices My Right to Decide

Advance Directive Part 1

Medical Decision Maker (medical power of attorney)
(This names the person(s) that will make medical decision for you if you are unable to.)

Your Name_______________________________________________ Your Date of Birth _____________________

Your Address __________________________________________ State, Zip Code _________________________

Your phone number __________________________________

I, (your name)__________________________________________ choose _________________________________

who is my (Circle one): spouse, partner, child, parent, relative, friend, other

as my medical decision maker/medical power of attorney/healthcare agent.

Their phone number is ________________________________________ or ________________________________

They may talk to my doctors/providers about my medical condition and make medical decisions for me if I am unable
due to illness or incapacity to do so. Additionally, (optional) ________________________________ may also
make medical decisions for me if I am unable to do so, or my first choice decision maker is not available.

Their phone number is____________________________.

__I have already talked about what matters most to me with my medical decision maker(s)

__I will talk to them as soon as possible

Signature _____________________________________________________ Date ___________________________

(optional) Witness__________________________________________Date ________________________

(optional)
Witness__________________________________________Date: ________________________________

General statement of decision-makers powers: The appointment granted by this Advance Health Care
Directive shall extend to, but shall not be limited to, decisions relating to medical treatment, nursing home
care, medication, hospitalization, home health care, and hospice. My healthcare agent is specifically
authorized to act on my behalf to consent to or refuse any healthcare, including life-sustaining
treatment, if my medical decision maker determines that I, if competent, would consent or refuse.
NM Law states that a notary is not required and that Witnesses are optional.
MyChoices My Right to Decide  Advance Directive Part 2

Instructions for Health Care/Living Will
(optional, if you need more time to discuss with family or your provider, bring this section in after you have had a discussion with them)

Your Name_______________________________________________ Your date of birth __________________

Your Address __________________________________________ State, Zip Code ______________________

END-OF-LIFE DECISIONS: If I am unable to make or communicate decisions regarding my health care, and IF

• I have an incurable or irreversible condition that will result in my death within a relatively short time, OR
• I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, OR
• the likely risks and burdens of treatment would outweigh the expected benefits, THEN

I direct that my health-care providers and others involved in my care provide, withhold or withdraw treatment in accordance with the choice I have initialed below in one of the following three boxes:

[______] I choose to allow a natural dying process.
[______] I choose to have my life be prolonged within the limits of generally accepted health-care standards.
[______] I choose to let my Agent decide in regards to allowing a natural dying process or treatment.

ARTIFICIAL NUTRITION AND HYDRATION: If I am seriously ill and I have an incurable or irreversible condition that will result in my death within a relatively short time and am unable to make decisions for myself, I also specify by marking my initials below:

[______] I DO NOT want artificial nutrition
[______] I DO want artificial nutrition.
    ________ Time-limited trial of artificial nutrition. Goal: ______________________________________
[______] I DO NOT want artificial hydration unless required for my comfort OR
[______] I DO want artificial hydration.
    ________ Time-limited trial of artificial hydration. Goal: ______________________________________

Additional Comment or needs: ___________________________________________________________

PAIN Relief: If am near dying I direct that measures to keep me comfortable be started: Yes ___ No ___

ORGAN DONATION: I am a registered organ donor   Yes ___ No ___

Signature:____________________________________________________ Date: __________________

(optional) Witness __________________________________________ Date _________________

(optional) Witness __________________________________________ Date _________________
Frequently Asked Questions when considering Your Choices, Your Right to Decide.

What is an advance directive?
A document that names the person you’ve chosen to make medical decisions for you if you have been determined to be incapable by your physicians to make your own healthcare decisions. You also can describe your wishes related to advanced medical care and treatment choices.

Why is so important?
Being able to contact the person that knows your thoughts about medical treatment should you become seriously ill is essential as serious infection, stroke, trauma and cardiac arrest all can occur suddenly and impair thinking. Having had “the conversation” places less burden on decision-makers and helps them advocate for you, your beliefs and values.

What if I don’t have a written document?
If you become unable to make health care decisions and have not appointed someone to make them for you, NM law has a specified order of those who can make decisions for you that medical personnel follow:

- Your spouse
- A person with whom you have a long-term intimate relationship (domestic partner)
- Your adult children
- Your parents
- Your adult brothers and sisters
- Your grandparents
- An adult friend who knows you and your values

Can I refuse certain treatments?
Modern treatments can keep a person alive during recovery from serious illness. These treatments can also prolong the process of dying. You may refuse any medical treatments or ask those started to be stopped if they seem overly burdensome, ineffective or if the focus shifts to comfort care.

What are Life Prolonging Treatments?
We generally think of mechanical ventilation, artificial hydration and nutrition and CPR as advanced life support, sometimes dialysis and certain medications that can only be given in the critical care unit are deemed “advanced life support' or life-prolonging treatments.

What is mechanical ventilation?
In severe respiratory distress and certain other conditions, mechanical ventilation is used to provide a safe airway. It is breathing through a tube which is inserted into the windpipe and connected to a breathing machine.

What is artificial hydration and nutrition?
Many seriously ill patients are unable to eat or drink naturally. In this case, they may be given food or water through a tube. Food and fluids may be given through a temporary tube placed through the nose. (A nasogastric (NG) tube). A more permanent tube is surgically placed directly into the stomach (a gastrostomy tube): and sometimes through an intravenous (IV) tube.
What about CPR?

When a person’s heart or breathing becomes ineffective for any reason, medical personnel will start CPR unless the patient, family and attending physician have agreed to a “Do Not Resuscitate” (DNR) order. CPR stands for Cardio-Pulmonary Resuscitation, it has 4 components:

- Forceful compressions to the chest to get blood moving through the heart
- Air pushed by bag or by mouth into person’s lungs
- Defibrillator to “shock” the electrical signals in the heart muscle
- Medications to enhance all these efforts.

What if I don’t want CPR, but want all other medical treatment to keep me alive?

If hospitalized, simply tell your doctor and your loved ones your wishes. The doctor will write a DNR order and you will receive full treatment that avoids CPR and/or mechanical ventilation. You will also want to complete a MOST (Medical Orders for Scope of Treatment) form, so that you have the proper document with you and at home to ensure EMTs know your wishes if an emergency occurs outside the hospital.

How does a MOST (Medical Orders for Scope of Treatment) form compare with other advance directives?

A MOST form is usually used as an advance directive if you have a serious illness or are of advanced age or frailty. It is a tool you use with your doctor and your family to select specific treatment options. It needs to be signed by a physician or provider if you want to limit some aspect of medical care.

If you have decided that it is in your best interest to avoid CPR and/or intubation (being on a breathing machine), or restrict some component of aggressive treatment, the MOST form becomes an out-of-hospital directive that EMTs are trained to look for and follow. It has, on the backside, a place for medical decision maker information. Other advance directives address general wishes, and the direction of care, but cannot limit CPR or Intubation in an emergency as a physician’s order is required.

Where can I get a MOST form?

Every location at CHRISTUS St. Vincent hospital that provides advance directives forms will have MOST forms as well: Registration, the emergency room, the nurses’ stations. Spiritual Care, palliative care, and others can assist you with further questions, and assist with completion of forms if necessary.

Contact information: The palliative care team: 505-913-3649, has expertise in advance directives and care planning as well as the spiritual care team: 505-913-5552.

Website to visit for more Advance Care Planning information: https://theconversationproject.org/