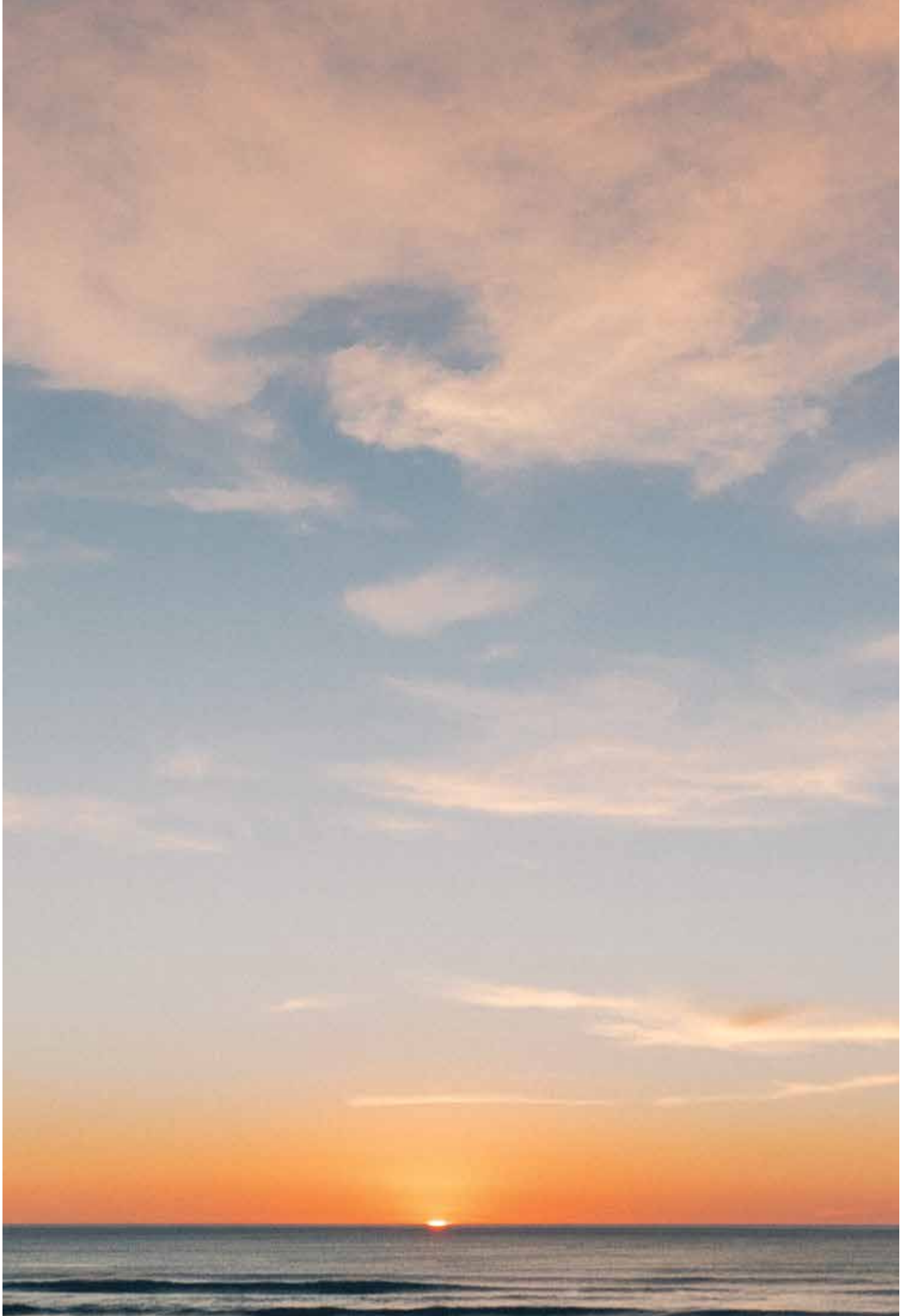


PATIENT SERVICES

Planning for Advance Care Together



Adventist Health
Portland



Completing your Advance Directive

At Adventist Health Portland, an OHSU health partner, we strive to provide the best care possible. To meet this goal, it is important for us to know the level of care you desire and have a way to honor your wishes. One way to ensure that we do just that is by completing an Advance Directive. An Advance Directive is a document that helps communicate your health care wishes when you are not able to express them yourself. We encourage all of our patients, regardless of their health status or age, to have an Advance Directive. A copy of your Advance Directive should be in our health record because an unexpected injury or illness could happen to anybody at any time.

Advance Care Planning Packet

Goals of advance care planning

Advance care planning has two goals. One is to identify the kind of health care you want to receive, if you become unable to communicate your choices. The other goal is to name someone you trust to make health care decisions for you, in the event that you cannot do so yourself.

The Advance Directive, a State of Oregon legal document, communicates this information to your loved ones and to your health care providers.

The purpose of this packet is to help you complete your Advance Directive.

THIS PACKET INCLUDES:

1. The Conversation Starter Kit
(How to start the conversation with your family about your advance care planning)
2. How to complete your Advance Directive form
(Step-by-step instructions on how to complete the Oregon Advance Directive form)
3. Oregon Advance Directive Form
(The actual legal document to complete)

If you have questions about any of the material in this packet, please ask your care providers.

Your Conversation Starter Kit

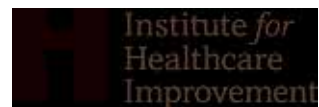
The Conversation Project is dedicated to helping people talk about their wishes for end-of-life care.

We know that no guide and no single conversation can cover all the decisions that you and your family may face. What a conversation can do is provide a shared understanding of what matters most to you and your loved ones. This can make it easier to make decisions when the time comes.

Name: _____

Date: _____

the conversation project



Created by The Conversation Project and the Institute for Healthcare Improvement

This Starter Kit doesn't answer every question, but it will help you get your thoughts together, and then have the conversation with your loved ones.

You can use it whether you are getting ready to tell someone else what you want, or you want to help someone else get ready to share their wishes.

Take your time. This kit is not meant to be completed in one sitting. It's meant to be completed as you need it, throughout many conversations.

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Step 1: Get Ready

There are a million reasons to avoid having the conversation. But it's critically important. And you can do it.

Consider the facts.

More than **90%** of the people think it's important to talk about their loved ones' and their own wishes for end-of-life care.

Less than **30%** of people have discussed what they or their family wants when it comes to end-of-life care.

Source: National Survey by The Conversation Project (2013)

60% of people say that making sure their family is not burdened by tough decisions is "extremely important"

56% have not communicated their end-of-life wishes

Source: Survey of Californians by the California HealthCare Foundation (2012)

70% of people say they prefer to die at home

70% die in a hospital, nursing home, or long-term-care facility

Source: Centers for Disease Control (2005)

80% of people say that if seriously ill, they would want to talk to their doctor about end-of-life care

7% report having had an end-of-life conversation with their doctor

Source: Survey of Californians by the California HealthCare Foundation (2012)

82% of people say it's important to put their wishes in writing

23% have actually done it

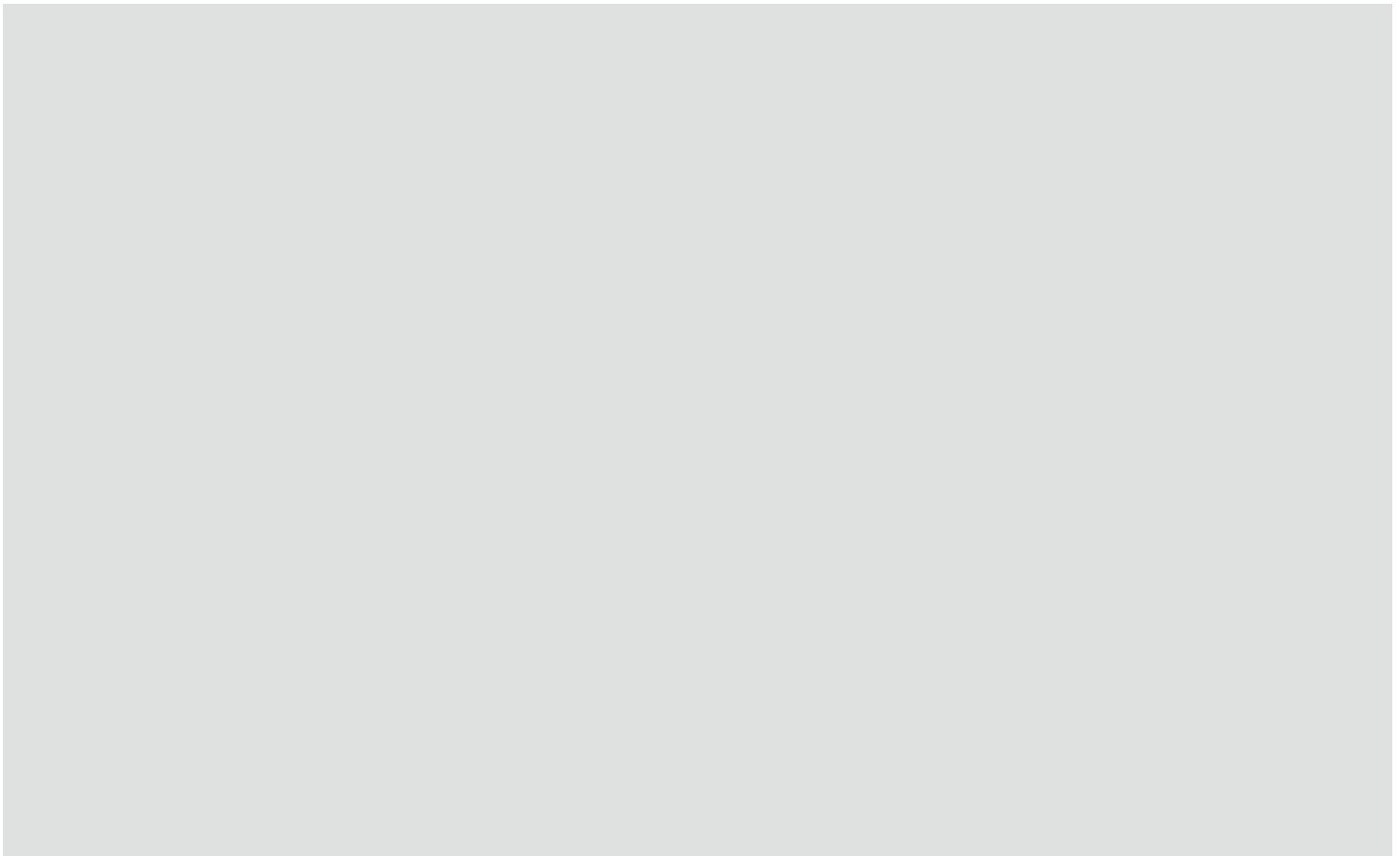
Source: Survey of Californians by the California HealthCare Foundation (2012)

One conversation can make all the difference.

Remember:

- 🗨️ You don't need to talk about it just yet. Just think about it.
 - 🗨️ You can start out by writing a letter — to yourself, a loved one, or a friend.
 - 🗨️ Think about having a practice conversation with a friend.
 - 🗨️ These conversations may reveal that you and your loved ones disagree. **That's okay.** It's important to simply know this, and to continue talking about it now — not during a medical crisis.
-

What do you need to think about or do before you feel ready to have the conversation?



Step 2: Get Set

Now, think about what you want for end-of-life care.

Start by thinking about what's most important to you. What do you value most?

What can you not imagine living without?

Now finish this sentence:

What matters to me at the end of life is

Sharing your “What matters to me” statement with your loved ones could be a big help down the road. It could help them communicate to your doctor what abilities are most important to you – what’s worth pursuing treatment for, and what isn’t.

Where I Stand scales

Use the scales below to figure out who you want your end-of-life care to be.

Select the number that best represents your feelings on the given scenario.

As a patient...

1

2

3

4

5

I only want to know the basics

I want to know as much as I can

1

2

3

4

5

Ignorance is bliss

I want to know how long I have to live

1

2

3

4

5

I want my doctors to do what they think is best

I want to have a say in every decision

Look at your answers.

What kind of role do you want to play in the decision-making process?

How long do you want to receive medical care?

1

I want to live as long as possible, no matter what

2

3

4

5

Quality of life is more important to me than quantity

1

I'm worried that I won't get enough care

2

3

4

5

I'm worried that I'll get overly aggressive care

1

I wouldn't mind being cared for in a nursing facility

2

3

4

5

Living independently is a huge priority for me

Look at your answers.

What do you notice about the kind of care you want to receive?

How involved do you want your loved ones to be?

1

I want my loved ones to do exactly what I've said, even if it makes them a little uncomfortable at first

2

3

4

5

I want my loved ones to do what brings them peace, even if it goes against what I've said

1

When the time comes, I want to be alone

2

3

4

5

I want to be surrounded by my loved ones

1

I don't want my loved ones to know everything about my health

2

3

4

5

I am comfortable with those close to me knowing everything about my health

What role do you want your loved ones to play? Do you think that your loved ones know what you want or do you think they have no idea?

What do you feel are the three most important things that you want your friends, family and/or doctors to understand about your wishes for end-of-life care?

1. _____
2. _____
3. _____

Step 3: Go

When you're ready to have the conversation, think about the basics.

Mark all that apply:

Who do you want to talk to? Who do you trust to speak for you?

- | | | |
|----------------------------------|------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Mom | <input type="checkbox"/> Child/Children | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Dad | <input type="checkbox"/> Partner/Spouse | <input type="checkbox"/> Doctor/Caregiver |
| <input type="checkbox"/> Sibling | <input type="checkbox"/> Minister/Priest/Rabbi | <input type="checkbox"/> Other: _____ |
-

When would be a good time to talk?

- | | | |
|--------------------------------------------------------|--------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> The next big holiday | <input type="checkbox"/> Before my next big trip | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> At Sunday dinner | <input type="checkbox"/> Before I get sick again | |
| <input type="checkbox"/> Before my kid goes to college | <input type="checkbox"/> Before the baby arrives | |
-

Where would you feel comfortable talking?

- | | | |
|-------------------------------------------------------|------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> At the kitchen table | <input type="checkbox"/> On a walk or hike | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> At a cozy café or restaurant | <input type="checkbox"/> Sitting in a garden or park | |
| <input type="checkbox"/> On a long drive | <input type="checkbox"/> At my place of worship | |
-

What do you want to be sure to say?

If you wrote down your three most important things at the end of Step 2, you can use those here.

How to start

Here are some ways you could break the ice:

- ☞ “I need your help with something.”
- ☞ “Remember how someone in the family died — was it a 'good' death or a 'hard' death? How will yours be different?”
- ☞ “I was thinking about what happened to (Uncle Joe), and it made me realize...”
- ☞ “Even though I’m okay right now, I’m worried that (I’ll get sick), and I want to be prepared.”
- ☞ “I need to think about the future. Will you help me?”
- ☞ “I just answered some questions about how I want the end of my life to be. I want you to see my answers. And I’m wondering what your answers would be.”







What to talk about

- When you think about the last phase of your life, what’s most important to you?
How would you like this phase to be?
- Do you have any particular concerns about your health? About the last phase of your life?
- Who do you want (or not want) to be involved in your care? Who would you like to make decisions on your behalf if you’re not able to? (*This person is your health care proxy.*)
- Would you prefer to be actively involved in decisions about your care? Or would you rather have your doctors do what they think is best?
- Are there any disagreements or family tensions that you’re concerned about?
- Are there circumstances that you would consider worse than death? (*Long-term need of a breathing machine or feeding tube, not being able to recognize your loved ones*)
- Are there important milestones you’d like to meet if possible? (*The birth of your grandchild, your 80th birthday*)

- Where do you want (or not want) to receive care? (*Home, nursing facility, hospital*)
 - What kinds of aggressive treatment would you want (or not want)? (*Resuscitation if your heart stops, breathing machine, feeding tube*)
 - When would it be okay to shift from a focus on curative care to a focus on comfort care alone?
 - What affairs do you need to get in order, to talk to your loved ones about? (*Personal finances, property, relationships*)
-

This list doesn't cover everything you may need to think about, but it's a good place to start. Talk to your doctor or nurse if you're looking for more end-of-life care questions.

Remember:

-  Be patient. Some people may need a little more time to think.
-  You don't have to steer the conversation; just let it happen.
-  Don't judge. A "good" death means different things to different people,
-  Nothing is set in stone. You and your loved ones can always change your minds as circumstances shift.
-  Every attempt at the conversation is valuable.
-  This is the first of many conversations — you don't have to cover everyone or everything right now





Now, just go for it!

Each conversation will empower you and your loved ones. You are getting ready to help each other live and die in a way that you choose.

Step 4: Keep Going

Congratulations!

Now that you have had the conversation, here are some legal and medical documents you should know about. Use them to record your wishes so they can be honored when the time comes.

-  **Advance Care Planning (ACP):** the process of thinking about your wishes — exactly what you have been working on here.
-  **Advance Directive (AD):** a document that describes your wishes.
-  **Health Care Proxy (HCP):** identifies your health care agent (often called a “proxy”), the person you trust to act on your behalf if you are unable to make health care decisions or communicate your wishes. In some states, this is called the Durable Power of Attorney for Health Care. This is probably the most important document. Make sure you have many conversations with your proxy.
-  **Living Will:** specifies which medical treatments you want or don't want at the end of your life, or if you are no longer able to make decisions on your own (e.g. in a coma).

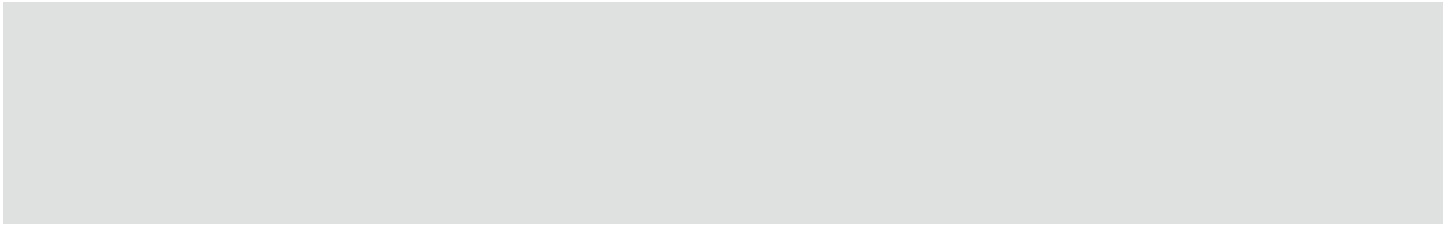
You can find more information about these documents from the link in the "Keep Going" section of the website Starter Kit at www.TheConversationProject.org.

Remember, this was the first of many conversations.

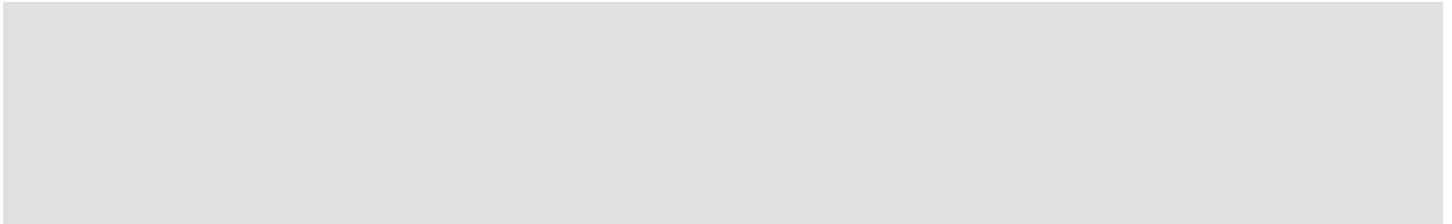
You can use the questions below to collect your thoughts about how your first talk went, and then look back to them when you prepare for future conversations.

Is there something you need to clarify that you feel was misunderstood or misinterpreted?

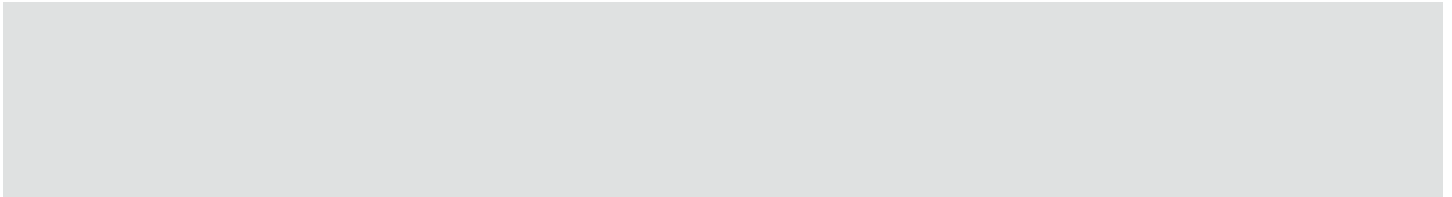
Who do you want to talk to next time? Are there people who should hear things at the same time (like siblings who disagree about everything)?



How did this conversation make you feel? What do you want to remember? What do you want your loved ones to remember?



What do you want to make sure to ask or talk about next time?



We hope you will share this Starter Kit with others. You have helped us get one conversation closer to our goal: that everyone's end-of-life wishes are expressed and respected.



How to complete your Advance Directive

How to complete the Oregon Advance Directive Form, step by step

The Advance Directive doesn't apply to any of your care right now.

It only applies to care you would choose or refuse if you become too sick to speak for yourself. It is designed to be filled out while you are healthy and capable. Hopefully, it won't be needed for many years to come. It may never be needed. But if it is needed, you will be prepared.

The Oregon Advance Directive Form is a legal document under Oregon laws. If you receive your health care in State of Oregon, this form will be legally valid. If you receive health care in other states, your wishes in this form may be respected but may not be legally valid in other states.

An Oregon Advance Directive form is located on pages 31-37 of this packet. Let's start with the first section.

The first section is a general description of the Advance Directive. In summary, it says that:

- a. You may name a person to make health care decisions for you when you cannot make the decisions in this form. This person is called a **health care representative**.
- b. If you do not name your health care representative in this form, your healthcare representative will be the first of the following:
 - 1) Your legal guardian who is authorized to make health care decisions
 - 2) Your spouse or registered domestic partner
 - 3) Majority of your adult children
 - 4) Your parent
 - 5) Majority of your adult siblings
 - 6) Your adult relative or adult friend

- c. Your health care representative and health care providers will use the Advance Directive only when you are not able to make health care decisions for yourself.
- d. This Advance Directive is not effective until you and health care representative(s) sign, and it is signed by two witnesses or notarized.
- e. If you have completed an Advance Directive before, this new Advance Directive will replace any older legal health care directives including Power of Attorney for Health Care.
- f. You can cancel or change the Advance Directive at any time.

1. ABOUT ME. Print your name, birth date, telephone numbers, address and email.

2. MY HEALTH CARE REPRESENTATIVE. This is the section where you name the person(s) who will make your health care decisions for you if and when you are unable to do so. This person will be called your “health care representative” in this form. This person may also be called “health care proxy” or “durable power of attorney for health care” in some documents.

A health care representative is someone who:

- a. Is willing to accept the role of health care decision-maker for you
- b. Understands what is important to you
- c. You trust to honor your health care wishes
- d. You trust to make the right decisions for you in a difficult or unclear situation

How to complete your Advance Directive

- 1) When you select someone, ask the person if he or she is willing to be your health care representative. Print the name, relationship, telephone number and address of this person in the blank spaces.

2. My Health Care Representative

I choose the following person as my health care representative to make health care decisions for me if I can't speak for myself.

Name _____ Relationship _____

Telephone numbers (Home) _____ (Work) _____ (Cell) _____

Address _____

E-mail _____

- 2) If you want to name a second (and a third) health care representative, print the name, relationship, telephone number, address and email of that person in the next spaces.

- 3) The person(s) you selected should know that you chose him or her (or them) as your health care representative(s). He or she (or they) needs to sign on Section 7 of the form.

7. Acceptance by my Health Care Representative

I accept this appointment and agree to serve as health care representative.

HEALTH CARE REPRESENTATIVE

Printed name _____

Signature or other verification of acceptance _____

Date _____

- 4) Because family members often have different opinions, it is important to let your entire family know who your health care representative is. That way, everyone will clearly understand who is going to make health care decisions for you in the event you cannot make them yourself.

How to complete your Advance Directive

3. INSTRUCTIONS TO MY HEALTH CARE REPRESENTATIVE.

Before filling out this section of the Advance Directive, you should carefully review Section 4, DIRECTIONS REGARDING MY END OF LIFE CARE.

Section 4 (pages 34-35) is where you can specify whether you would want tube feeding and/or life support when you are close to the end of your life.

You do not have to fill out Section 4 if you do not wish to make these choices in advance. You have the option of leaving these choices to your health care representative(s) and/or your care providers.

However, if you do fill out Section 4, and:

- 1) You want to require your health care representative(s) to follow your instructions, write your initials in the first statement.

- 2) If you want your health care representative(s) to use your instruction in Section 4 as a guide to make decisions about your care, write your initials in the second statement.
- 3) If you have wishes that you want your health care representative(s) to honor, you can write additional instructions in the space and initials in the last line.

3. Instructions to my Health Care Representative

If you wish to give instructions to your health care representative about your health care decisions, initial one of the following three statements:

_____ To the extent appropriate, my health care representative must follow my instructions.

_____ My instructions are guidelines for my health care representative to consider when making decisions about my care.

_____ Other instructions _____

How to complete your Advance Directive

4. DIRECTIONS REGARDING MY END OF LIFE CARE. In this section, you can express what kind of care you want to receive when you are not able to communicate your choices and you are in one of the following conditions:

- 1) **Close to Death.** Many people want life support and tube feeding if there is a chance they might get better. That is NOT what “close to death” means in this document. This document is asking if you want life support and tube feeding to prolong your dying process.
- 2) **Permanently Unconscious.** If you are permanently unconscious, you do not know where you are or who you are with. This document asks if you would want life support or tube feeding to keep you alive in this state.
- 3) **Advanced Progressive Illness.** This is a terminal illness in its late stages. Often, advanced progressive illness involves physical discomfort and a sharply reduced quality of life. Life support or tube feeding does not make the illness better but can prolong the time you are in this state.
- 4) **Extraordinary Suffering.** This is a situation in which you experience severe pain or discomfort, and nothing can significantly ease your suffering. Life support or tube feeding can prolong your life in this condition but not lessen your suffering.

Note: These instructions are in case you are in any of these conditions. They do NOT apply to your current health care.

Tip: If you are not sure what life support and tube feeding are, or the medical conditions described here, talk to your health care provider about this.

A. Statement Regarding End of Life Care. If you do not want life support or tube feeding in any conditions described above, write your initials in the space provided.

A. Statement Regarding End of Life Care. You may initial the statement below if you agree with it. If you initial the statement you may, but you do not have to, list one or more conditions for which you do not want to receive life support.

_____ I do not want my life to be prolonged by life support. I also do not want tube feeding as life support.
I want my health care provider to allow me to die naturally if my health care provider and another knowledgeable health care provider confirm I am in any of the medical conditions listed below.

B. Additional Directions Regarding End of Life Care. By writing your initials next to your choices, you can select whether or not you would want to receive tube feeding and/or life support in any of the conditions described in Section 4.

INITIAL ONE:

_____ I want to receive tube feeding.

_____ I want tube feeding only as my health care provider recommends.

_____ I DO NOT WANT tube feeding.

INITIAL ONE:

_____ I want any other life support that may apply.

_____ I want life support only as my health care provider recommends.

_____ I DO NOT WANT life support.

Tip: “My health care provider” (in the second choice) usually refers to the health care providers who work in the intensive care unit or hospital where you are admitted. It does not refer to your health care provider who sees you regularly and knows you well. The hospital health care providers will probably not know how you think or what is important for you.

How to complete your Advance Directive

C. Additional Instructions. If you have any additional instructions about the kind of care you want to receive in any specific condition, write them under Section C or attach additional writing or recording of your values and beliefs to this document.

Tip: It is hard to predict what may happen in the future. Your health care representative(s) may have to make a decision that you have never talked about before. You could be in some type of critical condition other than those described above, requiring your representative(s) to make choices for you. The following are examples of statements other patients have included to help guide their health care representative(s) in making decisions:

Examples

- “I trust my health care representative to make the decisions that she feels are best for me at that time, even if she is not sure what I would have chosen.”
- “I want my health care representative to do what he thinks I want, even if it makes him a little uncomfortable.”
- “If you have to decide between making me more comfortable or more awake, I would rather be more _____.”

5. MY SIGNATURE.

For this Advance Directive to be effective, you need to sign and date here.

5. My Signature

My signature _____ Date _____

6. WITNESS.

For this Advance Directive to be effective, this form needs to be notarized OR signed by two witnesses.

- A. **NOTARY:** If you choose to notarize the form, bring this form to a notary public.
- B. **WITNESS DECLARATION:** If you choose to use witnesses, ask two persons to witness that you have completed and signed this Advance Directive. Neither witness can be your health care representative or your alternative health care representative. Your witness may also not be your attending health care provider.

The person completing this form is personally known to me or has provided proof of identity, has signed or acknowledged the person's signature on the document in my presence and appears to be not under duress and to understand the purpose and effect of this form. In addition, I am not the person's health care representative or alternative health care representative, and I am not the person's attending health care provider.

Witness Name (print) _____

Signature _____ Date _____

Tip: Your witnesses must be personally known to you or, if not, have seen your proof of identity. Your witnesses must see you sign your Advance Directive.

How to complete your Advance Directive

7. ACCEPTANCE BY MY HEALTH CARE REPRESENTATIVE. The person(s) you selected in Section 2 needs to understand and accept the role of health care representative.

Discuss your preferences and instructions with your health care representative(s). Make sure he or she (or they) knows what's important to you. Then ask him or her (or them) to sign on Section 7.

Congratulations, you now have a plan!

What are my next steps?

- ❑ Give a copy of your Advance Directive to everyone in your family who is likely to show up when you get very ill.
- ❑ Talk about your Advance Directive with everyone in your family who is likely to show up when you get very ill. Make sure they know who you have named to make your health care decisions when you are not able to make them for yourself. If you did not name a health care representative in the Advance Directive, make sure your family understands your wishes regarding the kind of care you want if you are not able to make decisions for yourself.
- ❑ Sometimes talking about what is important to you and what kind of care you want is difficult. You may find the “Your Conversation Starter Kit” included in this packet helpful for having this conversation with your family.
- ❑ Make sure that you give a copy of your Advance Directive to your health care providers and discuss the care that you want to receive. Ask your health care providers to upload your Advance Directive into your electronic medical record.



ADVANCE DIRECTIVE (STATE OF OREGON)

This form may be used in Oregon to choose a person to make health care decisions for you if you become too sick to speak for yourself. The person is called a health care representative. If you do not have an effective health care representative appointment and become too sick to speak for yourself, a health care representative will be appointed for you in the order of priority set forth in ORS 127.635(2).

This form also allows you to express your values and beliefs with respect to health care decisions and your preferences for health care.

- If you have completed an advance directive in the past, this new advance directive will replace any older directive.
- You must sign this form for it to be effective. You must also have it witnessed by two witnesses or a notary. Your appointment of a health care representative is not effective until the health care representative accepts the appointment.
- If your advance directive includes directions regarding the withdrawal of life support or tube feeding, you may revoke your advance directive at any time and in any manner that expresses your desire to revoke it.
- In all other cases, you may revoke your advance directive at any time and in any manner as long as you are capable of making medical decisions.

1. About Me

Name _____ Date of Birth _____

Telephone numbers (Home) _____ (Work) _____ (Cell) _____

Address _____

E-mail _____

2. My Health Care Representative

I choose the following person as my health care representative to make health care decisions for me if I can't speak for myself.

Name _____ Relationship _____

Telephone numbers (Home) _____ (Work) _____ (Cell) _____

Address _____

E-mail _____

I choose the following people to be my alternate health care representatives if my first choice is not available to make health care decisions for me or if I cancel the first health care representative's appointment.

FIRST ALTERNATE HEALTH CARE REPRESENTATIVE

Name _____ Relationship _____

Telephone numbers (Home) _____ (Work) _____ (Cell) _____

Address _____

E-mail _____

SECOND ALTERNATE HEALTH CARE REPRESENTATIVE

Name _____ Relationship _____

Telephone numbers (Home) _____ (Work) _____ (Cell) _____

Address _____

E-mail _____

3. Instructions to my Health Care Representative

If you wish to give instructions to your health care representative about your health care decisions, initial one of the following three statements:

_____ To the extent appropriate, my health care representative must follow my instructions.

_____ My instructions are guidelines for my health care representative to consider when making decisions about my care.

_____ Other instructions _____

4. Directions Regarding My End of Life Care

In filling out these directions, keep the following in mind:

- The term “as my health care provider recommends” means that you want your health care provider to use life support if your health care provider believes it could be helpful, and that you want your health care provider to discontinue life support if your health care provider believes it is not helping your health condition or symptoms.
- The term “life support” means any medical treatment that maintains life by sustaining, restoring or replacing a vital function.
- The term “tube feeding” means artificially administered food and water.
- If you refuse tube feeding, you should understand that malnutrition, dehydration and death will probably result.
- You will receive care for your comfort and cleanliness no matter what choices you make.

A. Statement Regarding End of Life Care. You may initial the statement below if you agree with it. If you initial the statement you may, but you do not have to, list one or more conditions for which you do not want to receive life support.

_____ I do not want my life to be prolonged by life support. I also do not want tube feeding as life support. I want my health care provider to allow me to die naturally if my health care provider and another knowledgeable health care provider confirm I am in any of the medical conditions listed below.

B. Additional Directions Regarding End of Life Care. Here are my desires about my health care if my health care provider and another knowledgeable health care provider confirm that I am in a medical condition described below:

a. Close to Death. If I am close to death and life support would only postpone that moment of my death:

INITIAL ONE:

_____ I want to receive tube feeding.

_____ I want tube feeding only as my health care provider recommends.

_____ I DO NOT WANT tube feeding.

INITIAL ONE:

_____ I want any other life support that may apply.

_____ I want life support only as my health care provider recommends.

_____ I DO NOT WANT life support.

b. Permanently Unconscious. If I am unconscious and it is very unlikely that I will ever become conscious again:

INITIAL ONE:

_____ I want to receive tube feeding.

_____ I want tube feeding only as my health care provider recommends.

_____ I DO NOT WANT tube feeding.

INITIAL ONE:

_____ I want any other life support that may apply.

_____ I want life support only as my health care provider recommends.

_____ I DO NOT WANT life support.

c. Advanced Progressive Illness. If I have a progressive illness that will be fatal and is in an advanced stage, and I am consistently and permanently unable to communicate by any means, swallow food and water safely, care for myself and recognize my family and other people, and it is very unlikely that my condition will substantially improve:

INITIAL ONE:

_____ I want to receive tube feeding.

_____ I want tube feeding only as my health care provider recommends.

_____ I DO NOT WANT tube feeding.

INITIAL ONE:

_____ I want any other life support that may apply.

_____ I want life support only as my health care provider recommends.

_____ I DO NOT WANT life support.

d. Extraordinary Suffering. If life support would not help my medical condition and would make me suffer permanent and severe pain:

INITIAL ONE:

_____ I want to receive tube feeding.

_____ I want tube feeding only as my health care provider recommends.

_____ I DO NOT WANT tube feeding.

INITIAL ONE:

_____ I want any other life support that may apply.

_____ I want life support only as my health care provider recommends.

_____ I DO NOT WANT life support.

C. Additional Instructions. You may attach to this document any writing or recording of your values and beliefs related to health care decisions. These attachments will serve as guidelines for health care providers. Attachments may include a description of what you would like to happen if you are close to death, if you are permanently unconscious, if you have an advanced progressive illness or if you are suffering permanent and severe pain.

5. My Signature

My signature _____ Date _____

6. Witness

COMPLETE EITHER A OR B WHEN YOU SIGN.

A. NOTARY

State of _____

County of _____

Signed or attested before me on _____, 2____ by _____.

NOTARY PUBLIC - STATE OF OREGON

B. WITNESS DECLARATION

The person completing this form is personally known to me or has provided proof of identity, has signed or acknowledged the person's signature on the document in my presence and appears to be not under duress and to understand the purpose and effect of this form. In addition, I am not the person's health care representative or alternative health care representative, and I am not the person's attending health care provider.

Witness Name (print) _____

Signature _____ Date _____

Witness Name (print) _____

Signature _____ Date _____

7. Acceptance by my Health Care Representative

I accept this appointment and agree to serve as health care representative.

HEALTH CARE REPRESENTATIVE

Printed name _____

Signature or other verification of acceptance _____

Date _____

FIRST ALTERNATE HEALTH CARE REPRESENTATIVE

Printed name _____

Signature or other verification of acceptance _____

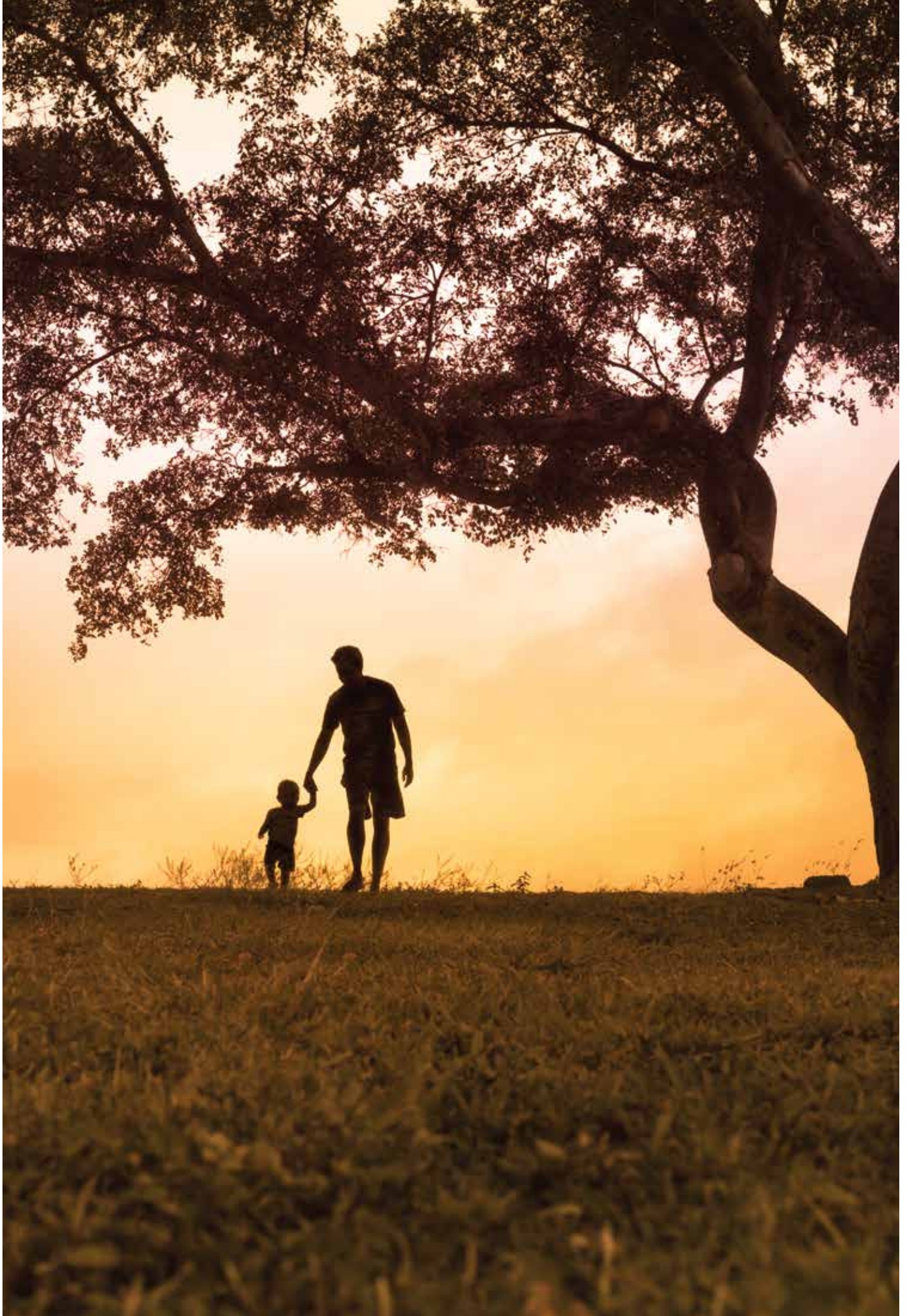
Date _____

SECOND ALTERNATE HEALTH CARE REPRESENTATIVE

Printed name _____

Signature or other verification of acceptance _____

Date _____



Adventist Health Portland

10123 SE Market St.

Portland, OR 97216

Tel: 503-261-6962

adventisthealth.org/portland



**Adventist Health
Portland**

Adventist Health Portland accepts most health plans.

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