

Power of Attorney and Advance Care Planning: Your Person, Your plan.

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CONSIDER THE FACTS

92% of people say that talking with their loved ones about end-of-life care is important

but

32% have actually done so.

Source: The Conversation Project National Survey 2018

Advance Directives on the small screen



What are these documents?



- Advance Directive
- Durable Power of Attorney for Healthcare
- Patient Advocate Form



Who needs an advance directive?

Who is your person? What is your plan?

Who is your person? Choose an advocate


- Will the person stand up for you?
- Will this person talk with you about your goals, values and preferences?
- Is this person able to make decisions in difficult moments, stressful times, differing options and crisis?
- Will the person be okay with asking questions of doctors and other busy providers?
- Will the person ask for clarification if they do not understand a situation or an answer?
- Will this person accept this role? Do they know they are your advocate?

What is your plan?

What matters most? What have you learned? What would you like or not like?

- What experiences do you have with a medical decline, hospitalization or death? How did these experiences impact you for the good....for the bad?
- What do you want if you became very ill? For example, would you want your medical care to focus on living longer, maintaining current health, or comfort care?
- What is most important for you to live well? For example, if you were having a good day, what would happen that day.
- What personal, cultural or spiritual belief do you have, if any, that would impact your care?
- What worries you most about the situation? What fears do you have?
- What else would you want us to know about what is important to you at this time?

Complete and Share your documents


Advance Directive
Durable Power of Attorney for Healthcare
(Patient Advocate Designation)

Introduction

This document provides a way for an individual to create a Durable Power of Attorney for Healthcare (Patient Advocate Designation) and other documentation that will meet the basic requirements for this state.

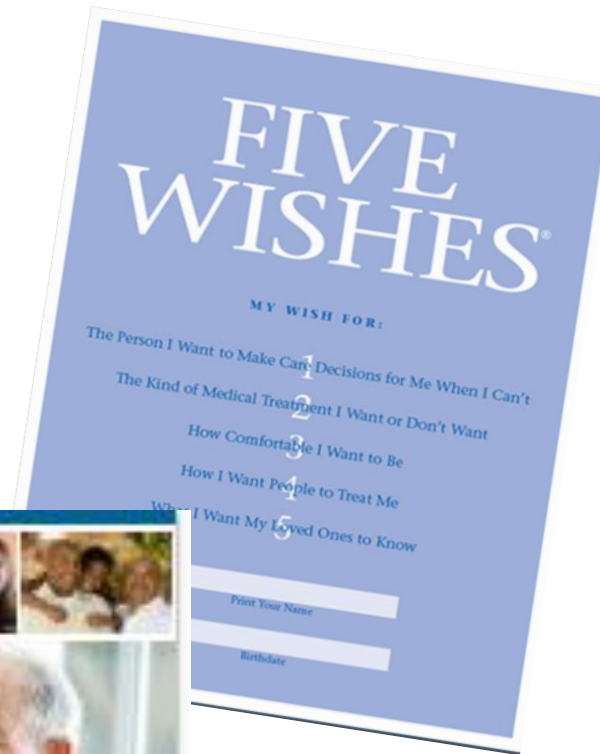
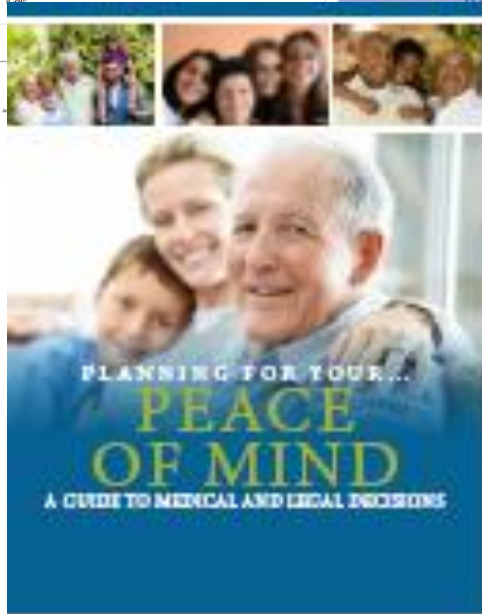
This **Advance Directive** allows you to appoint a person (and alternates) to make your health care decisions if you become unable to make these decisions for yourself. The person you appoint is called your **Patient Advocate**. This document gives your Patient Advocate authority to make your decisions *only when you have been determined unable to make your own decisions by two physicians, or a physician and a licensed psychologist.*

It does *not* give your Patient Advocate any authority to make your financial or other business decisions.

Before completing this document, take time to read it carefully. **It also is very important that you discuss your views, your values, and this document with your Patient Advocate.** If you do not closely involve your Patient Advocate, and you do not make a clear plan together, your views and values may not be fully respected because they will not be understood.

This document was developed to meet the legal requirements of Michigan. It is not designed to replace the counsel of your attorney.

This is an Advance Directive for (print legibly):
Name: _____ Date of Birth: _____ Last 4 digits of SSN: _____
Telephone (day): _____ (evening): _____ Cell: _____
Address: _____
City/State/Zip: _____
Where I would like to receive hospital care (whenever possible): _____



- Give a copy of your document to your advocate.
- Upload your document to MyChart
- Share your document with your physician

- Decade
- Death
- Divorce
- Diagnosis
- Decline


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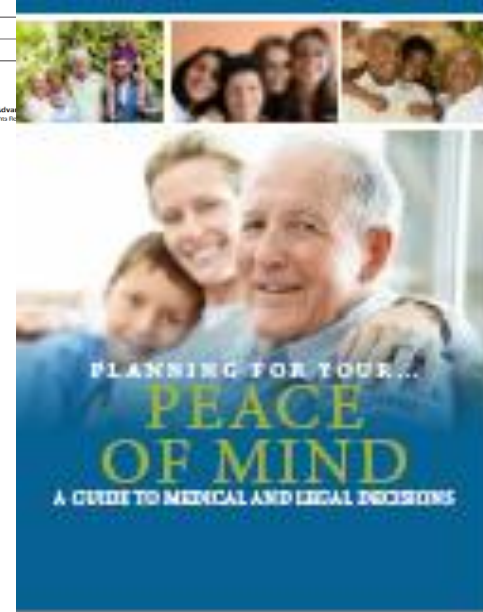
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Another Helpful Website
www.theconversationproject.com