

ADVANCE CARE PLANNING: WHAT IS IT AND WHO NEEDS IT?

Q: What is advance care planning?

A: Advance care planning is the process of thinking about your future health care needs and communicating those thoughts to your family and your health care team. Recording these thoughts in legal documents codifies the planning. The most important feature of advance care planning is the discussion that occurs with all concerned.

Q: What am I planning for?

A: You are planning for a multitude of health care services that can guide your family members, as well as your health care team, to ensure that your health care wishes are known, respected, and most importantly followed.

Q: What type of health care services are we talking about?

A: The longer people live, the more likely they are to expect developing health conditions that may require assistance from others. The discussions could include general wishes such as where and with whom you want to live if you can no longer continue to live independently, or specific, such as what modifications you wish to have in your house if you *are* able to live independently.

Q: I am healthy and take care of myself, why do I need to make these plans?

A: As long as you are able to make your own decisions and communicate these decisions to others, you communicate your wishes directly. In the event that you can no longer communicate your wishes, it is very helpful to your family members to know what your wishes are. Otherwise, they will make decisions for you that you may not like.

Q: What types of decisions do I need to address?

A: You need to think about health care decisions as well as financial decisions.

Q: How do I make my wishes known about health care decisions?

A: You can do this by completing several legal documents that are called advance directives. Advance directives include, but are not limited to: a living will; a health care surrogate appointment; and a durable power of attorney. You can also have an outpatient do-not-resuscitate (DNR) order – if your current medical condition qualifies. This is a medical order that you should discuss with your doctor.

Q: What is a living will?

A: A living will is a legal document that gives specific instructions to your family and

your health care team about the interventions that you want and those that you are not willing to endure. Examples of these interventions are: kidney dialysis; ventilator/respirator; feeding tube; antibiotics; and many others. **This document does not need to be prepared by an attorney and it does not need to be notarized. It needs to be signed by you and dated, and the signature must be witnessed by two individuals. At least one of those individuals must be a non-relative.**

Q: What is a health care surrogate?

A: This is a person that *you* appoint to make health care decisions for you if you are not capable of making them. If you do not appoint a health care surrogate, other people will make these decisions for you. Under the Florida law, these other people are called *proxies*. When you appoint someone as your health care surrogate, make sure you discuss this appointment with them to make sure they are up to the task and are willing to follow your wishes. The proxies are usually family members who may or may not know your wishes. As with the living will, **this document does not need to be prepared by an attorney and it does not need to be notarized. It needs to be signed by you and dated, and the signature must be witnessed by two individuals. At least one of those individuals must be a non-relative.**

Q: What is the difference between a health care surrogate and a durable power of attorney?

A: The health care surrogate responsibilities are limited to health care decisions as well as financial decisions related to your health care. The person named in a durable power of attorney can make all financial decisions when you are not capable of making them, *and* he/she can also make health care decisions if you give them that authority in the document. **This document does not need to be prepared by an attorney, but it *does* need to be notarized. It needs to be signed by you and dated and the signature must be witnessed by two individuals. At least one of those individuals must be a non-relative.**

Q: Who needs advance care planning?

A: Everyone! Regardless of your age or your current medical condition, taking these simple steps opens the discussion with the individuals who are likely to be involved in health care decisionmaking for you *only* when (and if) you are no longer capable of making them yourself.