



Honoring Choices[®]

MINNESOTA

An initiative of the Twin Cities Medical Society.

Completing your Honoring Choices Health Care Directive

<input checked="" type="checkbox"/>	8-page Directive
<input type="checkbox"/>	4-page Directive
<input type="checkbox"/>	2-page Directive

Completing a directive is a very good thing for all adults to do. The form should be filled out after time spent thinking and talking with loved ones about your values and goals related to your future health care needs. Your directive should be detailed enough to allow people reading it to feel confident they can make decisions that would align with what you would say, if you were able to be a part of the conversation.

If you are in a situation where you cannot communicate, there will still be decisions that need to be made. If you have not talked with those closest to you about what you would want done, they will have to guess, and that is difficult.

**We can't do what you want
if we don't know what that is.**

For that reason it is important that all adults have Advance Care Planning conversations, and ideally write down their goals, values and preferences in a Health Care Directive. This document is your voice – so that in a situation where you are not able to communicate, you can still have a say in the decisions being made.

General notes:

- Write your name and the date on the bottom of every page just in case the pages become separated – that way it is an easy task to put all pages back in order.
- If you have instructions that are longer than the directive allows space for, you may attach additional pages, If you do this, indicate it by initialling one of several boxes throughout the directive (on page 4, 5, or 6).
- This is a “living document” meaning you should review and revise it periodically throughout your lifetime. Life circumstances change, and it's important that your directive stays up-to-date.

Page 1:

This is the page to identify yourself and your Agent(s). Please be sure to write legibly.

It is recommended that you choose one primary Agent, and you may name as many secondary Agents as you like. If you cannot choose between two people and want both as your Agent, one simple distinction might be to select the one that lives closest as your primary Agent and the other as a secondary Agent, and include a written note that you expect both your Agent and secondary Agent to work together to make decisions. Legally, you may name more than one Agent but it is highly recommended that you select one person to be the primary person for discussion and decision-making.



Remember that the first person you think of may or may not be the best person for this role. We recommend you read the Information Sheet on the Role of the Agent, available on the Honoring Choices website. And remember to **talk with the person you are asking to be your Agent**, to be sure they understand the role and are willing to accept it.

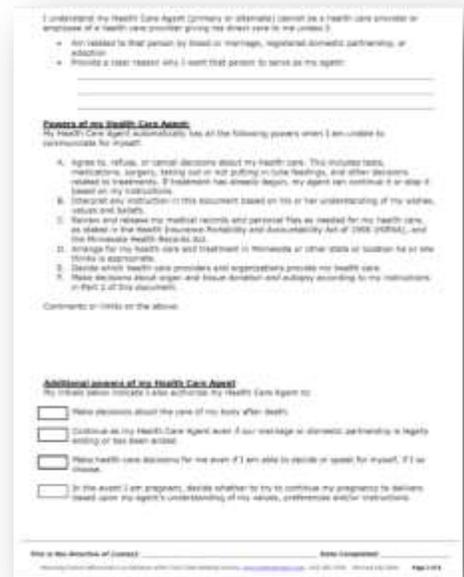
Additional notes on page 1:

1. The box referencing a “professional medical interpreter” is only checked if a language interpreter assists you with this form.
2. This directive is not meant for use for people who have a mental health diagnosis in which invasive treatments are used in treatment. There is a Minnesota Psychiatric Health Care Directive available for people in that situation; a link to this form is available on our website or you can request a copy from your mental health care provider.

Page 2:

This page outlines the legal rights and responsibilities of your Agent, as set by the Minnesota Legislature. You are allowed to change these responsibilities in your directive – you may use the blank space provided to describe your exact wishes.

Possible additional powers or your Agent are listed on the bottom of page 2. Please initial the boxes next to the statements you agree with to help your caregivers understand the scope of your Agent’s role. You may leave them blank if you so wish.



Page 3:

Here we ask you to start thinking about healthcare goals and values. Question 1, **A Decision for the Present**, is focused on your choices if something were to happen to you right now – in your current state of health. Accidents can happen to any of us at any time, and sudden illnesses can strike.

One way some people find helpful to think about it is “if you were in an accident today which caused your heart to stop beating, and/or caused you to stop breathing, what would you want?”

The screenshot shows the 'PART 2: My Health Care Instructions' form. Section 1 is titled 'Cardiorespiratory Resuscitation: A Decision for the Present'. It explains that the decision refers to a treatment choice based on the patient's current health. It includes a note that CPR is a treatment used to attempt to restore heart rhythm and breathing when they have stopped. The form asks the patient to indicate if they want CPR attempted if their heart or breathing stops based on their current state of health, or if they want to refuse CPR. There are checkboxes for 'I want CPR attempted if my heart or breathing stops based on my current state of health, however, in the future if my health has changed, for example:' and 'I want to refuse CPR based on my current state of health, however, in the future if my health has changed, for example:'. The second option includes sub-points: 'I want no resuscitation if my heart or breathing stops', 'I want some degree of life support if my heart or breathing stops and CPR would cause significant suffering', and 'I want to refuse CPR based on my current state of health, however, in the future if my health has changed, for example:'. There are also checkboxes for 'I do not want CPR attempted if my heart or breathing stops. I want to allow a natural death. I understand if I choose this option I should let my health care provider about writing a Do Not Resuscitate (DNR) order.'

Page 4:

This page takes you further into thinking about healthcare choices. Question 2 offers you the chance to write in any directions or information that is important to you based on your healthcare, history, or other reasons. You do not have to write anything here if nothing comes to mind.

Examples of things some people have written here include preferences about pain medication related to level of awareness, interest in alternative therapies, time limits on treatment trials (please be specific), etc.

Question 3 is similar to question 1 on page 3, in that it asks you to consider life-sustaining treatment choices. The difference is in this question you are asked to imagine a future scenario where you may be elderly and frail, or where you may be diagnosed with a chronic or life-threatening disease.

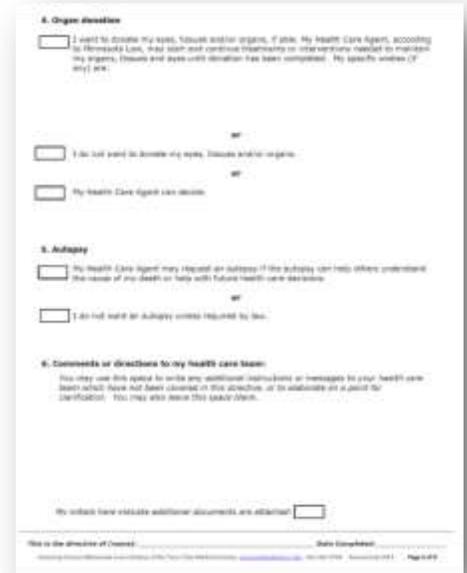
Please note that efforts to keep you comfortable, which include some types of medication, as well as food and liquid offered by mouth, are offered to all patients. If you do not want these comfort measures, you should describe your preferences here.

The screenshot shows the 'PART 2: My Health Care Instructions' form, section 2: 'Treatment Choices: My Health Condition'. It asks the patient to describe their preferences for specific health conditions and whether they want to allow a natural death. It includes a checkbox for 'My health care provider has been notified of my preferences for my health care instructions, as well as food and liquid to be provided if I am able to swallow.' and another for 'I want to allow a natural death. I understand if I choose this option I should let my health care provider about writing a Do Not Resuscitate (DNR) order.'

Page 5:

This page focuses on what happens after you die. You are asked for your thoughts on organ donation and autopsy. There is blank space left for you to add any additional information you would like to. Some things that people include on this page:

- Preferences on hospice care options
- Preferences regarding burial, cremation, or other options (note there is a space to describe preferences on funerals, memorial services, or other arrangements on page 6)
- Donation of your entire body to science (note this MUST be arranged ahead of time with the recipient organization – your directive alone cannot arrange for this type of whole-body donation)
- Contact information and other details about any pre-arranged plans you have put in place.



Page 6:

Though this page says “Optional” at the top, it is the page that can give the most information to your family, friends, and healthcare team about your personal preferences, values, and choices. We strongly encourage you to answer the questions thoughtfully and thoroughly.

Some examples of things people have included on this page:

- Play list of music they would like played in their room
- Requests that loved ones keep them “looking nice” with combed hair and clean linens
- Requests for visits from pets
- Instructions about wanting or not wanting prayers, spiritual rituals, or other faith-related traditions
- Notes about who to notify (faith leaders, specific friends, extended family members, etc) and who to not notify (it is acceptable to indicate your feelings of what you do not want to happen in your final days)
- Information about memorial services including music, readings, guests, food and beverage, location, and other details
- Personal messages to family/loved ones (for example “please surround my bed and share stories and memories, and laugh together at the joy we have shared.” or “It’s important to me that you all get along, so if you find yourself arguing about my care, take some time to calm down and start again.”)



