Advance Care Planning at Enloe Health

Voice your choice! You have the right to receive the care you want — and to share your wishes through advance care planning. This means communicating and documenting your preferences in case you're unable to speak for yourself.

Review the booklet, talk with your doctor or social worker, or call Enloe Health Case Management at 530-332-7502 to learn more.

ENLOE HEALTH

www.enloe.org

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MAKING YOUR WISHES KNOWN IS IMPORTANT

Most of us know we should make our end-of-life and medical treatment wishes known. However, thinking and talking about this can be tough and many of us put it off.

Yet having this conversation and specifying your wishes with an advance care plan can bring a sense of relief to you and your loved ones, and ensure you receive the treatment you would want if the unexpected happens.

Not sure where to start? We'll walk you through it.

Why Should I Make an Advance Care Plan?

Anyone, at any age, can face a sudden illness or accident and be unable to speak for themselves. An advance care plan helps your doctors and loved ones understand your wishes — what kind of care you want and who should make decisions for you.

That's why everyone 18 and older is encouraged to make a plan.

This booklet will help you get started.

- ***50% of Americans** are not familiar with the process of advance care planning.*
- ***Less than 30%** feel strongly confident that their loved ones know their wishes.*
- ***Don't leave these decisions to chance.** Start the conversation today and make sure your voice is heard when it matters most.*

PR Newswire (2025)

ADVANCE DIRECTIVE FAQs

Do doctors make all the decisions regarding a person's treatment?

Health care providers tell you about your medical condition, your treatment options and what may happen with each option. However, the decision to have, refuse or stop treatment is yours.

When I complete an advance care plan, can only one person make decisions on my behalf? What if I want others involved, too?

It's best to name just one person as your agent. Often, several family members are involved in decision-making. This can work well, but sometimes people disagree about the best course of action. Because of this, it's best to name just one person. However, you can specify a backup agent as well. You can also indicate if there is someone you do not want making decisions on your behalf.

If I appoint an agent, what can that person do?

Your agent will make all medical decisions for you if you are unable to speak for yourself. Your agent will be able to:

- Choose your health care provider.
- Decide where you'll receive care.
- Speak with your care team.
- Review your medical record and authorize its release.
- Accept or refuse all medical treatments.
- Make arrangements if you die.

Be sure to instruct your agent on these matters so he or she knows how to decide for you. The more you tell your agent, the better he or she will be able to make decisions on your behalf.

Can I give oral instructions about my health care? What if I haven't completed an advance care plan?

You can give health care instructions orally at any time. Your decisions will be honored and documented in your medical record. However, if you become unable to speak for yourself and don't have an advance care plan, your care team will choose someone to make decisions on your behalf — and this person may not be the person you would want. To ensure your wishes are clearly known and followed, it's best to complete an advance care plan and share it with your loved ones.

> ***"A few years ago I got a call from the hospital asking me to come in and make decisions for a friend who had listed me as their agent. I had no idea! When you list someone as your agent, be sure to talk to them about it, and give them a copy of your Advance Health Care Directive."***
>
> *—The friend of a former Enloe Health patient*

What if I don't have someone to appoint as a health care agent?
You can still complete the "Instructions for Health Care" portion of your advance care plan to guide your care team without specifying an agent.

Will my advance care plan affect who is in charge of my finances?
Advance care planning does not affect your estate. Your agent — sometimes called a durable power of attorney for health care — is only designated to make health care decisions.

How does POLST or DNR differ from an Advance Health Care Directive?
These forms work together but serve different purposes.

An Advance Health Care Directive (AHCD) is completed by you and names a health care agent while outlining your general care preferences.

A Do-Not-Resuscitate (DNR) states you do not want CPR if your heart or lungs fail. This document is completed by your hospital physician and is only valid in hospital settings.

Physician Orders for Life Sustaining Treatment (POLST) includes more detailed instructions — like whether you want CPR, a ventilator or a feeding tube — and is especially important for those who are seriously ill or frail. POLST is particularly helpful for emergency personnel who may find you at home and need to act quickly. It lets them know your wishes when you can't speak for yourself.

How does my AHCD or POLST get into my medical record?
You must properly distribute your advance directive forms for them to work. For more information about distributing your forms, go to page 7.

Do I need an attorney to help with this process?
No. Completing an advance care plan isn't difficult, and an attorney is not necessary. The most important part of an advance care plan is talking to your loved ones about your wishes. Without that conversation, the best form in the world may not help.

What if I change my mind?
You can revoke your advance directive (or your oral instructions) at any time. However, if you do this, be sure to retrieve old forms anywhere you have given them out and replace them with the most up-to-date version.

ADVANCE CARE PLANNING FORMS

When documenting your wishes, you have several options. Explore the different types of forms below to find the ones that are right for you.

ADVANCE DIRECTIVES

California Advance Health Care Directive

Standard advance directive that names an agent to make decisions on your behalf and informs providers of the care you do and don't want. Scan the QR code to view this form.

CA Advance Health Care Directive

Five Wishes

Advance directive that includes the same information as the California form and adds details about how you want to be cared for and remembered. Learn more at www.agingwithdignity.org.

Living Will

States the medical treatment you do or don't want to sustain life in certain situations; in California, the living will is combined with the medical power of attorney in the Advance Health Care Directive.

Prepare for Your Care

Step-by-step program with video stories and a fillable, printable advance directive form that is available on the Advance Care Planning tab in MyChart.

Thinking Ahead

Easy-to-use workbook with companion videos to help people with cognitive challenges — or those who prefer simplicity — complete an advance directive. Available in English, Spanish, and Chinese. Scan the QR code to view this resource.

Thinking Ahead Workbook

Dementia Values and Priorities Tool

Communicates future care preferences for individuals living with dementia; generates a document to add to your advance directive after answering questions about dementia progression. Available online in English and Spanish, with printable versions in multiple languages. Learn more at www.compassionandchoices.org.

Durable Power of Attorney for Healthcare (DPOA)

A part of the advance directive, commonly prepared by attorneys, that designates someone to make health care decisions on your behalf if you cannot. It remains valid even if you become incapacitated and is often completed as part of estate planning. Today, this role is more commonly referred to as the "agent" in an Advance Health Care Directive.

POLST & DNR

A POLST is a bright pink form you complete with your health care provider. It gives specific medical orders regarding your wishes. A POLST tells emergency personnel and health care providers whether to attempt CPR. A POLST includes your wishes regarding several additional life-sustaining treatments. POLST is meant for anyone who is frail due to advanced age or serious illness.

This form does not replace your Advance Health Care Directive. It converts your wishes into medical orders that must be followed when you cannot speak and there's no time to reach your decision maker. You can change it anytime, and if you can communicate, your verbal requests will be honored. Learn more at www.polst.org or ask your health care provider.

A **DNR** is an order that is created for you during an inpatient hospital stay. When you are discharged, the DNR becomes invalid. A new DNR is needed for each new hospitalization.

When you arrive at the emergency room with a POLST, it is added to your medical record, and the attending physician converts its instructions into hospital orders. If the POLST indicates no CPR, a DNR order will be written.

If you feel strongly that you do not want CPR, artificial ventilation, or a feeding tube, you should complete a POLST form.

A POLST stays with you and is honored wherever you go. Share a copy with your local hospitals, present it if you are admitted to a skilled nursing facility, and keep it easily accessible for emergency personnel at home.

COMPLETING AN ADVANCE DIRECTIVE

Now that you know more about advance directives and the different options you have to make your wishes known, how can you go about completing a form? Follow these steps.

STEP 1 - ***Think about what "quality of life" means to you. Then ask yourself what medical care you would and wouldn't want if you were seriously ill or injured and unable to speak for yourself.*** Learn about the benefits and burdens of specific medical treatments, such as CPR, ventilation, hydration and feeding tubes, at the end of life. Research options on trustworthy websites and discuss questions with your health care providers. If you're a person of faith, explore what religious beliefs might affect your choices. (Refer to the "Resources" section of this booklet.)

STEP 2 - ***Talk about your wishes with your agent and your family.*** This is one of the most important conversations you can have. If this is difficult, tools like "Go Wish" — a card game offered by Coda Alliance — can make it easier. See the "Resources" section of this booklet for more information."

If you need extra support, ask a social worker or a spiritual leader, like a pastor, priest, or rabbi, for assistance. Be steadfast—this often takes more than one conversation. If you're navigating serious illness or injury, this may become an ongoing conversation that gets easier with practice.

STEP 3 - ***Document your plan in an advance directive.*** Name the person who will be your medical decision-maker or agent. Then ensure that person is comfortable voicing your wishes and capable of advocating for you in a medical setting.

Be sure to complete the sections of the form indicating your instructions for health care and other wishes, including the Dementia Provision, if applicable. It is okay to leave parts blank if you don't know what you want.Then ask two qualified witnesses to sign and date your advance directive, or have the form notarized.

STEP 4 - ***Distribute copies of your advance directive to your agent, loved ones, health care provider and to the medical center to be scanned into your medical record.*** Some people also carry a copy of their advance directive in their car and with other important documents when they travel. If you go into a skilled nursing facility, they should not fill out a new POLST if you already have one completed—unless you wish to update your wishes.

STEP 5 - ***Update your health care wishes and redistribute your forms whenever any of the five D's occur:***

- Decade – When you start each new decade of your life
- Death – When you experience the death of a loved one
- Divorce – When you go through a divorce or another major family change
- Diagnosis – When you are diagnosed with a serious health condition
- Decline – When you experience a significant decline in health, especially when it diminishes your ability to live independently

AN ADVANCE DIRECTIVE IS A GIFT

Knowing you have thought about your options and talked things out with the people you love will give you and your loved ones peace of mind. It can also help your family, friends and health care providers pursue the treatment you want. Most people get a sense of relief when they take the time to voice their choice.

Not sure how to start talking about your wishes? Try these icebreakers:

- *"I need your help with something..."*
- *"I was thinking about what happened to _____ , and it made me realize..."*
- *"Even though I'm OK right now, I'm worried that _____ , 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."*

Source: The Conversation Project

RESOURCES

Enloe Health Health & Wellness Resource Center

The Enloe Health Health & Wellness Resource Center is located in the Enloe Health Gonzales Comprehensive Cancer Center at 2390 E. 20th St. in Chico. It offers a number of materials related to caregiving, a loved one's final days, grieving and explaining death to children, including these:

- "Being Mortal: Medicine and What Matters in the End" by Atul Gawande
- "Hard Choices for Loving People: CPR, Artificial Feeding, Comfort Care, and the Patient with a Life-Threatening Illness" by Hank Dunn
- Go Wish: A card game designed to help individuals and families discuss what matters most at the end of life. | Also available at www.codaalliance.org/go-wish
- Five Wishes: Provides conversation guides including special versions for different age groups and faith communities, and online tools. | Also available at www.fivewishes.org

The resource center is free and open to the public. For hours or to make special arrangements to check out materials, please call 530-332-3856 or go to www.enloe.org/library, where you can also view our online catalog.

Websites

Enloe Health—Advance Health Care Directive
www.enloe.org/for-patients-visitors/advance-directive
Contains Advance Health Care Directive forms you can download and print in English and Spanish.

Coalition for Compassionate Care of California
coalitionccc.org
Contains information specific to California, organized according to FAQs. You can also download advance directive forms, including an easy-to-read version and versions in multiple languages. The site also has a video for people with developmental disabilities and simple guides explaining the benefits and burdens of life support treatments.

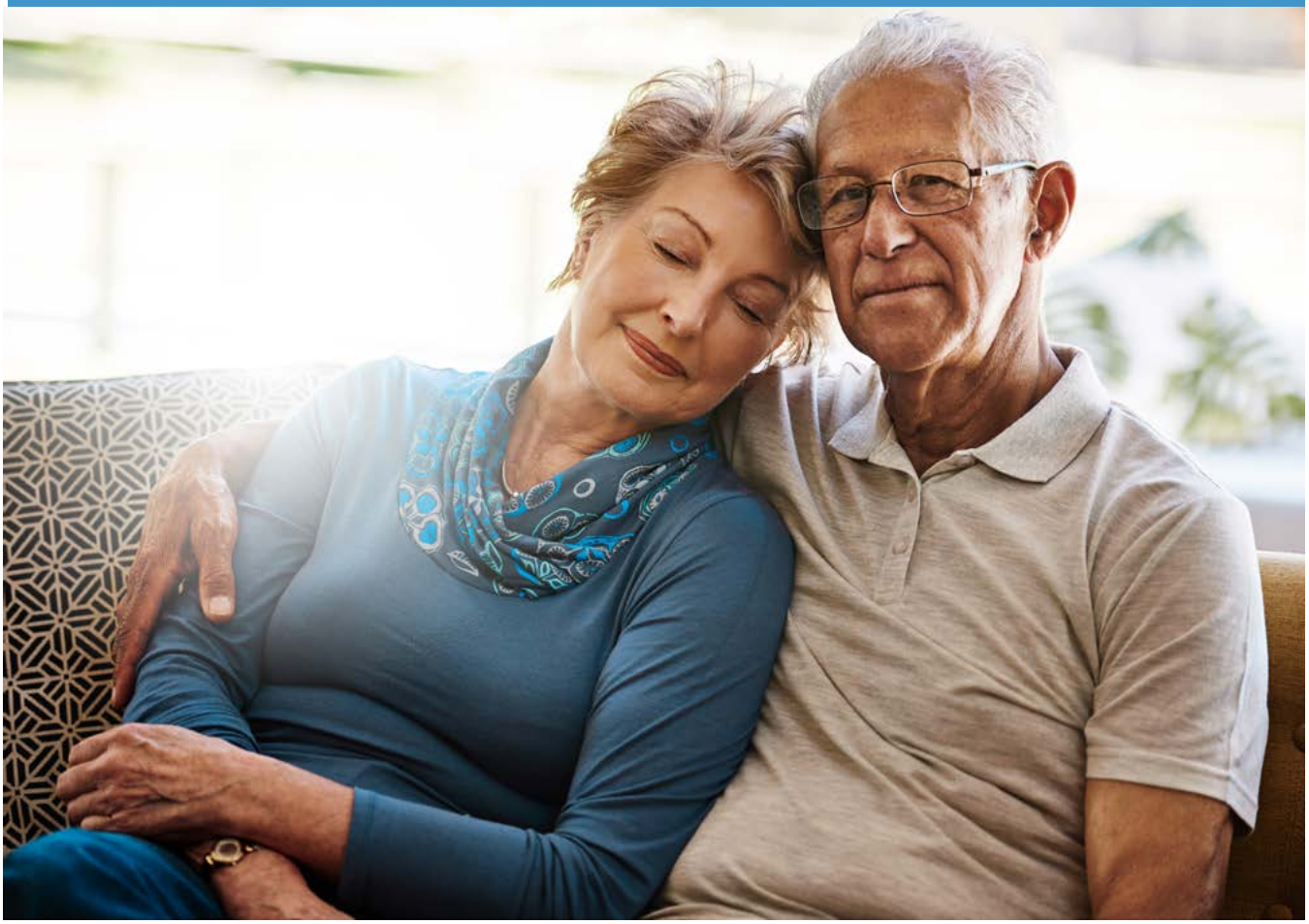
Compassion & Choices
www.compassionandchoices.org
This active nonprofit organization is committed to improving care and expanding choice at the end of life and offers lots of great information.

The Conversation Project
theconversationproject.org
Provides an easy-to-read "What Matters to Me" workbook in English and Spanish, a guide to choosing your agent, and a guide for talking with a health care team about your wishes.

Donate Life California
www.donatelifecalifornia.org
The official registry for organ, eye, and tissue donation in California.

Academy of Aid-in-Dying Medicine
www.aadm.org
Provides education, best practices, and resources for medical aid in dying.

Have additional questions or need someone to help you complete an advance care plan?
Call Enloe Health Case Management at 530-332-7502.



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