

## Advance Directives Conversation Guide

(Use an Advance Health Care Directive Form such as the one at <http://www.caringcommunity.org/wordpress/wp-content/uploads/2012/04/AD-Form-and-Instr-2015.pdf> or Spanish [http://www.caringcommunity.org/wordpress/wp-content/uploads/2012/04/ADForm\\_and\\_Instr\\_Span-SHD-05.pdf](http://www.caringcommunity.org/wordpress/wp-content/uploads/2012/04/ADForm_and_Instr_Span-SHD-05.pdf) to practice discussing end of life wishes)

### Ask

*Have you ever thought about or written down choices about your future medical treatment?*

*Have you ever heard of Advance Directives? They are legal documents that give information to medical providers about your wishes for treatment. Even though the chances are low that we will need all this information, it is a good idea to think about it before it would be needed.*

*Would you like to talk about it now?*

*Who do you want to make tough medical decisions if you are not able to?*

*Are there other people you want to list as alternate medical decision makers if needed?*

*Do you want your primary person to make all health care decision for you without limitation?*

**Write down any exceptions**, so it is clear what you want your decision-maker to do.

**Discuss wishes for quality of life.** Add more paper if needed.

- *What does “living well” or “having a good life” mean to you?*
- *What is important to you?*
- *What else?*
- *What else?*
- *What do you hope for at the end of life?*

**Discuss ways to meet those goals**, values, and preferences. Promote shared decision-making with their family. Finish the form after discussion.)

*What are your preferences for your future care?*

- *How would you want your spiritual beliefs reflected in your care?*
- *Where would you like to be cared for (home, hospital, nursing home, or hospice)?*
- *Do you want to write down any other preferences such as types of music you like, or things you want to have done?*

*What types of medical treatment should be used or not used?*

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- Cardiopulmonary resuscitation (CPR)
- Using a breathing machine/breathing tube
- Getting food or water by tube feedings
- Invasive treatments (such as dialysis, chemotherapy, or surgery)
- Other \_\_\_\_\_

*Would you or would you not want your life prolonged if the risks and burdens of treatment are more than the benefits of treatment?*

*What situations would cause you to change your mind?*

- Terminal illness (which can't be cured and is expected to result in death in a short time)
- Advanced age (such as over 90 years old)
- Being in a coma (and not expected to recover)
- Advanced heart disease or heart failure
- Having a serious disabling and/or painful condition

*Would you want to donate your organs when you die? If so, for what purpose?*

*Who do you want to be your primary doctor?*

When completed, to make it legal you can **have it signed** by 2 witnesses who are unrelated to you. **Keep it safe**, in a place that is easy to find by those who need to know your wishes. **Talk to your medical decision-maker about it.**

Explain that you can change your advance directive by rewriting it and updating your medical decision-maker.

*How do you feel about completing your advance directive?*

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Advance Health Care Directive Form (English or Spanish) from The Community Network for Appropriate Technologies. (2015). Retrieved from <http://www.caringcommunity.org/wordpress/wp-content/uploads/2012/04/AD-Form-and-Instr-2015.pdf>

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