



MARY BIRD PERKINS
CANCER CENTER™

PLANNING AHEAD

For Myself, For My Family.





Making Your Care Plan

Things to Think About

Receiving a diagnosis like cancer may raise concerns about your future like nothing ever has before. The truth is, planning for the possibility of a major change in health is something that everyone, not just those with cancer, can benefit from.

*It is a tremendous gift
you can give your family.*

Would your loved ones know what is important to you? Have you ever told them? Do you know who will be making decisions for you if you are unable to make your own?

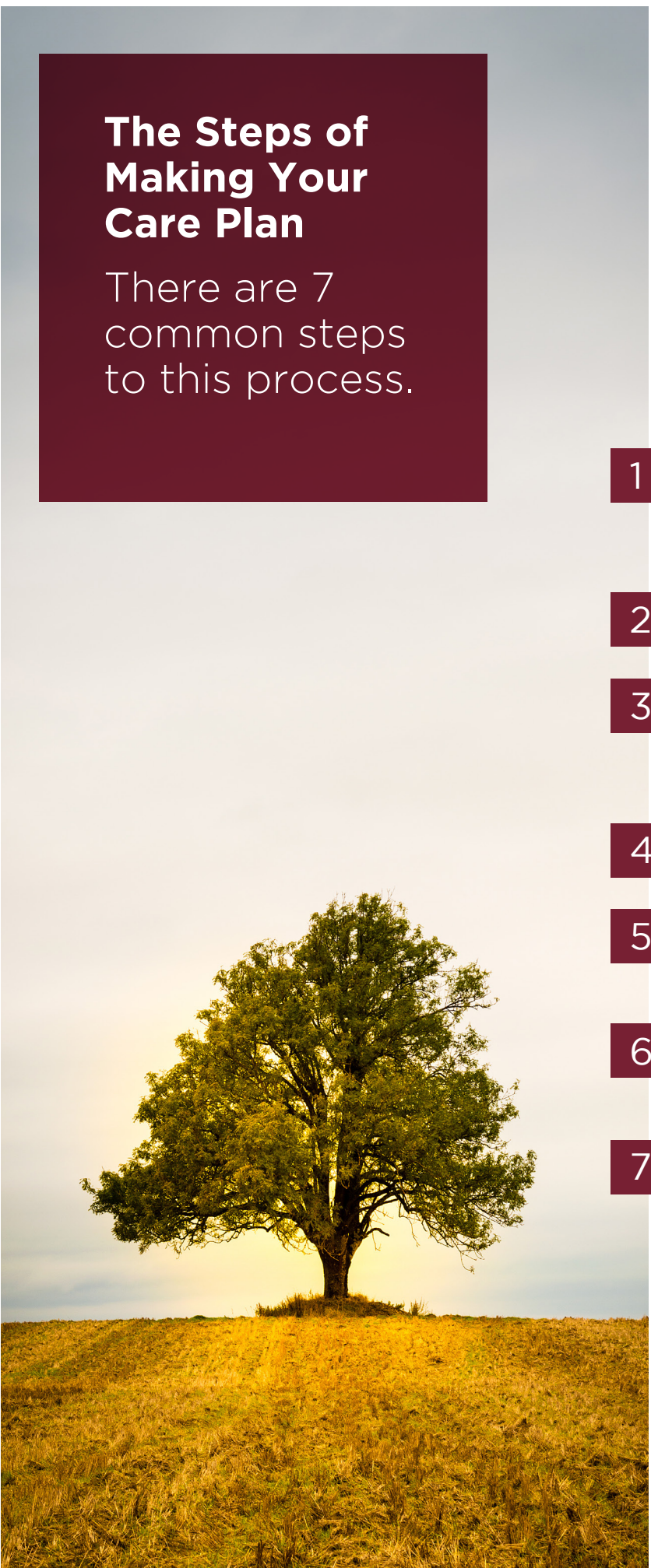
A common misconception is that making a care plan is only for the very old and the very ill.

*If you are an adult,
making a care plan is for you.*

It's appropriate whether you are completely healthy or have already experienced an illness. It is thinking about the type of health care you would or would not want in the future if you become sick or terminally ill.

Making a care plan allows you to:

- Think about these “what ifs”.
- Consider what kind of care is right for you.
- Document your wishes in a Health Care Power of Attorney and Advance Directive.
- **Making a care plan can be the most important gift you give your family** to lessen confusion and conflict and give peace of mind at a difficult time. It can ensure you get the kind of care you want.



The Steps of Making Your Care Plan

There are 7
common steps
to this process.

- 1 Identify and document your Medical Decision Maker, also known as a Proxy or Health Care Power of Attorney, starting on page 10.
If you do only one thing, do this!
- 2 Think about your values and priorities. Determine what “living well” means to you.
- 3 Based on this, document your wishes in an Advance Directive/Living Will. You can use the forms at the end of this booklet, starting on page 12.
- 4 Think about and document any additional wishes in your Advance Directive on page 15.
- 5 Make your documents legal by signing them. Depending on where you live, you will likely need two witnesses to sign as well.
- 6 Discuss your decisions with your Medical Decision Maker, those important to you, and your health care team.
- 7 Over time, continue to consider what is important to you and update your Advance Directive if desired.

Identify your Medical Decision Maker/ Health Care Power of Attorney.

A Power of Attorney (“POA”) is the person you select to make decisions for you if you are no longer able to make them due to an injury or illness.

There are two types of Power of Attorney:

- **Health Care Power of Attorney** (“HC POA”) is the person you select to make health care decisions for you if you are unable to make your own.
- **Financial Power of Attorney** is the person you select to handle financial matters and decisions on your behalf.

Your HC POA may be asked to make decisions about the type of medical care you would or would not want. This may include:

- Decisions about cardiopulmonary resuscitation (CPR).
- Being placed on a breathing machine.
- Surgery.
- Receiving blood, antibiotics or dialysis.
- Being given food and fluids artificially.

It may also include making decisions about stopping these treatments if they have been started and are no longer helpful.

When you select your HC POA, you are **not** giving them permission to make financial decisions for you. This HC POA is chosen specifically for your health care decisions when you can no longer make them yourself.

In the state of Louisiana, if you have **not** selected a HC POA, there is an order required by law indicating who your decision maker will be. This only goes into effect if you are unable to communicate your health care choices.

The order for determining who will be your HC POA is:

- Judicially appointed guardian of medical decisions if one has been appointed
- Patient’s spouse (if not judicially separated)
- Adult children of the patient*
- Parents of the patient
- Siblings of the patient*
- Ascendants or descendants of the patient

**A majority is required to make decisions*

In case your primary HC POA is unable to make your health care decisions, it is recommended you select an alternate HC POA. Your alternate HC POA can also provide support to your primary HC POA.

Often, family members are good choices for HC POA, but not always. Sometimes a friend, partner, clergy person, or a coworker might be the right choice. What is important is that you choose individuals who will speak up for you and will honor your decisions - even during difficult or stressful times.

Your HC POA cannot be:

- Your health care provider.
- An employee of your health care provider unless they are your close relative.

Once you identify your HC POA(s), you should speak with them and be sure they are willing to:

- Accept this role.
- Speak with you about your values, goals and priorities.
- Honor your decisions, even if they do not agree with you.
- Make decisions at difficult times and under pressure.

Having your HC POA document notarized is optional. If you select someone to be your HC POA that might surprise your family, we encourage you to have the form notarized.

Think about your values and beliefs and determine what “living well” means to you.

Everyone has a different idea about what quality of life means to them, what makes life meaningful and joyful. Many people choose comfort-focused care when medical treatments are no longer helpful or become too difficult.

Taking this one step further, you may have specific ideas about where you want to be and who you want near when time is short. We ask that you think about your values and health care goals. There are no right or wrong answers. Knowing what is important in your life might help you think about the type of medical care that is best for you.



Based on this, document your wishes in an Advance Directive / Living Will Declaration.

Now that you have reflected on what matters most to you, first consider your preferences for Life-Sustaining Procedures.

The Living Will Declaration allows you to direct that Life-Sustaining Procedures be withdrawn. You do not need to fill this out to complete the rest of your advance directive.

For a person with a terminal illness, a Life-Sustaining Procedure would be a medical procedure or intervention which might serve only to prolong the dying process.

This could include attempting cardiopulmonary resuscitation (CPR) or the use of a breathing machine, or procedures such as artificial nutrition and hydration. For those with a terminal illness, treatments to provide comfort should always be provided.

When documenting an Advance Directive we are asking that you imagine a time in the future when you:

- Might suffer a sudden and unexpected illness or injury and do not know who you or your friends and family are.
- Might be elderly, frail and nearing the natural end of life.
- Have been told you have an end-stage and life-threatening or terminal illness and there are no longer any effective treatments.

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Think about and document any additional wishes.

If nothing comes to mind, that is okay. Fill out only what you are comfortable with.

If you have spent time thinking about your end-of-life care, it is not uncommon to have thoughts about your preferences on what happens to your body after you die as well as your funeral services. Document any decisions you have made or preferences you have.

Funeral Plans

Share your preferences regarding burial or cremation, memorial services, memorial donations or any other arrangements.

Organ Donation

Share your preferences regarding organ, tissue and/or eye donations. Sharing your preferences will not add your name to the official donor registry.

To register as a donor and/or get more information about organ, tissue, and eye donation, go to www.donatelifela.org

Additional Instructions

Provide any additional information you would like your family or loved ones to know.

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Make your documents legal.

You must sign, print your name, and date each of the documents you complete in the presence of two witnesses who will also sign the document. These witnesses must be 18 years of age or older and not related by blood or marriage, nor stand to gain financially in the event of your death. You do not need an attorney to complete these documents.

If you need additional space to document your thoughts and instructions, you may attach additional pages.

Louisiana State law does not require you to have this document notarized.



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Discuss your decisions with your Health Care Power of Attorney, loved ones and health care providers.

Once your documents are complete you should:

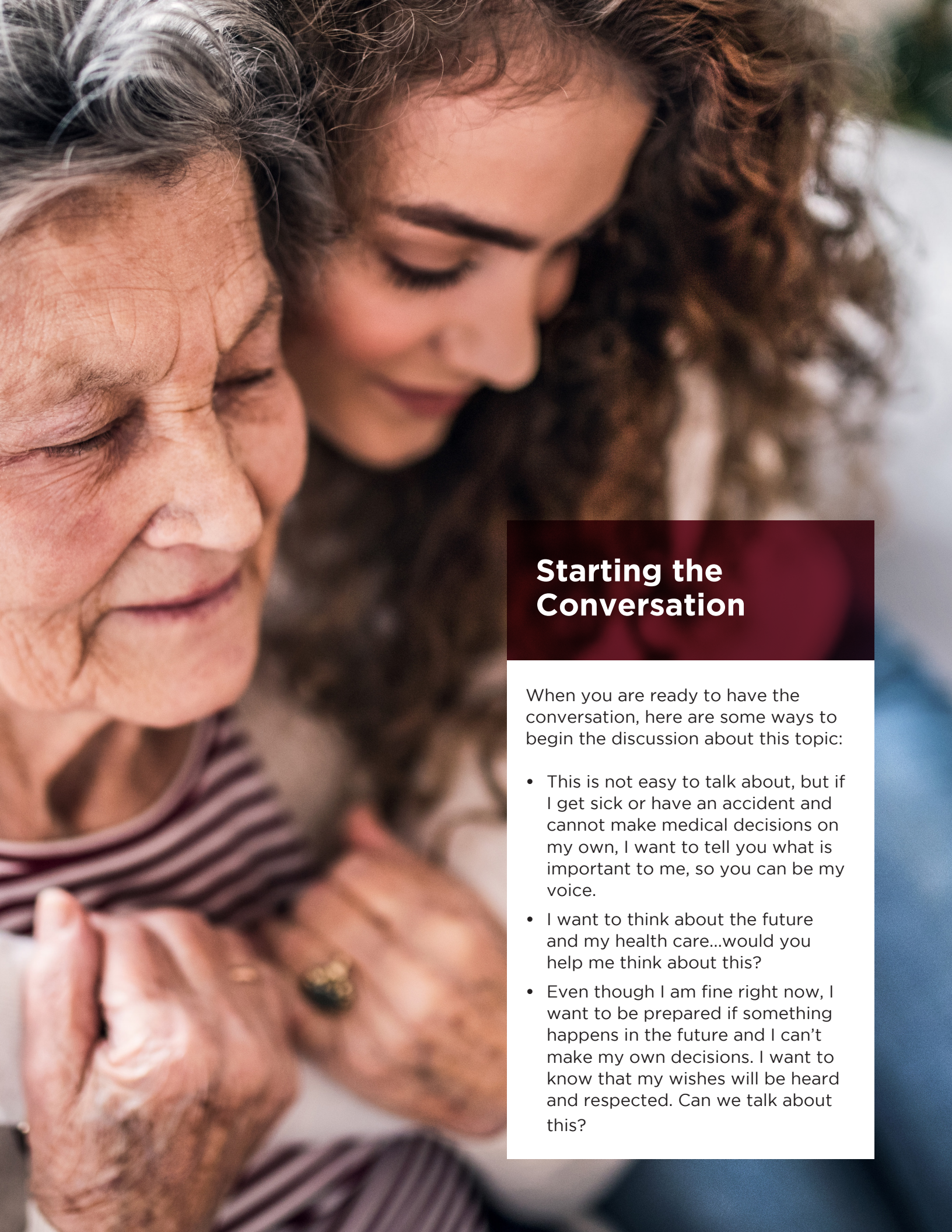
- Keep the original copy of your Advance Directive. It is recommended that you keep it in your home where they can be easily found.
- Share a copy of your Advance Directive with:
 - Your health care providers.
 - Your Health Care Power of Attorney (HC POA).
 - Your family and friends who might be involved in your care.
- Discuss your decisions with your HC POA. Unless you talk with your HC POA, they may not know your health care goals and be able to follow your instructions. These conversations can guide them if they ever need to make your medical decisions.
- Talk with your family and close friends who might be involved if you have a serious illness or injury. Make sure they know who your Health Care Power of Attorney is, and what your preferences are.

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Over time continue to consider what is important to you and update your Advance Directive if desired.

It is important to realize that sometimes what we want can change. It is recommended that you review these documents whenever any of the following occur:

- **Decade:** when you start a new decade in your life.
- **Death:** whenever you experience the death of a loved one.
- **Divorce:** when you experience a divorce or other major family change.
- **Diagnosis:** when you are diagnosed with a serious health condition.
- **Decline:** when you have a decline or worsening of an existing health condition.



Starting the Conversation

When you are ready to have the conversation, here are some ways to begin the discussion about this topic:

- This is not easy to talk about, but if I get sick or have an accident and cannot make medical decisions on my own, I want to tell you what is important to me, so you can be my voice.
- I want to think about the future and my health care...would you help me think about this?
- Even though I am fine right now, I want to be prepared if something happens in the future and I can't make my own decisions. I want to know that my wishes will be heard and respected. Can we talk about this?

Terms to Know

Artificial Nutrition and Hydration

Food or fluids provided through an IV or a tube inserted in your mouth, nose, or stomach when you are not able to eat or drink.

Code Status

Terms your doctor and nurses use to describe what may be done when a person's heart and lungs stop working.

- Full code – CPR will be attempted.
- DNR (do not resuscitate) – CPR will not be attempted, but other medical treatments can be provided. Death will be allowed to happen naturally.

Comfort Care

With comfort care, the focus of care is on comfort and dignity. Comfort care may include giving medicine and/or oxygen for relief of pain or other symptoms. Comfort care does not include measures meant to extend life such as the use of a breathing machine or artificial nutrition and hydration. Comfort care is typically provided in a community setting or home rather than the hospital.

Hospice

A team of professionals and volunteers who focus on comfort and dignity as a person nears the end of life. The focus of the hospice team is on the patient's quality of life. The hospice team addresses the physical, emotional, and spiritual concerns of the patient with a terminal illness and approaching death. Hospice also provides support to the family. Hospice can be provided in your home or in a community health care facility such as a nursing home, long term care facility and or a free-standing hospice center.

LaPOST

(Louisiana Physician Orders for Scope of Treatment)

A LaPOST document is a medical order that outlines specific medical care decisions for a person with a serious advanced illness who is nearing the end of their life. The document is developed by the person with a serious advanced illness, or their health care representative, and their health care provider. A LaPOST document is honored in all care settings and by emergency medical responders. The LaPOST document is not a replacement for an Advance Directive and does not name a Health Care Power of Attorney.

Palliative Care

A team of health care professionals specializing in the care of persons with serious illness. Palliative care focuses on providing relief from the symptoms, pain, and stress of a serious illness, as well as providing support for making medical decisions. The goal of palliative care is to improve the quality of life for both the patient and the family. The palliative care team works in conjunction with a person's physicians to ensure the best care possible.

Advance Directive Documents to Complete



Honoring My Care Decisions: Health Care Power Of Attorney

Planning Ahead For Myself, For My Family.

Full Name: [] Date of Birth: []
Address: [] City: [] State: [] Zip code: []
Phone#: [] (Cell/Home/Work) Phone#: [] (Cell/Home/Work)
Email: []

Health care Power of Attorney (Agent)

I [], am a person of the full age of majority and a resident of the Parish of [], State of Louisiana. I appoint, name, and authorize the following, hereinafter referred to as “Agent,” to be my agent(s) and attorney-in-fact, giving the Agent full power and authority to make health care and medical decisions on my behalf, including, but not limited to, health care and medical decisions related to surgeries and procedures; medical treatments; medical examinations/evaluations; medical tests; hospitalizations and other confinements to medical, health care and/or nursing home facilities; and administration of medications and prescription or other drugs or substances, but only to the extent such are recommended by a duly licensed physician. I waive any and all restrictions on access by my Agent(s) to my health records under the Health Insurance Portability and Accountability Act or other statute.

Primary Agent

Name: [] Relationship: []
Address: [] City: [] State: [] Zip code: []
Phone#: [] (Cell/Home/Work) Phone#: [] (Cell/Home/Work)
Email: []

If the Primary Agent is not able or willing to make my health care decisions, then the following person is my next choice:

Secondary Agent ☐ Not Applicable

Name: [] Relationship: []
Address: [] City: [] State: [] Zip code: []
Phone#: [] (Cell/Home/Work) Phone#: [] (Cell/Home/Work)
Email: []

Honoring My Care Decisions: Health Care Power Of Attorney

Planning Ahead For Myself, For My Family.

This power of attorney shall not terminate upon my disability, infirmity, incompetence or incapacity, but rather it is my specific intention to authorize and direct my Agent(s) to carry out the power of attorney granted to my Agent(s) hereunder in such event, notwithstanding such disability, infirmity, incompetence or incapacity.

In the event that one of the Agents specified above dies or resigns as Agent, the remaining Agent shall have full authority to act.

Your Signature	Print Your Name	Date
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Witness 1

Signature	Print Your Name	Date
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Witness 2

Signature	Print Your Name	Date
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This HC POA document is valid once all three signatures lines above are complete.

Signature of Agent indicating acceptance of Health care Power of Attorney role (optional):

Primary Agent

Signature	Print Your Name	Date
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Secondary Agent

Signature	Print Your Name	Date
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Honoring My Care Decisions: Advance Directive/Living Will

Planning Ahead For Myself, For My Family.

Full Name:		Date of Birth:	
Address:		City:	
		State:	
Phone#:		(Cell/Home/Work)	Phone#:
		(Cell/Home/Work)	
Email:			

Advance Directive/Living Will Declaration

I believe that my life deserves to be treated with dignity. I desire that my dying shall not be artificially prolonged under the circumstances set forth below.

If at any time:

1. I have an incurable injury, disease, or illness, or am in a continual, profound comatose state with no reasonable chance of recovery.

AND

2. My doctor and one other doctor examine me and indicate that I have a terminal and irreversible condition and death will occur whether or not life-sustaining procedures are utilized, or life-sustaining procedures would serve only to artificially prolong the dying process, then, I direct the following instructions be followed.

Check one of the following:

☐ That all life-sustaining procedures be withheld or withdrawn, including the provision of artificial nutrition and hydration. Focus on making me comfortable and allow natural death.

OR

☐ That all life-sustaining procedures be withheld or withdrawn, except nutrition and hydration. If the invasive administration of nutrition and hydration is excessively burdensome as determined by my physician, Health care Power of Attorney, or other legal decision maker, it may be withdrawn.

In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this declaration shall be honored by my Health care Power of Attorney, other legal decision maker, family and/or physician(s) as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

Honoring My Care Decisions: Advance Directive/Living Will

Planning Ahead For Myself, For My Family.

Under Louisiana Law, two witnesses must verify your signature and the date. These witnesses must be 18 years of age or older and not related by blood or marriage, nor stand to gain financially in the event of your death.

This document states my wishes about my future health care decisions.

Your Signature	Print Your Name	Date
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I am at 18 years of age or older and not related by blood or marriage, nor stand to gain financially in the event of the death of the person completing this document.

Witness 1

Signature	Print Your Name	Date
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Witness 2

Signature	Print Your Name	Date
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Notarization of your Advance Directive Document is **optional in Louisiana. **

Honoring My Care Decisions: Additional Questions

Planning Ahead For Myself, For My Family.

Advance Directive/Additional Questions

Your health care decision maker and your doctors will refer to this section as they care for you. You should talk with your health care power of attorney/agent about the kind of care you want, even if you don't make choices in this section. You are not required to complete this part of the document.

Full Name: Date of Birth:

My decisions about Cardiopulmonary Resuscitation (CPR)

Based on my current health, this is my choice about CPR if my heart or breathing stops:

- ☐ **I do not want CPR. Let me die a natural death.**
(If you do not want emergency personnel to give you CPR, you can discuss with your doctor whether you would be eligible for a LaPOST document, a portable physician's order you keep with you)
- ☐ **I want CPR attempted unless my doctors determine:**
CPR would likely harm me more than help me

Your Signature	Date
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Honoring My Care Decisions: Additional Questions

Planning Ahead For Myself, For My Family.

Additional communication to my loved ones and care providers

The following are most important in my life:

"I want to be able to recognize and enjoy my family."
"Using the bathroom independently is important to me."

← Examples

My fears and worries about my future health are:

"I don't want to be in pain."
"I don't want to be separated from my family."
"I don't want to be a burden to my family."

← Examples

Your Signature

Date

Honoring My Care Decisions: Additional Questions

Planning Ahead For Myself, For My Family.

If I have a serious illness or injury, or when my health worsens and the doctors feel I only have weeks to months left to live, the following are my most important goals:
(consider spiritual and personal wishes, and how you might want to spend your time)

"I want friends from my church community to pray with me."
"It's important that I have my priest perform a sacrament for the sick."
"I've turned to music for comfort my whole life. I want there to be music in my room."

← Examples

Advance Directive/Additional Questions

Your Signature

Date

Notes

Planning Ahead For Myself, For My Family.



While we cannot plan for everything in life, it is important to discuss with loved ones our preferences for healthcare decision-making before a critical situation arises. Early care planning conversations empower patients with control over their cancer journey.

– Kellie Schmeeckle, M.D.



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For additional questions or discussion,
please speak with your provider or
email palliativecare@marybird.com

Go to our website for more information

www.marybird.org/makingaplan