Masonicare Home Health & Hospice

Masonicare Partners Home Health & Hospice
A partnership of Masonicare and Saint Francis Hospital and Medical Center

For more information on our services, please call us at
1-800-528-6664

Advance Care Planning — What You Need To Know

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Advance Care Planning used to be as simple as a few paragraphs in your will, but not any more. There are many things our families would need to know if we became unable to communicate with them. This could include anything from the location of your safe deposit box key to what kind of music you’d want playing in your room on the last day of your life. Even more importantly, it should include information about the types of medical care and treatment you would or would not want if you weren’t in a condition where you could make decisions for yourself.

If you don’t make your wishes known, and communicate your wishes to someone who will be able to speak on your behalf, decisions about these things may have to be made for you. They may be made by strangers, or your children may find themselves in the very difficult and painful position of
having to make decisions for you, without knowing what you would have wanted to be done.

This booklet is designed to be an introduction to the types of information and planning you may want to put in place to protect yourself and those you love.
ADVANCE CARE PLANNING

TAking care of the practical things

You, and someone else that you trust, should be able to locate these things:

Safety deposit box (bank and branch)

________________________________________

________________________________________

Safety deposit box key

________________________________________

Marriage certificate

________________________________________

Baptismal certificate

________________________________________

Birth Certificate

________________________________________

♦ Patient and family can achieve a sense of control, meaning and value through expanded choices about how they wish to spend these final months

♦ Relief of care giving burden through supportive and respite services

Myth: Hospice means the doctor has “given up” on the patient

Fact: Stopping cure-focused treatment does not stop all treatment; it means the goal of treatment is symptom relief. The physician remains an integral part of the patient’s care team and remains responsible for all orders for treatment and medications. Any condition causing distressing symptoms would be treated under a hospice plan of care to manage those symptoms.
**HOSPICE MYTHS**

**Myth:** Hospice is not needed until the last weeks of life

**Fact:** People have the right to choose hospice services when life expectancy is estimated to be about six months or less if the disease follows its usual course. People can benefit greatly from hospice care after their doctor determines that they have a limited life expectancy, or when their disease no longer responds to curative or life-prolonging treatment. People on hospice may live longer than six months but can remain on the program as long as their prognosis is still six months or less. Early referral to hospice helps with:

♦ Pain and symptom control, based on knowledge of the patient’s responses
♦ Avoidance of unwanted or inappropriate life-sustaining treatments and hospitalizations and emergency room visits

Military discharge papers
_________________________________________

Insurance policy(s)
_________________________________________

Real Property deeds
_________________________________________

Mortgage(s)
_________________________________________

Loans
_________________________________________

Pensions
_________________________________________

Retirement Accounts
_________________________________________

Tax records
_________________________________________
Savings Accounts

Checking Accounts

Will

Other
THE HOSPICE OPTION

What is Hospice?

Hospice is a model of care for people with life-limiting conditions who are seeking expert, compassionate services from an interdisciplinary team of medical and psychosocial care providers. The goal is to ease the patient’s distressing symptoms and pain, while enhancing the quality of life for the entire family.

♦ Hospice focuses on care instead of cure, when a cure is no longer considered an option

♦ Care is provided wherever the patient lives (private home, assisted living, convalescent home or skilled nursing facility)

♦ Hospice is paid for by Medicare and most private insurances.

You and someone else who lives in or near your house should know the location of the following:

Water shut off _________________________
Heat/hot water emergency switch _________________________
Circuit breakers/fuse box _________________________
Well _________________________
Septic tank _________________________
Oil tank _________________________
Spare Keys _________________________
Other Keys _________________________
Cemetery Plot _________________________
Burial Fund _________________________
Funeral Planning
Do you feel morally obligated to use whatever medical technology is available for as long as possible, regardless of the quality of life?

Do you believe that quality of life is more important that quantity?

Would you refuse heroic measures to save your life if you no longer had the ability to communicate?

Would you want a feeding tube inserted if you stopped eating and had advanced dementia where you no longer recognized your family?

List the name and number of the service company or person for the following:

Electricity__________________________
Oil_______________________________
Gas (if using gas heat/hot water)_______________________________________
Trash pick up________________________
Well/Water_________________________
Septic_____________________________
Phone Company_____________________
Electric Company_____________________
Cable Company______________________
Other______________________________
Other______________________________
_________________________________
4. Value-based Decision Making:
There are many medical interventions available today that most of us couldn’t have even imagined twenty years ago. It is likely that the same will be said twenty years from now. Therefore, it would be almost impossible to write a directive that would address all the possibilities you might need to cover.

Some of the issues that you might want to consider:

*Do you want to be kept alive no matter what, because you believe a miracle might occur?*

*Are you willing to tolerate a high degree of pain and suffering because you believe “where there’s life, there’s hope” regardless of what the doctors say?*
3. A standard living will does NOT address the following:

   a. The type of medical interventions you do or don’t want in situations where the conditions of a living will do not apply

   b. If you choose to have cardio-pulmonary resuscitation or artificial respiration, how long you want to allow it to continue if it is not helping you

   c. If life support is initiated and you did not want it, whether or not you would want it to be discontinued

   d. If you wanted life support to be discontinued and were determined to have serious and irreversible brain damage, whether you would want it to be turned off, or an attempt made to wean you from the respirator.

List any of the following that you have Automatic payments withdrawn from your checking account:

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2. The Living Will:
A Living Will is a document that specifies:

a. Whether or not you want cardio-pulmonary resuscitation.

b. Whether or not you want artificial respiration, including a respirator.

c. Whether or not you want artificial nutrition or hydration.

A Living Will only applies to situations where you are permanently unconscious, or have an incurable or irreversible condition which is likely to result in death in a short time.
You can appoint a health care representative by completing a form that is available through your healthcare provider or the State of Connecticut website at: http://www.ct.gov/ag/lib/ag/healthyourrightstomakehealthcaredecisions2006version.pdf

You do not need an attorney or a notary. However, having your signature notarized is recommended if you think that someone might contest your choice of health care representative.

It is a good idea to choose a back up health care representative in the event that your first choice is unavailable or unwilling to make choices for you.

**NOTE:** A health care representative is NOT a power of attorney, and cannot conduct financial transactions or make financial or property decisions.

List the following

**Monthly Bills**

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**Quarterly Bills**

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**Semi-Annual Bills**

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Making Medical Decisions:

1. The Health Care Representative:

This is someone who you designate to make health care decisions for you should you become unable to do so. This person ideally should:

a. Be willing and able to be available for emergencies

b. Understand your wishes and values

c. Be willing to carry out your wishes and make decisions in accordance with your values, even if they differ from what this person would want for themselves

d. Be able to carry the potential emotional burden of making difficult decisions.