As a capable adult, you have many rights when you receive healthcare. You have the right to be told about your medical choices and their benefits and risks. You also have the right to accept or refuse these choices. Whatever you decide, it is important to talk about your decisions with your healthcare team and those close to you. You may also put your plans for future medical care in writing in case you become unable to make your own decisions.

**Advance Care Planning**

Advance care planning is a process for you to: understand possible, future health choices; reflect on these choices in light of the values and goals important to you; discuss your choices with those close to you and the healthcare team who care for you; and make a plan for future healthcare situations.

**Start Planning Now**

This process may only take a short period of time, or it may take many months. What is most important is that you begin now and take the time you need to understand, reflect, discuss, and make a plan that will work best for you and those closest to you.

**Advance Directives**

An advance directive is the plan you make for future healthcare. In this plan you may: simply provide instructions about the choices you would prefer for future healthcare, or you may also appoint another person or persons who would make your healthcare decisions if you were unable to make them yourself.
Your advance directive may be a formal, legal document (e.g., Power of Attorney for Health Care) or you may choose to communicate your choices more informally in a letter or by simply talking. In many circumstances, however, a formal, legal document that clearly reflects your goals and values may be the best way to ensure that your choices can be followed in the future.

Making an advance directive is optional and the healthcare you receive will not be affected if you decide against making one. As long as you are capable, you may change or revoke your advance directive at any time.

**Emergency Care**

Your medical record (including any written advance directive) may not be instantly available in a medical crisis. In the event that medical staff are unclear about your advance directive or do not have it, they will begin emergency care that may sustain your life. Treatment can be stopped if it is clear later that the treatment is not what you wanted.

We assume you want cardiopulmonary resuscitation (CPR) attempted in the event your heart or breathing stops. We also assume that CPR should be attempted during any type of invasive or risky procedure or test even if you have said that CPR is not desired. If you do not want CPR attempted, either in or outside the facility, please review your options for documenting your choices with your healthcare team.

**Conflicting views**

If a healthcare professional has a concern about respecting your choices, you or those representing you may consider transferring care to another healthcare professional or requesting consultation with the Ethics Committee.

**For more information**

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Respecting Choices

PERSON-CENTERED CARE

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