



Advance Care Planning: Frequently Asked Questions and Answers

1. What is an advance directive?

An advance directive is a legal document that allows you to write down your preferences for medical treatment and life support in the case of an emergency. This document tells medical staff what kind of care you want and makes your wishes known. It also allows you to assign an agent, someone to make health decisions on your behalf if you are unable to do so for yourself. It is a legal document and is kept in your medical record. You should keep the original copy in a safe place where you can access it when needed (i.e. when you travel). You can obtain an advance directive form by going to the Health Education Department at any Kaiser Permanente or by going online to kp.org/mydoctor and searching “advance directive.”

2. What is a Physician Order for Life Sustaining Treatment (POLST)?

A POLST is a legal document that tells emergency responders whether you want to be resuscitated or have a feeding tube (see explanation of resuscitation and feeding tube below). This bright pink document must be signed by your doctor. To be effective, it must be available to

emergency personnel (on your refrigerator, nightstand, or in your suitcase when you travel). It allows you to legally communicate your wishes to emergency responders. You can obtain a POLST form by asking your physician or care manager.

3. What is resuscitation?

Resuscitation, or cardiopulmonary resuscitation (CPR), is emergency treatment used to try to revive someone when their heart or breathing stops.

Resuscitation includes:

- Pressing hard on your chest (also called chest compressions) to try to pump blood when your heart is not beating.
- Giving electric shocks to try to restore the heartbeat.
- Inserting a tube into your windpipe attached to a bag to pump air into your lungs.
- Putting medicines in your veins to try to restart the heart.
- Unfortunately, resuscitation fails in most chronically ill people, meaning they die anyway. For those who do regain a spontaneous heartbeat, resuscitation may cause broken ribs and some degree of brain damage. For these reasons, some people choose not to be resuscitated, preferring instead to die naturally.

4. What are codes?

Codes are medical orders which tell health care providers what types of resuscitation a patient wishes.

Full Code: If a patient’s heart or breathing stops, he/she wants all available resuscitation treatments, including chest compressions, electric shocks, and a tube in his/her windpipe. These patients accept the burdens of resuscitation mentioned above, such as a low chance of success and the potential for broken ribs and surviving with brain injury.

Partial code: The patient wants some types of resuscitation but not others. Examples:

- A patient with severe lung disease who is willing to be on a breathing machine, but only for a few days.
- A patient with heart failure who wishes to receive electric shocks, if his/her heart is still beating but not in rhythm, but not chest compressions.

DNR (Do Not Resuscitate): The patient does not want resuscitation if his/her heart or breathing stops. Other medical conditions such as infections and heart attacks are still treated.

Comfort Care: The patient wants all treatments which increase comfort and relieve symptoms but

not treatments intended solely to prolong life. Medications and other care are given for pain, breathlessness, nausea, anxiety, and other symptoms, but medical conditions such as high cholesterol are usually not treated. Medications that are being taken for chronic illnesses like heart failure will be continued as long as they make the patient feel better.

We recommend that you talk to your Primary Care Provider or Cardiologist about which medical treatments and types of resuscitation would be effective and fitting for you, given your desires and level of health.

5. What is intubation?

Intubation means a tube is placed in your windpipe and connected to a machine (called a breathing machine or ventilator) which pumps air into your lungs. It is a form of life support used when a person cannot breathe on his/her own. Intubation may also be done if a person is having surgery under general anesthesia.

6. What is a feeding tube?

A feeding tube is used when a person is unable to swallow. It involves putting a tube down a person's nose and throat into his/her stomach, or into a person's stomach through the skin and providing nourishment through the tube. People usually take no food by mouth when they are being fed by a tube.

7. Will I be in pain?

Although some people experience pain at the end of life, there are many very effective medications to treat and manage pain. These medications will allow most people to be comfortable in the time before they die. For those people who are uncomfortable, specialists are available to manage symptoms.

8. When does my agent (surrogate decision-maker) get involved?

An agent is a person you choose to represent you in the event you have an emergency and are unable to make health care decisions for yourself. Your agent communicates your wishes to physicians and nursing staff and helps guide decisions about your care. You can legally identify your agent on an advance directive form.

On the form, you must specify *one* of the following:

- My health care agent can make health care decisions for me while I still have mental capacity to make decisions.

or

- My health care agent will make health care decision for me *only* when I do not have mental capacity to make my own health care decisions.

If you unable to make decisions and have not identified an agent, your physicians will seek guidance from your closest relatives (spouse,

parents, and children) but since this may not be the representative you would have chosen, everyone should fill out an advance directive.

9. Can I change my mind after completing an advance directive? If so, how do I go about that?

Yes, you can change your mind at any time.

If you change your mind, please update the forms immediately (Advance Directive and Physician Order for Life Sustaining Treatment). Please make sure that your physician at Kaiser Permanente is notified and is given an updated version of these documents. The new versions will be placed in your medical chart and will replace the existing versions.

Please also make sure to provide your agent with the revised forms and permanently dispose of all old versions.

Other resources

- Connect to our Web site at kp.org to access health and drug encyclopedias, interactive programs, health classes, and much more.
- Contact your Kaiser Permanente Health Education Center or Department for health information, programs, and other resources.

Content adapted:

- *Communicate Your Health Wishes (California Advance Health Care Directive Kit)*, TPMG, RHE.
- "Life Care Plan, Chronic Illness" presentation - Shelly Garone, MD.

This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other health care professional. If you have persistent health problems, or if you have additional questions, please consult with your doctor.