Cedar Park Surgery Center (CPSC) Center wants you to understand how important it is to participate in your future medical decision-making. A growing number of people are actively participating in their health care decision-making, even before any major health decisions need to be made. You should take control of your right to participate in decisions about your health care. There are many reasons to take control. Some patients do not wish to spend the remainder of their lives dependent on life support machines and other life-sustaining therapies. Others do not want to cause emotional or financial distress to their loved ones. Most want to exercise control of their health care. This informational guide gives you all the information you need about advance care planning and helps you take control of your future medical care.

**Advance Care planning** encourages patients to determine in advance what kind of medical care they would like to receive if they become unable to speak or communicate with their loved ones. This important process gives patients the opportunity to take control of their medical decision-making while they are able, by completing and signing an Advance Directive form.

**What is an Advance Directive?**
An Advance Directive is a document that states what you want done if you cannot make your own medical decisions. There are two kinds of Advance Directives:

1. **A LivingWill.** In this document, you stipulate what kind of medical care you do or do not want if you ever become unable to make your own treatment decisions. Usually a Living Will applies when a patient has a terminal illness.

2. **A Durable Power of Attorney for Health Care.** In this document, you appoint a person to make decisions for you about your medical care if you cannot do so yourself. You may combine these two types of Advance Directives into one document. It is possible to have both a Living Will and a Durable Power of Attorney for a health care directive.

**What is a Living Will?**
A Living Will is a document in which you can specify the kind of life-prolonging medical care you want if you become terminally ill, permanently unconscious or in a vegetative state, and unable to make your own decisions. A Living Will should be signed and dated. Two witnesses, at least one of which is not related to you, must sign to verify that you are of sound mind and were not forced. You should make sure the will is included in your medical record and hospital chart. You do not need a lawyer to create a Living Will.

**What is a Durable Power of Attorney for Health Care?**
A Durable Power of Attorney for Health Care is another kind of Advance Directive form. This document names the person who will make medical decisions for you if at any time you are unable to make decisions for yourself.

**Who decides that I am unable to make treatment decisions?**
By law, you are assumed to be able to make treatment decisions unless two doctors (one must be a psychiatrist) agree that you are not able to understand treatment decisions.

**Who will make the treatment decisions for me?**
If you do not appoint someone or leave specific instructions, Texas law will allow your family to make decisions for you.
Who must follow what I say in my Advance Directive?
As long as your wishes are legal, anyone involved in your care must follow your wishes or try to find someone who will follow your wishes as closely as medically possible.

What if my doctor and I do not agree about my care?
Your doctor will treat you according to what he or she believes is best for you. If after talking with your doctor you cannot agree about your treatment, you may want to select another doctor.

What should I say in my Advance Directive?
You may say anything you want, but it is best to appoint a specific person and to discuss the following issues with that person. You may also put your feelings regarding these issues in your Advance Directive. For example, these are some of the issues where a decision is required if you are ever in a terminal condition or persistent vegetative state:

- Do you want treatment to try to restart your heart or help you breathe, including being on a breathing machine (ventilator or respirator) if you can’t breathe on your own?
- Do you want to be fed by tubes (receive artificial nutrition and hydration) if you can’t eat or drink on your own?
- Do you want to be kept as comfortable and free of pain as possible, even if such care prolongs dying or shortens life?

*It is important to tell the person you appoint in your Advance Directive what you decide about these issues.*

Must I have an Advance Directive?
No, but it is a good idea and highly recommended to have one so that your doctor, your family and others know what you want if you ever become unable to make treatment decisions for yourself.

How do I write an Advance Directive?
Writing an Advance Directive takes serious thought. You can ask your doctor, nurse or social worker for a form, and he or she will discuss it with you.

What should I do with my Advance Directive?
You should give a copy to the person you appoint to make treatment decisions for you, your doctor, your family and anyone else who might be involved in making decisions about your treatment.

What if I want to change my Advance Directive?
You can change or cancel your Advance Directive at any time. You can write a new Advance Directive, destroy the old one or tell those involved in your care that you have changed your mind. It is very important to let your doctor know that your wishes have changed. Although you may not be able to specify every procedure in every situation in your Advance Directive, it is possible to decide what kinds of treatment you would like in most situations. There are certain kinds of common conditions that can be discussed in advance. Some of these may include:

- Terminal or irreversible brain damage
- Dementia-related illnesses
- Treatments that are used in end-of-life situations (such as CPR, ventilators, artificial nutrition and hydration, dialysis and antibiotics)

These conditions and/or treatments should be discussed in advance so that you can comfortably make informed decisions about your health care.
What is artificial nutrition?
Artificial nutrition is the administration of intravenous feeding or tube feeding. This does not include the natural process of eating foods. There is very little pain or discomfort in receiving artificial feeding, but it is a medical treatment and has its own set of possible complications.

What is artificial hydration?
Artificial hydration is similar to artificial nutrition. Artificial hydration is the administration of intravenous fluids instead of food. Artificial hydration does not include the natural process of drinking fluids. There is minimal discomfort or pain in artificial hydration, but it is a medical treatment and has its own set of possible complications.

What is an AND order?
An Allow-Natural-Death (AND) Order is an order that is written by a doctor when he or she believes that a patient will not benefit from cardiopulmonary resuscitation (CPR). An AND Order should be put in place when:

- A life-threatening condition exists in which resuscitation would not cause improvement in the ultimate outcome
- A competent patient requests that CPR not be provided
- An Advance Directive indicates the patient’s wishes to not be resuscitated
- There is an underlying incurable medical condition
- It would cause more harm to the patient, and have no benefit
- Death is expected or inevitable

What is AND with Limited Therapy?
Sometimes the doctor limits other therapies that a patient receives to those that are considered medically appropriate. For example, a doctor may stop dialysis if it is no longer helping the patient. When a doctor decides to change a patient’s status to AND, all other appropriate medical therapies and treatments will continue unless specific orders are written. An AND order does not mean that all therapy will stop. AND orders only deal with CPR status. A doctor may write a specific AND with Limited Therapy (AND/LT) order to address therapies that should be limited.

What is Palliative Care/Comfort Care?
Palliative care is a medical specialty that focuses on the treatment of distressing symptoms and the many stresses that patients and families face when coping with a potentially life-limiting illness. Palliative care specialists work with the patient’s physicians to deliver this vital care at all stages of an illness, to manage pain and relieve symptoms. Palliative care is not only for dying patients, but is part of all patient care.

What do these Advance Directives not achieve?
Advance Directives only cover certain important health care issues. They do not provide for many other personal planning matters. For example, Advance Directives do not allow health care agents to handle your financial matters if you become unable to handle these matters yourself.