

Advance Care Planning - Serving as Agent

As an agent, you are responsible for understanding the beliefs and concerns about medical treatment of the person for whom you may be carrying out advance care planning decisions. You must be willing to carry out decisions that are consistent with his/her wishes, and communicate those wishes to the health care team.

In order to better understand those wishes, try to put yourself in the place of the person for whom you are making advance care planning decisions. Mark the extent to which you believe the person would agree or disagree with each statement. Remember, you are to answer each statement as if you were the health care agent. Compare your answers to theirs.

| | Strongly Agree | Agree | Not Sure | Disagree | Strongly Disagree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Decision-Making | | | | | |
| 1. He/she would want to remain involved in health care decisions about his/her care. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. He/she would want information provided to him/her about his/her health care (e.g. understanding his/her disease, likely outcome of treatment, benefits, risks, reasonable alternative treatments, and consequences if he/she selects no treatment). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. He/she would want to know if the treatment being considered is likely to achieve the goals he/she has set for his/her life/health without causing excessive burden on him/her or his/her family. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. He/she has the right to refuse medical treatment even if the refusal may shorten his/her life. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. It is important to him/her to know about his/her diagnosis and overall health, even if there is little chance for recovery or no possibility of recovery. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Social/Relational Activities | | | | | |
| 6. He/she wants to be able to engage in activities that bring him/her meaning and purpose (e.g. visiting others, attending church or synagogue or travel). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. It is important to him/her to be able to recognize his/her immediate family members throughout his/her treatment dying process. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. He/she wants to be able to talk to and understand others. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. He/she believes cost/insurance coverage should be considered in the type of treatment he/she receives. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Strongly Agree Agree Not Sure Disagree Strongly Disagree

Aggressiveness of Medical Treatment at End of Life

| | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 10. He/she wants feeding tubes, including stomach tubes, nasogastric tubes, which are placed down the nose, or intravenous feedings, unless it reduces his/her comfort or increases his/her pain. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. He/she would like all treatments possible to keep him/her alive even if he/she can no longer experience things he/she has found meaningful. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. He/she wants all attempts to start his/her heart or breathing if it stops or receive other types of advanced life support (e.g. dialysis if his/her kidney's fail; breathing machine if he/she cannot breathe on his/her own; medications to address his/her blood pressure issues, etc). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. He/she wants consideration given to the use of any medical treatments possible if these treatments would help him/her to return to a life where he/she can experience joy, love and the things he/she finds important. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. He/she would like to have an autopsy done so that more can be learned about his/her illness. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Physical Independence

| | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 15. He/she would not want to be indefinitely dependent on medical interventions (e.g., breathing machines) only to be kept alive. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. He/she would want to be able to die at home, if possible, rather than in a hospital or nursing home. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. He/she wants to be an organ, eye and tissue donor. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

