Advance Care Planning

Advance care planning is the process of making choices related to your future medical care and determining how you would want to be treated if you were unable to speak for yourself.

By going through the advance care planning process, you can make informed, thoughtful decisions regarding your future healthcare. The process includes choosing a healthcare advocate, learning about your treatment options, exploring your thoughts and feelings about treatments, and committing those wishes to writing.

Advance care planning discussions vary depending on your current health. If you are generally healthy, you may explore what kind of life-sustaining treatments you would want if you were suddenly incapacitated and your condition was unlikely to improve. If you have a chronic illness, you can consider what interventions you would choose if your condition worsens. If you are facing the end of life, you can communicate to loved ones how you want to live your final months, weeks, or days.

Choosing a Healthcare Advocate

Perhaps one of the most important decisions to be made in the advance care planning process is choosing a healthcare advocate. A healthcare advocate can be a family member, close friend, or someone else you trust to make future healthcare decisions in accordance with your wishes and should be designated through legal documentation. It's important to have ongoing discussions with your healthcare advocate about your future medical choices, including specifics about medical interventions, because your wishes may change over time. To legally empower this person to carry out healthcare wishes and decisions when you are unable to do so, you will complete and sign a medical power of attorney document.

Advance Directives

Creating a written document that states your preference for future and end-of-life medical care is an essential part of the advance care planning process. Advance directives are formal legal documents and meet state requirements when completed by an adult over age 18.

- Medical Power of Attorney: A medical power of attorney allows you to legally appoint a healthcare advocate to make medical decisions on your behalf if you are unable to make these decisions yourself. It can be enacted even if you are not diagnosed with a terminal disease. It is not required that an attorney draft a medical power of attorney.
- **Directive to Family, Physicians, and Surrogates:** One of the most common documents, this directive informs your family, physicians, and surrogates of your wishes about your medical treatments in the event you are unable to communicate. Sharing this information with your family and medical team is a gift, allowing them to be confident they are acting in accordance with your wishes.
- Do Not Resuscitate (DNR) Order: A Do-Not-Resuscitate order (DNR) is a legal document that formally states that if
 your heart stops or you stop breathing, you do not wish emergency medical staff to proceed with interventions such
 as cardiopulmonary resuscitation (CPR), defibrillation, or intubation for mechanical ventilation. If you do not want to
 receive these emergency resuscitative measures, you will complete a DNR and have it signed by your physician. An
 Out-of-Hospital DNR alerts medical staff of your wishes regarding emergency resuscitative measures outside a
 hospital setting.
- Medical Order for Scope of Treatment (MOST)/Physician Order for Scope of Treatment (POST): The MOST/POST form may have different names in different states. It is a portable medical physician order documenting the level of interventions and treatments the patient wants. These fall into three levels: full, selective and comfort care interventions. Documentation includes instructions regarding CPR, intubation for mechanical ventilation, and artificial nutrition. MOST/POST forms are appropriate for individuals with a serious illness or frailty near the end-of-life who are well informed regarding these options.

Treatment Options

Advance care planning is intended to optimize your future medical management. You can consider when an intervention should be started or stopped, and when to transition from interventions to comfort measures. Interventions to discuss include CPR, defibrillation, intubation for mechanical ventilation, antibiotics and other medications, kidney dialysis,

hydration, and nutrition. Comfort measures include pain control, management of bodily functions, and focus on personal comfort and dignity.

Palliative and Hospice Care

Palliative medicine aims to improve quality of life and provide comfort for patients with serious illnesses. It includes the management of physical symptoms and the personal challenges that arise when living with a disabling or life-threatening disease.

Hospice care is designed to support quality of life and provide comfort for patients nearing the end of life, as well as their family and loved ones. A coordinated team including physicians, nurses, medical directors, social workers, and often clergy and other volunteers work together to provide care for patients enrolled in hospice. The mission of hospice care is to support a peaceful, dignified death in the company of loved ones in familiar surroundings.

About Texas Oncology

With more than 530 physicians and 280 locations, Texas Oncology is an independent private practice, a member of The US Oncology Network, that sees more than 71,000 new cancer patients each year. Founded in 1986, Texas Oncology provides comprehensive, multidisciplinary care, and includes Texas Center for Proton Therapy, Texas Breast Specialists, Texas Colon & Rectal Specialists, Texas Oncology Surgical Specialists, Texas Urology Specialists and Texas Infusion and Imaging Center. Texas Oncology's robust community-based clinical trials and research program has contributed to the development of more than 100 FDA-approved cancer therapies. Learn more at <u>TexasOncology.com</u>.

Sources: American Bar Association, Centers for Disease Control and Prevention, National Cancer Institute, National Institute on Aging, and Texas Medical Association





