

# 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 are able to make fully informed, thoughtful decisions regarding your current and 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 should explore what kind of life-sustaining treatments you would want if suddenly you became incapacitated and your condition was unlikely to improve. If you have a chronic illness, you may want to consider what healthcare treatments you would choose if your condition worsens. In addition, if you are facing the end of life, you must 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 decisions in accordance with your wishes, but 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 when and what medical treatment options you prefer, because your decisions may change over time. In order to legally empower this person to carry out healthcare wishes and decisions when you are unable to do so, please fill out a medical power of attorney.

## 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, also referred to as a living will or medical power of attorney, are formal legal documents and generally 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 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 instructions about your medical treatments should you be unable to communicate your wishes. Sharing this information with your family and medical team is a 'gift,' and it empowers you to direct your care, when you can't communicate to direct your care.
- **Do Not Resuscitate (DNR) Order:** A do not resuscitate (DNR) order is separate from a directive to family, physicians, and surrogates. An Out-of-Hospital Do-Not-Resuscitate order (OOH DNR) is a legal document that formally requests that if your heart stops or you stop breathing that you do not wish for medical intervention. If you do not want life-sustaining measures outside of the hospital, you will need to complete an OOH DNR which is signed by your physician.
- **Medical Order for Scope of Treatment (MOST)/Physician Order for Scope of Treatment (POST):** The MOST/POST form may be called different things in different states. It is a portable medical order where the plan for the level of care and treatment the patient wants is documented. These fall into three categories: full, selective and comfort care interventions. Documentation includes instructions regarding cardiopulmonary resuscitation, intubation and mechanical ventilation and artificial nutrition. MOST/POLST forms are appropriate for individuals with a serious illness or frailty near the end-of-life.

## Treatment Options

Advance care planning is designed to determine your future medical choices. Understanding your medical treatment options will help clarify your wishes and values. Factors to consider when choosing medical treatment options include when to start or stop a treatment, goals of treatment, and how and when to use comfort measures.

Medical treatment options are characterized as either lifesaving, life-sustaining, or comfort measures. Decisions to accept or forego treatments must be considered in relation to your health, personal values, and wishes. Aggressive medical treatment options may include antibiotics, IV hydration and nutritional support, kidney or renal dialysis, cardiopulmonary resuscitation (CPR), and intubation/ventilation.

## Palliative and Hospice Care

Palliative care aims to improve the quality of life and provide comfort for patients with serious illnesses. It includes the management of physical symptoms, as well as the psychological and spiritual challenges that come from living with a disabling or life-threatening disease.

Hospice care is designed to maintain a quality of life and comfort level for patients nearing the end of life. A coordinated team including physicians, nurses, medical directors, social workers, clergy, and volunteers care for patients in hospice. Hospice care also involves providing support for the patient's family members. The ultimate goal of hospice care is a comfortable death in the company of loved ones in familiar surroundings.

## About Texas Oncology

Texas Oncology is an independent private practice with more than 500 physicians and 210 locations across the state. Meeting the oncology needs of Texans for more than 35 years, the practice includes Texas Center for Proton Therapy, Texas Breast Specialists, Texas Oncology Surgical Specialists, Texas Urology Specialists, and Texas Center for Interventional Surgery. As a lead participant in US Oncology Research, Texas Oncology played a role in the development of more than 100 FDA-approved therapies. For more information, visit [www.TexasOncology.com](http://www.TexasOncology.com).

*Sources: AARP, Agency for Healthcare Research and Quality, American Bar Association, Centers for Disease Control and Prevention, National Cancer Institute, National Hospice and Palliative Care Organization, National Institutes of Health, Texas Health and Human Services, and Texas Medical Association*



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