**DRAFT**

**NOT PLAIN LANGUAGE VERSION**

**User’s Guide: Oregon Advance Directive**

**July 16, 2020**

1. **Purpose of the Oregon Advance Directive**

The Oregon Advance Directive is a legal document that lets you name another person to make your health care decisions if you cannot make them for yourself. The Advance Directive gives you a place to write down your goals and preferences for medical care in specific situations.

The person you choose is called your health care representative. They can make health care decisions on your behalf only if providers determine you are incapable of making health care decisions for yourself. The decisions made by your health care representative should be consistent with your wishes, values, and goals.

The Oregon Advance Directive Form is the form that is legally recognized in Oregon for this purpose.

The form is designed for all persons who can legally give consent for medical care, no matter their age.

**It is recommended that you complete the entire Advance Directive.** To appoint a health care representative, you must complete Sections 1, 2, 5, 6, and 7. In addition, to provide instructions, complete Sections 3 and 4.

1. **Sections of the Oregon Advance Directive**

**Appointment of a Health Care Representative (See Section 2 and Section 7)**

* You should appoint at least one health care representative in Section 2. This form allows you to appoint up to three representatives; a primary health care representative, a first alternate and a second alternate.
* For your appointments to be valid, each health care representative must accept the appointment in Section 7.
* Only one health care representative can represent you at a time. If your primary health care representative cannot serve, the responsibility will pass to the first alternate, then to the second.
* If you do not designate a health care representative, a decision-maker will be assigned as established under Oregon’s Advance Directive law.
* Talk to your health care representative about your wishes. You can use your Advance Directive to start these conversations.

**Information for your health care representative (See Section 3)**

* Section 3 contains questions to assist in conversations with your health care representative and to provide guidance to them and your health care providers.
* This section is the place for you to express your wishes and values.
* Even if you have not named a health care representative, your answers to these questions can help your health care providers make decisions that align with your preferences.

**Additional information (See Section 4)**

* + The Oregon Advance Directive allows you to add supplemental information to guide your care.
  + These might be documents you have written expressing your values, forms you have completed from other sources (such as Five Wishes), or any other information you want to share. If you provide supplemental documents, list them in the space provided.

1. **Legal requirements for a valid Oregon Advance Directive (See Sections 5, 6, and 7)**

To be legally valid, the Oregon Advance Directive must:

* Contain your name, date of birth, address and other contact information.
* Be signed and dated by you.
* *Either* be witnessed and signed by at least two adults (neither may be the designated health care representative(s)) or the document must be notarized.
* Contain the name, date of birth, address and other contact information for the primary health care representative and each alternate. Each health care representative must accept the appointment.

It is recommended that you complete all parts of the form; however you may choose only to complete certain sections. If you don’t choose a health care representative and you just complete sections 3 and/or 4 where you express your wishes, these wishes can guide your health care providers. Similarly, if you only appoint a representative in Section 2 and don’t express your wishes, your advance directive will be valid as long as the representative has accepted the appointment in Section 7.

1. **Other important issues**

**What does the Oregon Advance Directive *not* cover?**

The Oregon Advance Directive is not a medical order. It provides guidance for health care planning to your health care representative and health care providers if you are unable to give guidance yourself. The Oregon Advance Directive is a document to express your wishes.

**What is a POLST?**

The Oregon Portable Order for Life Sustaining Treatment (POLST) is a specific medical order that is completed by a medical professional. A medical order turns a person’s wishes into action. You can talk with your health care professional about the treatments you do and do not want. If it is appropriate, they will complete and sign a POLST for you .

**What is the difference between the Oregon Advance Directive and the POLST?**

* The Advance Directive is for all capable adults regardless of health status.
  + The POLST is for those with serious illness, frailty or are nearing the end of their lives.
* The Advance Directive appoints a health care representative, provides guidance for decision-making and is signed by the individual.
  + The POLST is a medical order for specified treatments and is signed by a health care professional.
* The Advance Directive provides guidelines for future situations which may or may not arise and for which a person wants to express preferences for specific medical interventions
* The POLST provides orders about CPR, hospitalization and intensive care. It provides orders to direct treatment in a medical emergency and is most useful for those who wish to avoid some treatments that would otherwise be provided.
* As people get sicker they often have both a POLST and an Advance Directive.

1. **Reviewing your Advance Directive**

Our perspectives may change over time. You are encouraged to review and update your Advance Directive on a regular basis. If your goals and preferences change, complete a new advance directive and talk to your health care representative, your health care providers, and everyone who has copies of this Advance Directive.

In addition, review and update your Advance Directive whenever any of the “Five **Ds**” occur:

* **D**ecade – when you start each new decade of your life.
* **D**eath (or Dispute) – when a loved one or a health care agent dies (or disagrees with your preferences).
* **D**ivorce – when divorce (or annulment) happens. If your spouse or domestic partner is your agent, your Advance Directive is no longer valid. You must complete a new Advance Directive, even if you want your ex-spouse or ex-partner to remain your representative.
* **D**iagnosis – when you are diagnosed with a serious illness.
* **D**ecline – when your health gets worse, especially when you are unable to live on your own.

1. **After completing the Advance Directive**

1. Talk to the person you named as your health care representative about your goals and preferences for future health care. Make sure they feel able to do this important job for you. Do the same with your two alternates if you have them.

2. Give your health care representative a copy of your Advance Directive. (Remember – they must accept the appointment.)

3. Talk to the rest of your family and close friends who might be involved if you have a serious illness or injury. Make sure they know who your health care representative is and what your preferences are.

4. Give a copy to your health care provider and/or your health care facility. Make sure your preferences are understood.

5. Keep a copy of this Advance Directive where it can be easily found.

6. Fill out the card at the bottom of these instructions and keep it in your wallet.

**Other forms related to the Advance Directive**

* *Dementia decisions* [*https://dementia-directive.org*](https://dementia-directive.org)
* *POLST* [*https://oregonpolst.org/patientfamilyresources*](https://oregonpolst.org/patientfamilyresources)
* *Declaration for Mental Health Treatment if there is a mental health diagnosis. ORS 127.700.*
* *Instructions regarding directions about your remains. ORS 97.130.*

***Complete the card below, fold it, and keep it in your wallet.***

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| I HAVE AN ADVANCE DIRECTIVE | **Cardholder Information:**  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Health Care Representative:**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *\*\* List alternate health care representatives on opposite side.* |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |