

DRAFT—July 29, 2021
Your Guide to the Oregon Advance Directive
Recommended by the Advance Directive Adoption Committee

I. INTRODUCTION

This Guide is intended to help you complete the revised Oregon Advance Directive for Health Care and to answer questions many people have about the Advance Directive.

What is the purpose of the Oregon Advance Directive?

The Oregon Advance Directive for Health Care is a legal form. It lets you:

1. Write down your goals and wishes for health care if you are not able to express them yourself.
2. Name a person to make your health care decisions if you cannot make them for yourself.

Who is the Oregon Advance Directive for Health Care for?

The Oregon Advance Directive is for adults 18 years and older who live in Oregon.

What is a health care representative and what is their role?

Your health care representative is the person you choose to make your health care decisions if you cannot make them for yourself. They do this only if health care providers conclude you are not able to make health care decisions for yourself.

It is your health care representative's job to be consistent with your wishes, values, and goals. Talk with them about your wishes. You can use your Advance Directive to start these talks.

II. FILLING OUT THE ADVANCE DIRECTIVE

What sections does the Oregon Advance Directive have?

The Oregon Advance Directive for Health Care has 7 sections. More details are included below.

Section 1. About Me. Fill out this section with your current contact information.

Section 2. My Health Care Representative(s)

This is where you appoint at least one health care representative. This form allows you to appoint up to three. They are:

- A primary health care representative,
- A first alternate,
- A second alternate.

The health care representative you choose can NOT be your health care provider or the owner, operator, or employee of the health care facility where you are getting care. Fill out this section with the current contact information for each health care representative. It is important that your health care providers be able to contact your health care representative(s) if you cannot speak for yourself.

- Each health care representative must agree to act in this role and accept the appointment in Section 7.
- Only one health care representative can represent you at any given time. If your primary health care representative cannot serve, the task will pass to the first alternate, then to the second alternative.
- Make sure your representatives have permission to see your medical records. Call your health care provider's office to ask how to arrange this.
- If you do not appoint a health care representative, a decision maker will be assigned. This is stated in Oregon's Advance Directive law.

Section 3. My health care instructions

This is the place for you to express your wishes, values, and goals for your care. It has questions to help you talk with your health care representative and provides guidance to them and your health care providers. Your answers to these questions can help your health care providers recommend care that aligns with your wishes. This is the case even if you have not chosen a health care representative.

Section 3 includes questions in three broad areas:

- **My Health Care Decisions.** The Oregon Advance Directive includes three situations for you to express your wishes about the type of life support you would like in each. These situations are: 1) if you have a terminal condition; 2) if you have an advanced progressive illness; or 3) if you are permanently unconscious. In each case, you should select your preference for the type of life support you would like, or whether you would like your health care representative to decide for you.
- **What Matters Most To Me and For Me.** This is where you can say what is most important for you about your life, and what you value most about your life. You can also express what is important for you, and in what situations you would not want life-sustaining procedures.
- **My Spiritual Beliefs.** For many people, the end of life is a deeply spiritual experience. This space is where you can express your spiritual or religious beliefs and how these might affect your health care choices so that the care you are given is consistent with your beliefs.

Section 4. More Information –

This is where you can add extra information to guide your care. This includes questions in four broad areas:

1. **Life and Values.** Use this if you want your health care providers and representative to know more about your life, values and wishes or why you have certain wishes.

2. Place of Care. This is where you can express your wishes if there is a choice for where you can receive care. For example, some people feel strongly that they want care in a medical facility, whereas others would prefer to receive care in their home.

3. Other. You may attach documents to this form to help guide your health care providers and health care representative. These might be:

- Documents you have written that express your values,
- Forms you have filled out from other sources (such as Five Wishes),
- Any other information you want to share.

4. Inform Others. There is a place where you can list people who your health care representative and health care providers can talk to about your health status and care. These people are not allowed to make any decisions about your care. Only your health care representative can make decisions about your care.

Section 5, 6, 7. For the **Oregon Advance Directive** to be a legal and valid form,

- It must list your name, date of birth, address and other contact information. You must sign and date it.
- It must list the name, address and other contact information for each health care representative. Each of them must accept the role, and sign or agree by electronic or verbal means.
- The form must be signed by witnesses.
Either:
 - Two adult witnesses must sign it (neither can be your health care representatives or your health care provider) **or**,
 - A Notary must sign it.

What if I do not fill out all the sections?

It is recommended that you fill out all sections of the form. Still, you may choose to fill out only certain sections.

- Your wishes in sections 3 and 4 can guide your health care providers on the care you wish to receive. This is the case even if you do not choose a health care representative.
- Your Advance Directive will be valid as long as your representative has accepted in Section 7. This is the case even if you do not express your wishes.

III. ADDITIONAL INFORMATION

What does the Oregon Advance Directive *not* cover?

It is *not* a medical order. The Oregon Advance Directive is a form to express your wishes. The Oregon POLST (Portable Orders for Life Sustaining Treatment) is a medical order that can turn a person's wishes into action.

What is the Oregon POLST? The Oregon POLST is a medical order that is filled out and signed by a health care provider. You can talk with your health care provider 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 and the POLST are really different. Still, it's easy to confuse the two. This table shows the differences.

	Advance Directive	POLST (stands for Portable Order for Life Sustaining Treatment)
Who is it for?	All people 18 years and older.	People with a serious illness or who are very old and frail
What kind of document is it?	It is a legal document.	It is a medical order.
Who signs it?	You fill it out and sign it. Your signature must be verified by a Notary Public or two witnesses. Your health care representative also signs it.	Your health care provider fills it out with your input. Then signs it.
Do I need a lawyer?	No.	No.
Who keeps the form?	You keep the original where loved ones can find it. You give a copy to your health care representative and your health care provider.	Your health care provider's office keeps it and enters it into the electronic Oregon POLST Registry. They give you a copy. You can post it at home in a place where it is easy to find, (like tacked to the refrigerator).
Can I change the form if I change my mind?	Yes. You can tear up the old one. Then write a new one where loved ones can find it. You give a copy to your health care representative and your health care provider.	Yes. You can ask for an appointment with your health care provider to change it.
What if there is a medical emergency and I cannot speak for myself?	Your health care representative speaks for you and honors your wishes.	The ambulance staff, hospital staff and health care providers look for the medical orders in the electronic data base and follow them.

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Can people have an Advance Directive *and* a POLST?

Yes. As people get sicker, they often have both. The Oregon Advance Directive is a form to express your wishes. A POLST is a medical order turns a person's wishes into action.

How often should I review my Advance Directive?

Your views may change over time. If your goals and wishes change, complete a new one.

Review and update your Advance Directive when any of the “Six **Ds**” occur:

- **Decade** - When you start each new decade of your life.
- **Death** - When a loved one or a health care representative dies.
- **Dispute** - When a loved one or health care representative does not agree with your wishes.
- **Divorce** - When divorce (or annulment) happens.
 - If your ex-spouse or ex-domestic partner is your representative, your Advance Directive is no longer valid.
 - You must complete a new Advance Directive. This is the case even if you want your ex-spouse or ex-partner to remain your representative.
- **Diagnosis** - When you are diagnosed with a serious illness.
- **Decline** - When your health gets worse or when you are not able to live on your own.

What should I do if I complete a new Advance Directive?

If you complete a new form, let these people know. Also, give them a new copy.

- Your health care representatives
- Your health care providers
- Any other person who has a copy of your Advance Directive

What should I do after I complete my Advance Directive?

1. Talk to your health care representative about your goals and your wishes for future health care. Make sure they feel able to do this important job for you. Give them a copy of your Advance Directive.
2. Talk to 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. Also make sure they know what your wishes are.
3. Give a copy to your health care provider. Make sure they know what your wishes are.
4. Keep a copy of your Advance Directive where it is easy to find.
5. Fill out the card at the bottom of this Guide. Keep it in your wallet.

Are there other forms that would help me?

You may find these forms helpful.

- Dementia decisions <https://dementia-directive.org>
- POLST <https://oregonpolst.org/patientfamilyresources>

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

I have an Advance Directive	
My information	My Health Care Representative:
My Name: _____	Name: _____
_____	Address: _____
Date: _____	City/State/Zip: _____
_____	Phone(s): _____
My Address: _____	Email: _____
_____	_____
City, State, Zip: _____	<i>** List alternate health care representatives on opposite side.</i>

Phone: _____	
Date of Birth: _____	
Email: _____	

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