

**DRAFT—August 17, 2021**  
**Your Guide to the Oregon Advance Directive for Health Care**  
*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 (“Oregon Advance Directive”) and to answer questions many people have about the Advance Directive.

### **What is the purpose of the Oregon Advance Directive?**

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

1. Write down your goals and wishes for health care to make them known now in the event you are too sick to express them later.
2. Name a person to make your health care decisions if you cannot make them for yourself.

### **Who is the Oregon Advance Directive 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 has 7 sections. More details about each section 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 (see ORS 127.505 for definition) 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 identified, based on Oregon law (see ORS 127.635 [2]).

### **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 to you about your life, and what you value most about your life. You can also express what is important for you in terms of how you are cared for, and in what situations, if any, 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,
- 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.

### **Sections 5, 6, 7.**

Section 5 is where you sign the form.

In Section 6, *either*

- Two adult witnesses must sign the form (neither can be your health care representative(s) or your health care provider) **or**,
- A Notary must sign the form.

In Section 7, your health care representatives must accept the role. They can do this by signing this form or by telling someone that they have accepted the authority and duties of being your health care representative.

### **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.

- In order 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. (Section 1)
  - It must list the name, address and other contact information for each health care representative. (Section 2)
  - You must sign and date it (Section 5)
  - The form must be signed by two witnesses OR signed by a Notary. (Section 6)
  - Each of the health care representatives must accept the role, either by signing or by telling someone they have accepted the authority and duties of being your health care representative. (Section 7)
- 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 you fill out sections 1, 2, 5, 6 and 7. This is the case even if you do not express your wishes in sections 3 and 4.

### III. ADDITIONAL INFORMATION

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

The Oregon Advance Directive and the Oregon POLST (Portable Orders for Life Sustaining Treatment) are very different. The Oregon Advance Directive is a **legal form** to express your wishes and name someone to make health care decisions for you. The Oregon POLST is a **medical order** that determines your medical care plan and what treatments you will be given. Still is is easy to confuse the two. The table below shows the differences.

	<b>Advance Directive</b>	<b>POLST</b> (stands for Portable Order for Life Sustaining Treatment)
<b>Who is it for?</b>	All people 18 years and older.	People with a serious illness or who are very old and frail
<b>What kind of document is it?</b>	It is a legal document.	It is a medical order.
<b>Who signs it?</b>	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.
<b>Do I need a lawyer?</b>	No.	No.
<b>Who keeps the form?</b>	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).
<b>Can I change the form if I change my mind?</b>	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.
<b>What if there is a medical emergency and I cannot speak for myself?</b>	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. Many people may have both an Advance Directive and a POLST, since these forms can work together.

## **I have an Advance Directive and I think I need a POLST. What should I do?**

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. Even if you have a POLST, you still need an Advance Directive and should keep it up to date.

## **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 consider updating 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.
- **Disagreement** - When your health care representative does not agree with your wishes. It is recommended your health care representative is aligned with your wishes as outlined in this document.
- **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 POLST?**

If you ask your health care provider to write a POLST medical order for you, you should review your Advance Directive and talk with your health care representatives to make sure your Advance Directive is aligned with your decision to have a POLST.

## **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>

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

<b>I have an Advance Directive</b>	
<b>My information</b>	<b>My Health Care Representative:</b>
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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