

# What to Expect: Advance Care Planning (ACP)

Advance Care Planning is a process for you to reflect on your goals, values and make plans about your current and future health choices. The information below will help you understand different types of ACP forms and how to complete them. If you need assistance, the Spectrum Health Advance Care Planning team is here to help.

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## Durable Power of Attorney for Health Care (DPOAH)

This form is used to designate a patient advocate, someone who can speak for you if you're unable. You will need two people to witness your signature on this form.

1. Choose your decision maker
2. Give end of life authority and express any additional wishes regarding your care
3. Sign in the presence of two witnesses
4. Capture witness signatures
5. (Optional) Patient advocate signatures

## 1. Choose your decision maker

You'll start by identifying the name of your preferred patient advocate and we recommend a designating a minimum of two patient advocates.

**A patient advocate is a person who can, if enacted, speak for you if you are unable to.**

**Their responsibilities may include:**

- Honoring your preferences about care
- Reviewing and releasing medical records
- Arranging for medical care and treatment
- Making decisions about your living situation



**Picking an appropriate patient advocate is important. This individual should:**

- Be willing to take on this role and responsibility
- Have knowledge of what your preferences are
- Honor your preferences when making decisions for you, even if they disagree
- Be someone who can make medical decisions under stressful situations

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## 2. Give end of life authority and express any additional wishes regarding your care

- You'll have the opportunity to give your patient advocate the authority to make medical decisions that could result in your death
- If this authority is not given, your patient advocate won't be able to remove you from ventilator support, for example
- On this page, you'll also be able to indicate any specific wishes concerning your care, including any religious beliefs that prevent an examination by a doctor, licensed psychologist or other medical professional



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## 3. Wait to sign your document until you have your two witnesses with you

### Your witnesses must:

- Be at least 18 years of age
- Not be the patient advocate or alternate patient advocate appointed by you signing this document
- Not be your spouse, parent, child, grandchild, sibling or presumptive heir, including relationships by marriage
- Not be listed to be a beneficiary of, or entitled to, any gift from your estate
- Not be directly financially responsible for the your health care
- Not be a health care provider treating you
- Not be an employee of a health care or insurance provider treating you



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## 4. Capture witness signatures; both witnesses will share their contact information and sign



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## 5. Patient advocate signatures (optional)

- The form is complete without patient advocate signatures, however, it's best to have them sign, if possible
- If your patient advocate is not with you, they can sign at a later date



## Treatment preferences

This form is used to capture what's important to you and any specific treatment preferences.

Your signature of this form does not require witnesses.

1. Capture what's most important to you (your goals and values)
2. Make your treatment decisions
3. Identify your treatment preferences
4. Sign

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### 1. Capture what's most important to you (your goals and values)

- It's important for us to know your goals and values
- This helps us know you and what matters most

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### 2. Make your treatment decisions

There are four treatment decisions that you may share with your loved ones and health care team.

- 1. If a circumstance arises where you are no longer able to recognize your family or friends and not expected to recover that ability.**
- 2. If a situation arises where prolonged medical treatment is required with a low chance of survival (5 out of 100).**
- 3. If your health worsens, and a decision needs to be made about using a ventilator.**
  - A medical ventilator is a machine that helps you breathe when you cannot breathe properly or when you cannot breathe on your own. A ventilator is sometimes called "life support." The ventilator moves oxygenated air in and out of your lungs through a tube in your mouth or neck to control your breathing.
  - A ventilator is most often used when you are sick, hurt or sedated during surgery. A ventilator may also be used if you have an infection, lung injury, low oxygen levels or weakened breathing muscles.
  - Ventilators are often used when having surgery as part of anesthesia. This use is usually for only a short time. It is used to do your breathing for you during surgery. If you have a chronic lung disease, your time on the ventilator may be longer when you have anesthesia. Ventilators do not treat a disease or condition; it is used to help you with breathing.
  - When using a ventilator:
    - You will not be able to talk, eat or move around while connected to the ventilator.
    - You may be given medicine to help you rest, sedatives and pain medicines. This helps you relax and be more comfortable.
    - You may have complications such as pneumonia, lung damage and confusion also known as delirium. Delirium is a change in mental abilities that results in confused thinking and reduced awareness of your environment.
    - The ventilator may damage the lungs and make your breathing muscles weak. If this happens, some people might permanently lose the ability to breathe on their own.
    - The healthier you are prior to being on the ventilator, the more likely it will be that you'll have good outcomes from the ventilator.
  - You are less likely to be helped by a ventilator if:
    - You are seriously ill from heart, lung, liver or kidney failure
    - You have a terminal illness, such as advanced cancer or advanced dementia
    - You are older, physically weak or very frail
  - If you choose not to use a ventilator, your care team will use other treatments and medications to keep you comfortable.

#### 4. If your heart or breathing stops, your preference for Cardiopulmonary Resuscitation (CPR).

- CPR stands for “cardiopulmonary resuscitation” and is performed when someone’s heart or breathing has stopped. When the heart stops beating, blood flow to the brain and other vital organs also stops. Brain damage or death can occur if this is not treated within minutes. CPR is an emergency procedure that squeezes the heart and moves blood and oxygen to the brain and lungs.
  - CPR can save lives and is most successful if you are healthy and the cause of your heart stopping can be fixed.
  - CPR is not as successful if the cause of your heart stopping is from chronic health conditions, if you are critically ill or if you are at the end of a terminal disease.
  - CPR includes:
    - Chest compressions
    - Airway support, which may include a ventilator
    - Medications
    - Electrical Shock(s) (Automated External Defibrillator (AED))
  - CPR works best and may prolong life if you are healthy and young. CPR also works best when it is started quickly, within minutes of your heart stopping. If CPR gets your heart beating again:
    - You will be admitted to the hospital
    - You will be on a ventilator in the Intensive Care Unit (ICU)
    - You may have damage or fractures to your ribs
    - You may have brain damage
    - Most who survive CPR do not return to their previous health
  - If you choose not to have CPR, a natural death will occur.
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### 3. Identify your end of life treatment preferences

There are four treatment preferences that you may share with your loved ones and health care team.

#### 1. Hospice

- What is hospice care?
  - Hospice is comforting care and nurturing support for patients and families who are coping with life-limiting illness
  - Goals for hospice care are complete physical, emotional and spiritual comfort for the patient, education and support for the caregivers, and enhanced quality of life for all involved
  - The goal is that each day, the patient feels as well as possible to enjoy what really matters to him or her and that each caregiver feels equipped and prepared to provide the best care possible
- What qualifies a person for hospice care?
  - A diagnosis of a life-limiting illness for which cure is no longer the focus
  - Certification by a physician as being appropriate for hospice care
  - Patient’s condition fits the Medicare requirements for the identified hospice diagnosis
  - Patient chooses a course of treatment that is now focused on comfort, rather than cure
  - Patient can give consent for hospice or have a representative who will give that consent on their behalf
- What are some signs that a person may be ready for hospice?
  - A life-limiting illness is present and curative treatment is no longer being sought
  - Increase in pain, nausea, breathing distress or other symptoms that are decreasing quality of life
  - Physician efforts and treatments appear to be not making a difference or leading to more discomfort
  - The individual is tired of the frequent hospitalizations and trips to the ER and wants to remain home and be comfortable
  - He or she is emotionally withdrawn, sleeping more and less alert
  - His or her physical activity has significantly decreased

- What are some signs that a family could benefit from hospice care?
  - Family is physically and emotionally worn out from providing care
  - There is a prevalent feeling that more help is needed in the home
  - Feelings of uncertainty exist regarding how to best care for the patient and concern about what lies ahead
  - There are decisions regarding the patients care that may be made and there is confusion or conflict within the family regarding these decisions

## 2. Funeral/Burial

People who care deeply about their impact on the environment can choose a green burial.

- Green (or natural) burials emphasize simplicity while offering you the opportunity to be buried in a meaningful way where your body decomposes naturally
- Examples of green burial practices include, but are not limited to, the use of non-toxic embalming chemicals, biodegradable coffins, caskets and shrouds and natural grave markers, such as trees, shrubs, perennial flowers or rocks

## 3. Organ donation

## 4. Spiritual/Religious

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## 4. Sign: Your signature for this form does not require witnesses



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## Reminder

Sharing your ACP information with your loved ones and your health care team is important. Making copies of your documents to share is acceptable.

You may share a copy of your documents with Spectrum Health in any of the following ways:

- Bring a copy to any Spectrum Health location
- Email [advancecareplanning@spectrumhealth.org](mailto:advancecareplanning@spectrumhealth.org)
- Fax 616.391.8965
- Mail to:

Advance Care Planning Department  
MC282  
100 Michigan Street NE  
Grand Rapids, MI 49503



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ATENCIÓN: Si usted habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.844.359.1607 (TTY: 711).

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