**DRAFT**

**August 5, 2020**

**Your Guide for the Oregon Advance Directive**

This Guide answers questions many people have about the Advance Directive. It is for adults who live in Oregon.

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

It is a legal form. It lets you:

1. Write down your goals and wishes for medical care in certain situations.
2. Appoint a person to make your health care decisions if you cannot make them for yourself.

**Who is the form for?**

The form is for all adults who live in Oregon.

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

This is the person you choose to make your health care decisions if you cannot make them for yourself. They do this only if 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.

**What sections does the Oregon Advance Directive have?**

It has 7 sections. Here are more details for you.

**Appoint a health care representative – See Sections 2 and 7**

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.
* 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 cannot serve, the task will pass to the first alternate, then to the second.
* Make sure they 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.

**Information for your health care representative – See Section 3**

This is the place for you to express your wishes and values.

* It has questions to help you talk with your health care representative. It 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 named a health care representative.

**Extra information – See Section 4**

This is where you can add extra information to guide your care.

* Use this if you want your health care providers and representative to know more about your wishes. Or use this if you want them to know why you have certain wishes.
  + 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.

**Legal requirements for a valid Oregon Advance Directive – See Sections 5, 6, and 7**

To be legal and valid, it must:

* List your name, date of birth, address and other contact information.
  + Be signed and dated by you.
* List the name, address and other contact information for each health care representative.
  + Be signed or approved by each.
* *Either:*
  + Be witnessed and signed by at least two adults (neither can be your health care representatives) ***or*,**
  + Be signed by a Notary.

**What if I do not fill out all the sections?**

It is best to 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 to recommend care. 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.

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

It is *not* a medical order. A medical order turns a person’s wishes into action. The Oregon Advance Directive is a form to express your wishes.

**What is a POLST?**

POLST stands for the Oregon Portable Order for Life Sustaining Treatment. It is a medical order. It is filled out by a medical professional. 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 chart shows you the differences.

|  |  |  |
| --- | --- | --- |
|  | **Advance Directive** | **POLST** (stands for  Physician Order  for Life Sustaining  Treatment |
| **Who is it for?** | Everyone 18 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. Also, your health care representative signs it and witnesses or a Notary. | Your doctor 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 doctor. | Your doctor’s office keeps it and enters it into the electronic Oregon POLST Registry. They give you a copy that you post at home in a visible place like the fridge. |
|  |  |  |
| **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 doctor. | Yes. You can ask for an appointment with your doctor 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 doctors look for the medical orders in the electronic data base and follow them. |

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

Yes. As people get sicker, they often have both.

**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:

* **D**ecade - When you start each new decade of your life.
* **D**eath - When a loved one or a health care representative dies.
* **D**ispute - When a loved one or health care representative disagrees with your wishes.
* **D**ivorce - When divorce (or annulment) happens.
  + - * If your spouse or 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.
* **D**iagnosis - When you are diagnosed with a serious illness.
* **D**ecline - When your health gets worse or when you are not able to live on your own.

If you complete a new form, let these people know and 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 the Advance Directive?**

1. Talk to your health care representative about your goals. Also, talk about your wishes for future health care. Make sure they feel able to do this important job for you.

Give your health care representative a copy of your Advance Directive. Keep in mind that they must approve the appointment.

1. 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.
2. Give a copy to your health care provider. Make sure they know what your wishes are.
3. Keep a copy of this Advance Directive where it can be easy to find.

6. 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 Health Care Representative:**  Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City/State/Zip:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone(s):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *\*\* List alternate health care representatives on opposite side.* |
| **I*I have an Advance Directive***  **My information**  My Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  My Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City, State, Zip:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |