



ADVANCE DIRECTIVES IN OREGON

IMPORTANT INFORMATION FOR KAISER PERMANENTE MEMBERS AND THEIR FAMILIES



What are advance directives?

The Oregon Advance Directive is a legal form that allows you to choose a health care representative. This is someone who can make medical decisions for you if you are ever unable to speak for yourself. The form also allows you to write down your wishes for future medical care and life-sustaining treatments.

Who should have an advance directive?

Every adult should have an advance directive to document their future health care wishes as well as to assign someone who knows them well to make medical decisions if ever they can't. Unfortunately, tragedy can strike us at any age. Discussing your wishes with your loved ones and your health care representative and completing an advance directive is the best way to be prepared.

How are advance directives used?

Advance directives are used only when you are unable to speak for yourself or if you become incapacitated (not able to understand medical treatment options, such as if you become delirious or confused from a medical condition or suffer from advanced dementia).

If your doctor determines that you are incapacitated, he or she will refer to your advance directive. If you have chosen a health care representative, the doctor will discuss your condition and treatment options with that person.

If you are in one of the four medical conditions listed on the Oregon Advance Directive, the doctor will follow your choices that you indicated on the form. This is why it is important to not only discuss with your chosen health care representative what you would or would not want in certain situations but also to review your advance directive periodically in case you ever change your mind.

Why have an advance directive?

We hope that you will never be in a situation where you cannot make medical decisions for yourself. However, our doctors and nurses know all too well that this situation occurs, and when it does, they turn to your family and friends to make decisions about life-prolonging care, limited care, or comfort care. You can lift a burden from those you love by having difficult "what if" discussions. By knowing your values and your choices in advance, your health care representative can feel confident in the decisions that might need to be made in the future on your behalf.

We hope you will discuss your decisions with those closest to you and that you will put your wishes in writing. By discussing choices in advance, people find peace of mind and assurance knowing their desires will be carried out in the event of a medical crisis.

For specific questions about advance directives

Call Kaiser Permanente Health Education Services at **503-286-6816** or **1-866-301-3866**. You can call Monday through Friday, 8 a.m. to 5 p.m. You can talk with a health coach by selecting **option 2**, or leave a message.

Before filling out an advance directive

You may want to think about what matters to you most when making medical decisions, and whom you would want as your health care representative.

Here are some helpful resources:

- **Advance care planning classes** — Health Education Services offers a two-hour session on advance care planning. It is free for Kaiser Permanente members and one guest. The class talks about how you can make your wishes known to your family and health care clinicians when you cannot speak for yourself. Advance directive forms and other materials are reviewed and provided in the class.

To register, call Health Education Services at **503-286-6816** or **1-866-301-3866, option 1**. You can call Monday through Friday, 8 a.m. to 5 p.m.

- **Advance care planning video** — The “Make Your Wishes Known” video explains life-prolonging care, limited care, and comfort care. This video is less than 6 minutes long and can be viewed online at kp.org/video. Click on “Videos” on the left side of the screen to view a list of free online videos; “Advance Care Planning: Make Your Wishes Known” is at the top of the list.
- **The Conversation Project** — This free “conversation starter kit” will help you get your thoughts together and then have the conversation with your loved ones. You can use it when you are getting ready to tell someone else what you want, or when you want to help someone else get ready to share their wishes. It is available online at theconversationproject.org.
- **National Healthcare Decisions Day** — Find free online resources and information about the importance of advance care planning at nhdd.org.

Filling out your advance directive form

A copy of the Oregon Advance Directive is included in this brochure. For additional copies, call Kaiser Permanente Membership Services at **1-800-813-2000**. You also can pick up copies at your medical office.

Advance directive forms can also be viewed and printed online at kp.org/advancedirectives.

Your health care clinician can discuss this form with you. Social workers at our medical offices can help you complete it, or you can complete the form yourself. Be sure to read the instructions in Part A of the form.

It is important to fill out the form completely and correctly. Be sure to include all the required signatures.

You may consult a legal adviser about this form. An attorney can help if you need legal advice to make your decisions.

You don't have to have an attorney help you with your advance directive form. Your form will be legal even if you fill it out on your own.

The Oregon Advance Directive form is a legal document. Oregon law specifies the form that valid advance directives must use, and this form is included in this brochure. Using this form is the way to give your directives legal effect in Oregon. Even if a new Oregon form is made in the future, your directive will remain valid under Oregon law.

You may update or change your advance directive at any time. If you have multiple Oregon Advance Directive forms, the most recent version will be honored.

Instructions

1. Choose a health care representative. Your representative should be someone you can trust to make your wishes known. This person will speak on your behalf. Unless you are related by birth, adoption, or marriage, your health care representative cannot be:
 - Your primary health care clinician.
 - An employee of your health care insurer.
 - The owner or employee of a health care facility where you are a patient.
2. Ask someone to be your health care representative. If this person agrees, place his or her contact information on the form.
3. You can appoint an alternate in the event that your health care representative can't complete his or her duties. If you choose to name an alternate representative, follow the same guidelines as for your health care representative. If you don't choose an alternate, please write "no alternate" on the form.
4. Include on the form any special instructions you may have. Your health care representative can then make your wishes known when speaking on your behalf. If you need more room to write, you can write on a separate piece of paper. Include your name, your health record number, the date, and your signature, then attach it to the form.
5. Two adults must witness your signature.
6. Your witnesses cannot be your primary health care clinician, an employee of Kaiser Permanente, your health care representative, or your alternate representative.
7. You need at least one witness who cannot inherit from your estate. This means that you need one witness who is not a relative by blood, marriage, or adoption.
8. Sign your form in front of your witnesses and date it. Then have your witnesses sign and date the "Declaration of Witnesses."
9. Your health care representative and alternate (if you appoint one) must sign and date the advance directive. They do not have to sign in front of witnesses.

If you need help with or need more information about advance directives, talk to:

Your health care clinician

Your physician, nurse practitioner, or physician assistant can talk with you about advance directives and about your care options.

Health coach

Call Kaiser Permanente Health Education Services at **503-286-6816** or **1-866-301-3866**, Monday through Friday, 8 a.m. to 5 p.m. Press **option 2** to talk with a health coach who can answer specific questions about advance directives.

Social Work department

Our social workers can talk with you about health care directives, durable power of attorney for health care, and advance directives. Please give them a call; you don't need a referral. Social Work staff are located at various medical offices in Washington and Oregon, and at Kaiser Permanente Sunnyside Medical Center. For locations and telephone numbers, see your *Medical Directory* or check **kp.org/facilities**.

Ethics Service

You, your family or loved ones, and your doctors can get help with difficult health care choices from our Ethics Service. We can also help resolve differences about how advance directives are followed. To ask for an ethics consultation, please call **503-813-2657**.

If you are a patient at Sunnyside Medical Center and want an ethics consultation, ask your nurse, or you or your family members can call the hospital operator at **503-652-2880**.

If you are a patient at Kaiser Permanente Westside Medical Center and want an ethics consultation, ask your nurse, or you or your family members can call the hospital operator.

An attorney

It is not necessary to have an attorney to complete your advance directive. You may contact an attorney for legal help with your advance directive if you wish.

Next steps

Once you have completed an advance directive, keep your original and make several copies. In order to make sure your wishes are respected:

- Give a copy to your health care representative.
- Give a copy to your alternate (if you appointed one).
- Give a copy to your doctor so it can be scanned into your health record. You can also send a copy of your completed form to Kaiser Permanente Medical Records, and it will be scanned into your health record.
- Keep your original in a safe place where you will remember to periodically review it at important times. These include a change in your marital status, a need to change your health care representative due to death or if the person is no longer able to act as your decision maker, or if you change your mind about any of your choices or decisions.

Kaiser Permanente's policy about advance directives

You have a right to be told about your medical care. You can consent to treatment or refuse it.

You have a right to tell us in advance how you want to be treated if you become ill or injured and cannot speak for yourself. You may give us instructions in an advance directive.

You have a right to change your advance directive whenever you like.

We recognize your rights and will seek to honor your wishes.

Filling out an advance directive form is your choice. You do not need to complete an advance directive. Completing this form is optional. You will still be covered by your health plan. You may still be treated at a Kaiser Permanente facility.

Regarding advance directives, we will:

- Inform you about your rights under state law.
- Provide you with the appropriate forms.
- Include your advance directive in your medical records when you give us a copy, and update it whenever you give us changes.

Please send a copy of your completed advance directive to:

Kaiser Permanente Process Center
Medical Records Department — Advance Directive
10220 SE Sunnyside Road
Clackamas, OR 97015-9734

Forms for other circumstances

What is POLST? Is it different from an advance directive?

POLST (Physician Orders for Life-Sustaining Treatment) is a medical order signed by your physician, nurse practitioner, or physician assistant after a discussion with you.

POLST orders show what treatments you want now in your *current state of health*.

POLST is for those with advanced illness or frailty.

In a medical crisis, paramedics, emergency medical technicians, and physicians are required to follow POLST orders.

If you have advanced illness, are frail, or if you have decided that you would not want cardiopulmonary resuscitation, then ask your primary health care clinician about POLST.

For more information about POLST:

- Visit the Oregon POLST website at orpolst.org.
- Visit the Washington POLST website at wsma.org/polst.

Mental health advance directives

Oregon also has mental health advance directives. They let you say what you want to happen if you become so incapacitated by mental illness that your judgment is impaired or you are unable to communicate effectively.

Mental health advance directives tell what treatment you want or don't want. You can name a person whom you want to make decisions for you.

You can ask about mental health advance directives at any Kaiser Permanente Mental Health department. They will give you information and mental health advance directive forms. For locations and telephone numbers, see your *Medical Directory* or check kp.org/facilities.

What if someone disagrees with medical decisions made by my health care representative?

Ethics consultants are available at Sunnyside Medical Center and Westside Medical Center for patients, families, and health care teams. *Anyone can request an ethics consultation.* Ethics consultations are typically requested when patients do not have an advance directive or have not discussed their wishes with their families.

Occasionally, family members disagree with what the advance directive means. That is why talking with your family and loved ones about your advance directives and updating them when needed is so important.

To request an ethics consultation, ask your nurse or call the hospital operator.

The Oregon Advance Directive, in brief

What it does

- This form lets you choose a health care representative. This person can make health care decisions for you only if you cannot.
- Your health care representative must agree to represent you. This person must sign the form.
- This form lets you give directions to your representative. It gives directions for care if you are found to have specific medical conditions. If you cannot make health care decisions for yourself, your health care representative will.

What it covers

- This form allows you or your health care representative to refuse artificial life support and artificial food and water in the event that:
 - Life support would not benefit you and would cause you permanent and severe pain.
 - You are terminally ill.
 - You are permanently unconscious.
 - You are in an advanced stage of progressive, fatal illness.

Your wishes are followed even if you have not appointed a health care representative.

- If your form says you want to receive life support for medical conditions that you list, it will not be prevented or stopped.
- You will receive care for cleanliness and comfort no matter what your condition or choices are.

How long is it good for?

- Your advance directive is good for your lifetime, unless you state otherwise.
- You may revoke it at any time.

Older forms signed before Nov. 4, 1993:

- *Directive to Physicians*. This older form is still good for your lifetime unless you revoke it or complete the Oregon Advance Directive.
- *Power of Attorney for Health Care*. This form was valid for seven years after you signed it. For most people, this form is no longer valid. However, if you became unable to make decisions before the seven years were up, the form is still valid.

Limits on health care representatives

- Your health care representative must follow what your advance directive says and follow your known wishes. If your wishes are unknown, he or she must act in your best interest. Your representative does not have to pay your medical bills.
- Your health care representative can't refuse food or water that you can take in a normal way.
- Your health care representative can't make decisions about mental health treatment, sterilization, abortion, psychosurgery, shock treatments, or physician-assisted death.

For more information

For legal advice

Contact your legal adviser. Kaiser Permanente cannot give legal advice.

For general questions

Call Kaiser Permanente Health Education Services at **503-286-6816** or **1-866-301-3866, option 2**. You can call Monday through Friday, 8 a.m. to 5 p.m.

For language interpretation services

Call Kaiser Permanente language interpretation services at **1-800-324-8010**.

For TTY

Call **711**.

Advance directive forms are available in several languages through Membership Services or online at **kp.org/advancedirectives**.

All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest.
500 NE Multnomah St., Suite 100, Portland, OR 97232.

Name: _____

Health record number: _____

Oregon Advance Directive

You do not have to fill out and sign this form.

Part A: Important information about this advance directive

This is an important legal document. It can control critical decisions about your health care. Before signing, consider these important facts:

Facts about Part B (Appointing a health care representative)

You have the right to name a person to direct your health care when you cannot do so. This person is called your health care representative. You can do this by using Part B of this form. Your representative must accept on Part E of this form.

In this document, you can write any restrictions you want on how your representative will make decisions for you. Your representative must follow your desires as stated in this document or otherwise made known. If your desires are unknown, your representative must try to act in your best interest. Your representative can resign at any time.

Facts about Part C (Giving health care instructions)

You also have the right to give instructions for health care providers to follow if you become unable to direct your care. You can do this by using Part C of this form.

Facts about completing this form

This form is valid only if you sign it voluntarily and when you are of sound mind. If you do not want an advance directive, you do not have to sign this form.

Unless you have limited the duration of this advance directive, it will not expire. If you have set an expiration date and you become unable to direct your health care before that date, this advance directive will not expire until you are able to make those decisions again.

You may revoke this document at any time. To do so, notify your representative and your health care provider of the revocation.

Despite this document, you have the right to decide your own health care as long as you are able to do so.

If there is anything in this document that you do not understand, ask a lawyer to explain it to you.

You may sign Part B, Part C, or both parts. You may cross out words that don't express your wishes or add words that better express your wishes. Witnesses must sign Part D.

Oregon Advance Directive

Name: _____

Birth date: _____

Address: _____

Unless revoked or suspended, this advance directive will continue for:

Initial one:

_____ My entire life

_____ Other period (_____ years)

Part B: Appointment of health care representative

I appoint _____ as my health care representative.

My representative's address is _____

and telephone number is _____.

I appoint _____ as my alternate health care representative.

My alternate's address is _____

and telephone number is _____.

I authorize my representative (or alternate) to direct my health care when I can't do so.

NOTE: You may not appoint your doctor, an employee of your doctor, or an owner, operator, or employee of your health care facility, unless that person is related to you by blood, marriage, or adoption or that person was appointed before your admission into the health care facility.

1. Limits

Special conditions or instructions:

Initial if this applies:

_____ I have executed a health care instruction or directive to physicians.

My representative is to honor it.

2. Life support

“Life support” refers to any medical means for maintaining life, including procedures, devices, and medications. If you refuse life support, you will still get routine measures to keep you clean and comfortable.

Initial if this applies:

_____ My representative MAY decide about life support for me. (If you don’t initial this space, then your representative MAY NOT decide about life support.)

3. Tube feeding

One sort of life support is food and water supplied artificially by a medical device, known as tube feeding.

Initial if this applies:

_____ My representative MAY decide about tube feeding for me. (If you don’t initial this space, then your representative MAY NOT decide about tube feeding.)

(Date)

Sign here to appoint a health care representative.

(Signature of person making appointment)

Part C: Health care instructions

Note: In filling out these instructions, keep the following in mind:

- The term “as my physician recommends” means that you want your physician to try life support if your physician believes it could be helpful and then discontinue it if it is not helping your health condition or symptoms.
- “Life support” and “tube feeding” are defined in part B above.
- If you refuse tube feeding, you should understand that malnutrition, dehydration, and death will probably result.
- You will get care for your comfort and cleanliness, no matter what choices you make.
- You may either give specific instructions by filling out items 1 to 4 below, or you may use the general instruction provided by item 5.

Here are my desires about my health care if my doctor and another knowledgeable doctor confirm that I am in a medical condition described below:

1. Close to death

If I am close to death and life support would only postpone that moment of my death:

a. Initial one:

_____ I want to receive tube feeding.

_____ I want tube feeding only as my physician recommends.

_____ I DO NOT WANT tube feeding.

b. Initial one:

- I want any other life support that may apply.
- I want life support only as my physician recommends.
- I want NO life support.

2. Permanently unconscious

If I am unconscious and it is very unlikely that I will ever become conscious again:

a. Initial one:

- I want to receive tube feeding.
- I want tube feeding only as my physician recommends.
- I DO NOT WANT tube feeding.

b. Initial one:

- I want any other life support that may apply.
- I want life support only as my physician recommends.
- I want NO life support.

3. Advanced progressive illness

If I have a progressive illness that will be fatal and is in an advanced stage, and I am consistently and permanently unable to communicate by any means, swallow food and water safely, care for myself and recognize my family and other people, and it is very unlikely that my condition will substantially improve:

a. Initial one:

- I want to receive tube feeding.
- I want tube feeding only as my physician recommends.
- I DO NOT WANT tube feeding.

b. Initial one:

- I want any other life support that may apply.
- I want life support only as my physician recommends.
- I want NO life support.

4. Extraordinary suffering

If life support would not help my medical condition and would make me suffer permanent and severe pain:

a. Initial one:

- I want to receive tube feeding.
- I want tube feeding only as my physician recommends.
- I DO NOT WANT tube feeding.

b. Initial one:

- I want any other life support that may apply.
- I want life support only as my physician recommends.
- I want NO life support.

5. General instruction

Initial if this applies:

I do not want my life to be prolonged by life support. I also do not want tube feeding as life support. I want my doctors to allow me to die naturally if my doctor and another knowledgeable doctor confirm I am in any of the medical conditions listed in items 1 to 4 above.

6. Additional conditions or instructions:

(Insert a description of what you want done.)

7. Other documents

A "health care power of attorney" is a document you may have signed to appoint a representative to make health care decisions for you.

Initial one:

- I have previously signed a health care power of attorney. I want it to remain in effect unless I appointed a health care representative after signing the health care power of attorney.
- I have a health care power of attorney, and I REVOKE IT.
- I DO NOT have a health care power of attorney.

(Date)

Sign here to give instructions.

(Signature)

Part D: Declaration of witnesses

We declare that the person signing this advance directive:

- (a) Is personally known to us or has provided proof of identity,
- (b) Signed or acknowledged that person’s signature on this advance directive in our presence,
- (c) Appears to be of sound mind and not under duress, fraud, or undue influence,
- (d) Has not appointed either of us as health care representative or alternative representative, and
- (e) Is not a patient for whom either of us is attending physician.

Witnessed by:

(Signature of witness/date)	(Printed name of witness)

(Signature of witness/date)	(Printed name of witness)

NOTE: One witness must not be a relative (by blood, marriage, or adoption) of the person signing this advance directive. That witness must also not be entitled to any portion of the person’s estate upon death. That witness must also not own, operate, or be employed at a health care facility where the person is a patient or resident.

Part E: Acceptance by health care representative

I accept this appointment and agree to serve as health care representative. I understand I must act consistently with the desires of the person I represent, as expressed in this advance directive or otherwise made known to me. If I do not know the desires of the person I represent, I have a duty to act in what I believe in good faith to be that person’s best interest. I understand that this document allows me to decide about that person’s health care only while that person cannot do so. I understand that the person who appointed me may revoke this appointment. If I learn that this document has been suspended or revoked, I will inform the person’s current health care provider, if known to me.

(Signature of health care representative/date)	

(Printed name)

(Signature of alternate health care representative/date)	

(Printed name)

**When you have completed your form, please keep your original and mail a copy to:
 Kaiser Permanente Process Center
 Medical Records Department, Advance Directive
 10220 SE Sunnyside Road, Clackamas, OR 97015-9734**

