

## ADDITIONAL CONSIDERATIONS

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- Be sure to give a copy of your advance directive to your “agent/proxy”, dialysis center, family, friends, doctor, clergy
- Make your advance directive a part of your medical record
- Keep a copy in a safe place where it can easily be found
- Keep a small card in your wallet/purse stating you have an advance directive, where to locate it and the name of your agent/proxy

For specific information on state laws about Living Wills or Durable Power of Attorney, go to [www.partnershipforcaring.org](http://www.partnershipforcaring.org)  
(800) 989-9455

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Southern California  
Renal Disease Council  
INCORPORATED

## PLAN AHEAD



### Advance Care Planning

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#### INSIDE

- Types of Advance Directives
- Common Life Support Measures
- Additional Considerations

## Advance Care Planning

Advance care planning refers to the preparations you make in case you should become sick. Unforeseen situations happen in everyone’s life. Planning ahead is not losing hope or faith, rather a way to share your desires and wishes. Advance Directives is a plan you make to guide health care decisions for your family and healthcare providers in the event that you are not capable of making those decisions yourself.

Although an advance directive can be given orally, if you write it down it can become a part of your medical record, so that there is less chance of your instructions being forgotten or overlooked.

## TYPES OF ADVANCE DIRECTIVES

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The term “advance directive” is a general term that describes a set of two types of legal documents in advance care planning. The documents include:

- Living Will
- Durable Power of Attorney for Health Care (DPOA)

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## Living Will

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A living will is one type of advance directive in which you state the kind of medical care you want or do not want if you become unable to make your own decisions. This may include a do-not-resuscitate (DNR) order or other specifics about withholding care in certain circumstances such as Cardiopulmonary Resuscitation (CPR), Artificial Nutrition and Hydration, and Mechanical Ventilation.

Its purpose is to guide your family and doctors in deciding about the use of medical treatments when you are seriously ill or dying.

Some states require a notary to sign these documents and some states require two witnesses that are not family members or care givers to sign it. California allows either process but at least one witness must be unrelated.



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

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This second type of advance directive is a signed, dated and witnessed document naming a person you have chosen and trusted to make your healthcare decisions for you if you are unable to do so.

The person you have chosen is called your “proxy” or “agent”. Choose this person while you are able to share your values, desires, and wishes. This person should be able to follow your desires, understand your choices and act on behalf of your best interest. It is important to discuss your values about the quality of life that is important to you and the kinds of decisions you would make in various situations.

An individual does not give up authority or choice by doing a DPOA. As long as the person remains able to make decisions, his or her consent must be obtained for medical treatment.

An Advance Directive can be withdrawn, changed or revoked at any time. If you change your wishes, new forms must be completed.

Remember, as long as you are able to make and express your own decisions you can accept or refuse any medical treatment. But if you become seriously

ill, you might lose the ability to participate in those decisions. An advance Directive does not have to be long or complicated. Communication is the key for an advance directive to be an effective tool.



## COMMON LIFE SUPPORT MEASURES

### Artificial Nutrition and Hydration

Drinking and eating are replaced by nutrients and fluids given through a tube placed in your stomach, upper intestine or vein. It may be used long term for people with serious illnesses. Some health care units and doctors may not agree with stopping artificial nutrition or hydration. Discuss this issue with your loved ones so they know your wishes.

### CPR-Cardiopulmonary Resuscitation

This is a group of treatments used when your heart stops beating and/or your breathing stops. It may consist of mouth-to-mouth breathing or it can include pressing on your chest to imitate your heartbeat and circulate blood. Drugs and electric shocks can also be given to encourage your heart to beat. Discuss with your loved ones when you would want and not want CPR performed.

### Mechanical Ventilation

This is a treatment used to support or replace breathing. Some people call this a “vent”. Air is forced into your lungs through a tube that is inserted through your nose or mouth and down your windpipe. It supplies oxygen but cannot improve the condition that caused the lungs to stop working. Make it clear to your loved ones and doctor whether or not you would want this and clarify under what circumstances; e.g., only if you would again breathe on your own.

\*(Source: ESRD Heartland Kidney Network)