

# Advance Care Planning

**Advance care planning** lets others know your values and beliefs about the care you would want for a serious illness or injury. It helps you think about and document what your choices would be, and who you want to speak for you if you can no longer speak for yourself. It's not a one-and-done talk. It's a process – an ongoing conversation that may change over time.



## Start the conversation today!

**Take time now to think about what matters to you.** There are no right or wrong choices!

Some people have strong opinions about what is important to them if they become very ill. Others may have certain things they would rather avoid. It's important to tell your loved ones and your health care team about your values and beliefs.

Ask yourself:

- ✓ What fears do you have about getting sick?
- ✓ If you were very sick, are there any specific kinds of treatments that you think would be too much for you?

Notes:

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**Choose someone you trust as your health care proxy** (also known as an agent or surrogate) to make decisions for you when you are not able to make them yourself.

- **Talk to your proxy – and your health care team – about the type and scope of care you would want to receive –** and keep talking! Revisit the subject often to make sure they understand your wishes. Let them know if you change your mind.
- **Document your choices.** Write down or record yourself talking about the type of care you would want – or not want. Create or update your Advance Directives. Share copies with your health care team and your designated proxy.
- **Complete the checklist on the other side to get started.**

**“It always seems too soon... until it is too late.”**

— Ellen Goodman, American journalist and founder of The Conversation Project  
[theconversationproject.org](http://theconversationproject.org)

# My Advance Care Planning Checklist

✓ Check all that apply

## 1. I have completed or updated one or all of these Advance Directives documents:

DONE

	Living Will
	Medical Power of Attorney (also known as a durable power of attorney for health care), naming the person I want to make health care decisions for me
	5 Wishes Document

If I am being treated for a serious illness, I have asked my Primary Care Team about:

	Physician Orders for Life Sustaining Treatment (POLST); DMOST for Delaware residents
	Palliative Care

## 2. I can answer YES to each of these:

DONE

	My Advance Directives are signed, witnessed and notarized (if required by my state).
	My health care proxy has a copy of my signed Advance Directives.
	My Primary Care Team has a copy of my Advance Directives for my medical record.
	I know where my Advance Directives are so I can take a copy with me to the hospital.
	My close family and friends know where I keep my Advance Directives.
	I have reviewed my Advance Directives within the last two years, or more recently if I have had a major health or life change (married, divorced, widowed, moved to another state), or if I have changed my health care proxy.
	I know who has a copy of my Advance Directives in case I make changes and need to provide updated copies.

**Important tip:** Keep Advance Directives documents safe. Store Medicare and supplemental insurance cards, and your medication list in a secure place where you can easily get to them – not locked in a safe deposit box!

Download additional copies of this checklist and Advance Directives forms at [eBrightHealthACO.org](http://eBrightHealthACO.org)