



FAQ's for completing Advance Care Planning Documents

General Questions

1. **Can my healthcare representative make decisions for me if I am still able to make my own decisions?**

Answer: No, your healthcare representative can only make decisions for you if your physician has evaluated you and determined that you are unable to understand your diagnosis, treatment options or the possible benefits and harms of the treatment options.

2. **Can having an advance directive affect my life insurance, health insurance or the benefits I receive from a governmental benefits program?**

Answer: No.

3. **Does New Jersey recognize an advance directive that is valid in another state?**

Answer: Yes.

4. **What is the definition of "life-sustaining treatment"?**

Answer: Life sustaining treatment is any medical device or procedure that increases your life expectancy by restoring or taking over a vital bodily function. The medical device or procedure can be a drug, ventilator (breathing machine), surgery, therapy or artificially provided fluids and nutrition.

5. **What is the definition of "permanently unconscious"?**

Answer: Permanently unconscious means you have permanently lost the ability to interact with your environment and are completely unaware of your surroundings.

6. **What is the definition of "terminal condition"?**

Answer: Terminal condition means the final stage of a fatal illness, disease or condition. To be in a terminal condition you do not have to be diagnosed as having less than a certain amount of time to live (e.g., six months or less).

7. **What happens if I regain the ability to make my own decisions?**

Answer: In that case, your physician must obtain your consent for all treatment. Once you have the ability to make healthcare decisions your

healthcare representative will no longer have the authority to make decisions for you.

8. Who should have a copy of my advance directive?

Answer: You should give a copy to your primary healthcare representative, alternate healthcare representative(s), family members and physicians. If you are treated at a hospital or enter a nursing home, you should also provide a copy when you are admitted.

Completing an Advance Directive

(a form that combines an Instruction Directive and a Proxy Directive)

1. Do I need a lawyer to complete an advance directive?

Answer: No, you can complete an advance directive on your own.

2. Does my advance directive have to be notarized?

Answer: No.

3. Do I need a witness when I sign my advance directive?

Answer: You can choose to get your advance directive notarized, in which case you don't need additional witnesses. Or you can choose to sign and date your advance directive in front of two adult witnesses who must also sign and date the document.

4. What does it mean for someone to sign my advance directive as a witness?

Answer: As a witness the person is stating that you voluntarily signed your advance directive.

5. Is there anyone who cannot sign my advance directive as a witness?

Answer: Yes, the person who you appoint as your healthcare representative(s) cannot be a witness.

6. Can I change my advance directive?

Answer: Yes, you can change your advance directive any time you want by completing a new one. You need to sign and date your new advance directive and have two witnesses sign and date it.

7. Can I cancel my advance directive?

Answer: Yes, you can cancel your advance directive any time you want. To cancel it you need to tell your physician, family, healthcare representative, nurse, social worker or a reliable witness that you want to cancel your advance directive. You can tell them verbally or send them a letter.

Instruction Directives

(also known as a Living Will)

1. **Can I have an instruction directive without having a proxy directive?**

Answer: Yes.

2. **In what circumstance can I have life-sustaining treatment withheld or withdrawn?**

Answer: Your instruction directive can state you want life-sustaining treatment withheld or withdrawn in any of the following situations: 1) you are permanently unconscious, 2) you are in a terminal condition, 3) the life-sustaining treatment would likely only prolong an imminent death, 4) the life-sustaining treatment would likely be ineffective or 5) you have a serious irreversible condition and the life-sustaining treatment would likely be more harmful than beneficial.

3. **Why is it important to have an instruction directive?**

Answer: You may become unable to make your own healthcare decisions because of a serious injury, illness or disease. By having an instruction directive your family and physician will know the situations in which you would want or not want to have life-sustaining treatment. And by including a statement about your beliefs, values and general preferences for care and treatment, your physician and family will know what you would want in situations that are not specifically covered by your instruction directive. An instruction directive will also prevent conflicts among your family, physician or other healthcare providers that can occur when a patient's treatment preferences are unknown.

Proxy Directives

(also known as a Health Care Proxy Form)

1. **Can my healthcare representative make decisions for me if I am still able to make my own decisions?**

Answer: No, your healthcare representative can only make decisions for you if your physician has evaluated you and determined that you are unable to understand your diagnosis, treatment options or the possible benefits and harms of the treatment options.

2. **Can I have a proxy directive without having an instruction directive?**

Answer: Yes.

3. **What authority does my healthcare representative have to make decisions for me?**

Answer: Except for any restrictions you have placed on their authority, your healthcare representative has the right to make all healthcare decisions for you, including the right to refuse medical treatment. They also have the right to review your medical records and receive from your physician all information about your condition, prognosis and treatment options as is necessary for them to make an informed decision.

4. Who can I appoint as my healthcare representative?

Answer: You can appoint your spouse/domestic partner, parent, adult child, family member, friend, religious/spiritual advisor or any other adult.

5. Are there any restrictions on who I can appoint as my healthcare representative?

Answer: Yes, you cannot appoint the following individuals as your healthcare representative: 1) your attending physician or 2) the operator, administrator or employees of a healthcare institution in which you are a patient or resident, unless they are related to you. A physician who is an operator, administrator or employee of a healthcare institution in which you are a patient or resident can be your healthcare representative only if they are not your attending physician.

6. Can I appoint more than one person as my primary healthcare representative?

Answer: No.

7. Can I appoint someone as an alternate healthcare representative in case my primary healthcare representative is unavailable, unable or unwilling to serve as my healthcare representative?

Answer: Yes, you can appoint one or more individuals as an alternate healthcare representative listed in order of priority. In the event the primary healthcare representative becomes available they would take over for the alternate.

8. Can I put requirements on how my healthcare representative makes decisions?

Answer: Yes, you can require your healthcare representative to consult with the alternate healthcare representatives, specific family members, friends or anyone else you want. You can also state specific criteria upon which your healthcare representative has to base their decisions.

9. Can I limit the decision-making authority of my healthcare representative?

Answer: Yes, for example you can state that your healthcare representative cannot authorize life-sustaining treatment if it would conflict with the preferences you stated in your instruction directive.

10. **Can my healthcare representative be required to pay for my medical treatment?**

Answer: No, your healthcare representative cannot be required by a physician, other healthcare provider or any healthcare facility to pay for your treatment, including treatment they have authorized.

11. **Why is it important to have a proxy directive?**

Answer: You may become unable to make your own healthcare decisions because of a serious injury, illness or disease. If you cannot make your own healthcare decisions someone will have to make them for you and without a proxy directive your physician will not know who you want that person to be. Having a proxy directive will help ensure your preferences are respected because only the person you have appointed will be able to make healthcare decisions on your behalf. Also, having a proxy directive will help prevent conflicts among your family members who may disagree on who should have the authority to make these decisions. Even if you have an instruction directive, it is important to have a proxy directive because there are many circumstances in which treatment decisions will have to be made that are not covered by your instruction directive.

12. **Is my physician required to get consent from my healthcare representative for treatment?**

Answer: Yes, your physician is required to obtain informed consent for your treatment (except in emergencies) and must respect their decisions just as if the decisions were coming directly from you.

13. **Who should I appoint as my healthcare representative?**

Answer: You should choose someone who knows your values, beliefs, and preferences well enough to know what treatment decisions you would want them to make for various medical conditions. The person should be someone with good judgment and who will be a strong advocate on your behalf. They should also be someone you believe will respect your wishes even if they disagree with them, especially when it comes to your preferences about the use of life-sustaining treatment.

Reference

State of New Jersey Department of Health – Advance Directives
<https://www.state.nj.us/health/advancedirective/ad/forums-faqs/#3>

We are here to help!

If you need assistance completing your Advance Directive or POLST form
or have any questions,

contact Tina Basenese, APN, ACHPN,

Director of Palliative Medicine & Supportive Care at 732-853-1314

Other Resources

- National Institute of Health- National Institute on Aging
<https://www.nia.nih.gov/health/advance-care-planning-health-care-directives>
- State of New Jersey Department of Health- NJ Practitioner's Orders for Life Sustaining Treatment <https://www.state.nj.us/health/advancedirective/polst/>
- Get Palliative Care.org- Information on Palliative Care
<https://getpalliativecare.org/handouts-for-patients-and-families/>
- American Cancer Society- Advance Directives and The Patient Self Determination Act <https://www.cancer.org>



Why Do We Ask You About Your Personal Wishes for Health Care?

The Patient Self-Determination Act

The 1990 Patient Self-Determination Act (PSDA) encourages everyone to decide ahead of time about the types and extent of medical care they want to accept or refuse if they become unable to make those decisions due to illness.

Although it is not required, Astera's physicians and nurse practitioners feel strongly that it is important to ensure your healthcare rights are understood and always honored. The PSDA requires hospitals, skilled nursing facilities, home health agencies, hospice programs, and Health Maintenance Organizations (HMOs):

- To give patients information on their state laws about their rights to make decisions about their care.
- To find out if patients have an advance directive.
- To recognize the advance directive and honor the patient's wishes.
- To never discriminate against patients based on whether they have filled out an advance directive or not.

Health care facilities can't require patients to have advance directives, but they do have the responsibility to provide everyone with the option. It is always the patient's choice to complete this document or not.

Why Are Advance Directives Important?

Filling out advance directives gives people control over their health care. Choices about end-of-life care can be hard to make even when people are healthy, so it's best to do when you are feeling well. Often people wait until they are very ill to complete them, and/or then rely on family and friends for advice but ultimately it is the patient's decision.

It's important to keep in mind that if a day comes where you cannot speak for yourself for any reason, your wishes are respected. You have the right to make your own decisions about treatment. Filling out advance directives gives you a way to be in control.

Talk to your doctor, nurse, or social worker for advice or help with filling out advance directives. As you prepare your advance directives, you should talk about your decisions with family members and loved ones and explain the reasons behind your choices.

It's hard to talk about these issues. But the benefits of talking to the people close to you about the kind of care you want are:

- Your wishes are known and can be followed.
- It often comforts family members to know what you want.
- It saves family members from having to bring up the subject themselves.
- You may also gain peace of mind. You are making the choices for yourself instead of leaving them to your loved ones.
- It can help you and your loved ones worry less about the future and live each day to the fullest.

If talking with your family and other loved ones is too hard, consider having a family meeting. Astera has a team of professionals available to help facilitate these difficult conversations. Call to speak to the Director of Palliative and Support Care @ 732-853-1314