

Advance Care Planning



THE UNIVERSITY OF TEXAS
MDAnderson
Cancer Center

Making Cancer History®

Table of Contents

Advance Care Planning

- Getting Started
- Medical Decision Making
- Questions to Ask Your Health Care Team
- Advance Directives

Financial Planning

- Important Financial Information
- Important Documents/Items
- Key Contacts

Legacy Planning

- What Is Legacy Planning?
- Legacy Ideas
- Overcoming Obstacles

Spirituality and End-of-life Planning

- Funeral Planning

Coping and Support

- Support for Caregivers
- How to Prepare Children
- Additional Support

Appendix A - Patient Education Information Sheets

Appendix B - Advance Directive Forms

Advance Care Planning

Advance Care Planning

Advance care planning is a process that helps you express your values, goals and wishes as they relate to your health care. This workbook will help you think through the types of care you would like to receive at every stage of your treatment. During the process, you will be encouraged to discuss important topics with your loved ones. Having advance care plans in place can provide peace of mind about future health care decisions, and it can reduce confusion or disagreement among loved ones if you cannot speak for yourself. Your loved ones will know what your preferences are and will be able to honor them.

The information in this workbook is general in nature and for educational purposes only. This document should not be interpreted as legal advice. Please consult an attorney if you are seeking legal advice.

The Process

Advance care planning is a process that involves the following steps:

- Thinking about what is important to you
- Discussing your values and goals
- Recording this information
- Requesting that your medical team and your medical power of attorney honor your goals and wishes
- Reviewing this information periodically

You may begin planning at any time – at diagnosis or during or after treatment. At any point, advance care planning expresses your wishes in writing, ensuring that your loved ones and your medical team know what you want in the event you cannot speak for yourself.

Advance care planning is made up of several parts. These parts include:

- Statement of values, goals and preferences for health care
- Advance directives
- Financial planning
- Legacy planning
- Funeral planning

Some find this topic difficult to think about or discuss. This workbook is a step-by-step guide to making advance care plans. Take your time reading this workbook. Read a section. Talk with your loved ones. Talk with your medical team. Think about your choices, and take it one step at a time. If you would like assistance as you review and consider this material, please contact your social work counselor at 713-792-6195.

Getting Started

This workbook is a guide through the advance care planning process. This is not a legal document. The first step in planning is reflecting on your values, goals and wishes. Start by thinking about your beliefs and what is most important to you. Consider your thoughts regarding your health and your hopes for your care, such as:

What are your fundamental beliefs about life, medicine and health care?

Do you believe that life should or should not be prolonged through extensive medical intervention? Please explain.

How do your spiritual or religious beliefs shape your decision making?

Are there some medical treatments that go against your beliefs, and if so, what are they?

What You Value

What is most important to you if facing a serious illness, permanent disability or death?
Order this list to reflect what is most important to you (1=most important).

- ___ Ability to speak to my loved ones
- ___ Ability to live as long as possible
- ___ Ability to communicate in some way even if I can't speak
- ___ Ability to read, write or sing
- ___ Ability to eat and taste
- ___ Ability to walk
- ___ Being awake and thinking for myself
- ___ Being free from pain as much as possible
- ___ Maintaining as much control over my life as possible
- ___ Maintaining my dignity
- ___ Other: _____

Concerns

When you think about a serious illness, permanent disability or death, what is most concerning to you? Order this list to reflect what is of most concern to you (1=most concerning).

- ___ Being in pain
- ___ Losing the ability to think
- ___ Losing the ability to communicate
- ___ Being a financial burden on loved ones
- ___ Being a physical burden on loved ones
- ___ Being an emotional burden on loved ones
- ___ Being removed from life support too soon
- ___ Being left on life support indefinitely
- ___ Being unable to care for my loved ones
- ___ Leaving my loved ones behind
- ___ Leaving my pets behind
- ___ Other: _____

Here are some additional questions you may consider when thinking about the end of life:

1. What do you consider to be a good death?

2. When you are close to dying, where would you prefer your death take place?

- Home
- Hospital
- Nursing home
- Inpatient hospice
- Other: _____

3. Who would you like to be present at the time of your death? Or would you like to be alone?

4. What would you like to have happen in the time (days or weeks) before your death?

- Visit with family and friends
- Travel to: _____
- Make a list of things I want to do or see before I die
- Think about relationships and make amends where needed
- Work on a legacy activity such as creating a memory book
- Other: _____

Medical Decision Making

Now that you have considered your values and beliefs regarding end-of-life care, you can apply them to actual medical situations. Keep in mind that while it is helpful to know what your preferences are, they may not always be medically appropriate. If you are unable to speak for yourself, your legal next of kin may work with a doctor to make decisions regarding your care and treatment. Let's consider three areas of decision making:

1. Breathing support
2. Eating and drinking support
3. Cardiopulmonary resuscitation (CPR)

Breathing Support

Breathing support can be provided in many ways. Some ways are invasive, and some are non-invasive.

Examples of non-invasive breathing support include placing a short tube in your nose, or a mask over your nose and mouth, to deliver oxygen. These can be used at home and in the hospital.

An example of invasive oxygen support is intubation. This is a process by which a tube is inserted through your mouth and into your airway. The tube is connected to a ventilator which pushes oxygen into your lungs. A more permanent type of intubation is a tracheostomy opening, whereby a cut is made directly into your windpipe. While intubated or on a ventilator, you will not be able to speak. Most of the time, you will be sedated. At times, you may be able to communicate in other ways, such as by writing or using sign language. Also, to lessen anxiety while on a ventilator, your doctor may give you medicine to calm you. Some of the risks of mechanical ventilation may include infection, lung damage, a collapsed lung and/or sleepiness from the medicines.

Your personal values, goals and wishes will help you decide what is most important to you. After reviewing this information, what type of breathing support would you wish for?

- Intubation Tracheostomy Ventilator

Do you have other thoughts or questions about breathing support?



See Appendix A for further information on this topic.

Eating and Drinking Support

Food and fluids give our bodies energy. If you cannot eat or drink on your own, there are options for artificial nutrition. Some forms of artificial nutrition include total parenteral nutrition (TPN) and intravenous (IV) hydration. TPN allows nutrition to be delivered directly into your vein. IV hydration delivers fluids only into your vein. A nasogastric tube, or NG tube, is a tube that goes through your nose and into your stomach. It is usually used for only a short time.

The most invasive form of artificial nutrition, however, is a G-tube or a J-tube. A G-tube is placed through your skin and into your stomach. A J-tube is placed through your skin and into your small intestine. A G- or J-tube would be used for long-term feeding if you can no longer swallow.

Toward the end of life, these medical interventions may not be as beneficial and may cause discomfort and bloating. At the end of life, your body simply requires less food and fluid and may become unable to eliminate or process waste.

Your personal values, goals and wishes will help you decide. After reviewing these nutrition and fluid support options, what type of artificial nutrition and fluid support would you wish for?

- TPN short term
- TPN long term
- IV hydration
- G- or J-tube
- NG tube

Do you have other thoughts or questions about eating and drinking support?



See Appendix A for further information on this topic.

Cardiopulmonary Resuscitation (CPR)

If your heart stops working or you stop breathing, your health care team will perform CPR. They will push on your chest to pump blood through your heart and use a breathing mask to push air into your lungs.

The success of CPR can depend on a person's overall health before his or her heart or lungs stop working. CPR may work well to save the life of someone in a car accident or after trauma. However, the chance of success is much less for someone with advanced cancer or another disease who is no longer responding to treatment. It is important to know that even if CPR restarts your heart or breathing, your condition may still worsen. For example, you could:

- Have permanent injuries, such as brain damage due to lack of blood flow and oxygen to the brain
- Have damage to other organs, such as the kidneys, or broken ribs
- Be on a ventilator
- Be in a coma

Given this information, what are your wishes for CPR?



See Appendix A for further information on this topic.

Questions to Ask Your Health Care Team

There are many other possible medical situations for you to think about. These may include treatment-related side effects, disability, or shifting goals of treatment – from curing your cancer to managing your symptoms. The following are some questions that you may want to ask your doctor:

- What is the goal of my treatment? Is it to cure, control or improve my symptoms?
- Will you openly discuss treatment options and outcomes with me?
- Why is this treatment recommended?
- How long is treatment expected to last?
- Can I expect any permanent changes due to my treatment?
- What will my quality of life look like if I continue treatment?
- What will my quality of life look like if I discontinue or choose not to pursue treatment?
- What are my alternatives if I discontinue or choose not to pursue further treatment?
- Will treatment affect my future fertility?
- Will treatment affect my sex life?
- What help is available if I am in pain?
- Will you help my family and me make decisions?
- Will you help me get other support I may need (social work, chaplain, supportive care)?
- Will you let me know when treatment is no longer working?
- What is hospice care?
- Will you support my decision to transition to hospice if I am nearing the end of my cancer treatment?

Advance Directives

There are four documents that will help you communicate your wishes:

- **Medical Power of Attorney**, sometimes referred to as Durable Power of Attorney for Health Care
- **Living Will**, also known as the Directive to Physicians and Family or Surrogates
- **Out-of-Hospital Do-Not-Resuscitate Order**
- **Appointment for Disposition of Remains**

The most important piece of advance care planning is talking about your wishes with your family and loved ones. Include your medical power of attorney in these conversations. Choose a time when everyone is calm and comfortable. You don't have to cover every topic. Simply start the conversation.

Medical Power of Attorney

When you select a medical power of attorney, choose someone who would best honor, respect and follow your wishes. Also, be sure he or she is willing to take the responsibility because, for some people, it can be emotionally difficult. Share with him or her your values and goals. This person will have power to follow your wishes and make decisions when you can't.

The best way to avoid conflict is to maintain honest communication and complete your advance directives in writing. Selecting a medical power of attorney may not be an easy choice, but it is important. It is especially important for individuals who are separated, not legally married or have more than one adult child. Once you have selected your medical power of attorney and he or she has agreed, you can complete the required advance directive forms. (See Appendix B.)

If you have not selected a medical power of attorney, most states will designate someone based on a list of those who qualify as your next of kin. For example, if you are receiving care in the State of Texas, the legal next of kin is recognized in this order: your spouse; any one of your adult children; either of your parents; any one of your siblings; any one of your executors of your estate; and finally, any one of your adult next of kin in the order named by law to inherit your estate. This may not be in line with your wishes, so it is important to complete your advance directives in writing.

In addition, consider how much flexibility you want to give your medical power of attorney. Flexibility means allowing your medical power of attorney to make decisions on your behalf based on what is most beneficial for you at the time, even if this is different from what you have expressed in the past. On page 2 of the Living Will form under

“Additional Requests” you can document what level of flexibility, if any, you want to give to your medical power of attorney. Consider the following:

- **Total flexibility** means that he or she could change your previously stated wishes if medically appropriate at that time.
- **Some flexibility** means that there are some wishes you would not want changed. You should document which specific wishes those are.
- **No flexibility** means that he or she should honor your wishes without any changes.

Give copies of your advance directives to your medical power of attorney and all medical providers. You can update your documents whenever you wish. Be sure to replace any old copies with the new copy.

Living Will (Directive to Physicians and Family or Surrogates)

A Living Will helps you communicate your wishes about your medical care. It takes effect only when you are in the terminal phase of illness or injury. Parents may complete a Living Will for a child under 18. If you sign a Living Will, talk with your doctor about the directive and ask that a copy be added to your medical record.

Out-of-Hospital Do-Not-Resuscitate Order

An Out-of-Hospital Do-Not-Resuscitate Order is an order signed by a doctor. This form allows the patient to refuse life-sustaining treatments when outside the hospital. If you do not have an Out-of-Hospital Do-Not-Resuscitate Order and your heart or lungs stop working properly, health care providers may do everything medically possible to restart your heart and help you breathe. To show that you have an Out-of-Hospital Do-Not-Resuscitate Order, you must have an original or a copy of the signed Texas Out-of-Hospital Do-Not-Resuscitate Order or wear a special identifying necklace or bracelet. Please speak with your health care provider to obtain this order, and speak to your social work counselor to obtain information about the necklace or bracelet.

Appointment for Disposition of Remains

There are laws about who can make arrangements for a person after death. A medical power of attorney’s appointment ends at the time of death. You may want to appoint an agent to handle your body. In Texas, there is a written document called “Appointment for Disposition of Remains.” If no agent is appointed, the legal next of kin controls the remains. If you wish for a specific person to handle your funeral and other final arrangements, it is in your best interest to complete this document. For additional information, please contact your social work counselor.



See Appendix B for Advance Directive Forms.

Financial Planning

Financial Planning

Planning for help with your finances is important as well. The following worksheets will help you gather your financial information and other important documents as you prepare your Last Will and Testament. They will also serve as a tool for your loved ones in the event of your death.

In addition to the medical advance directives, other legal documents you may consider completing include a Durable Power of Attorney and a Last Will and Testament. A Durable Power of Attorney allows someone else to handle your money matters. State laws vary on Durable Powers of Attorney. You may want to work with an attorney to complete these documents. Most office supply stores carry general forms. You can also access legal documents from online legal vendors. Signatures may require a notary.

A Durable Power of Attorney ends upon death; therefore, it is important to complete your Last Will and Testament in which you appoint an executor of your estate who will manage financial matters.

A Last Will and Testament is a legal document that dictates your final wishes about your personal possessions and your dependents. It details who will receive your assets when you die. As part of your will, you choose an executor for your estate. The executor carries out the details of your will and is the only person able to access your medical records after your death.

If you have young children, consult an attorney in regards to issues of guardianship, custody, trusts and any special circumstances. You may also use your will to name a guardian for your children. Discuss your intentions and appoint a guardian who you would want to care for your children if you are no longer able or upon your death.

Important Financial Information

Financial Assets and Loans	Institution Name	Account Number	Username and Password
Checking Account			
Savings Account			
Other Account			
Credit Union Account			
Investments (Stocks or Bonds)			
Mutual Fund Accounts			
Retirement Accounts (401k, 403b, IRA)			
Pensions			
Mortgages			
Credit Cards			
Personal Loans			
Student Loans			
Health Insurance/ Health Savings Account			
Homeowner's Insurance/ Flood Insurance			
Car Insurance			
Life Insurance			
Long-term Care Insurance			
Social Security Card/ Statement			
Phone Bill			
Electric Bill			
Water Bill			
Gas Bill			

Important Documents/Items

Important Documents	Location	Other Information
Property Paperwork (House Deed, Car Title)		
Safe Deposit Box	Institution: Box#: Key location:	
Military Paperwork		
Durable Power of Attorney		
Medical Power of Attorney		
Living Will		
Last Will and Testament/ Trusts		
Beneficiary Designations for Retirement Accounts		
Marriage License		
Divorce Decree		
Cemetery Plot Information		
Pre-arranged Funeral Plans		
Past Tax Returns		
Picture ID and Birth Certificate		

Key Contacts

Key Contacts	Contact Name and Company	Contact Information
Employer		
Accountant/ Financial Advisor		
Physicians		
Lawyer		
Spiritual Advisor		
Family/Friends		

Legacy Planning

Legacy Planning

What is Legacy Planning?

When you hear the word legacy, what comes to mind? Multiple generations within a family? Property passed on to heirs? Traditions and special memories? What others will remember about you after you are gone? All of these ideas are correct, but there can be more. Your cancer diagnosis is only one aspect of your life. You have countless other characteristics, values, stories and things that you may want people to know and remember you by.

Legacy work is the act of putting your thoughts, advice, values, wishes, etc. into actual items that your loved ones can cherish year after year. Legacy work is not about death and dying; it's about life and living. It's about making connections and sharing precious moments with the special people in your life.

Legacy work can provide a sense of purpose and meaning. It allows you to participate in creating memories in the most meaningful way for you and your loved ones.

Legacy Ideas

LEGACY ACTIVITIES			
Written	Audio/Visual	Crafts	Miscellaneous
Letters	Playlists	Scrapbook/photobook/collage	Recipe book
Journals	Professional videos	Family tree	Heirlooms/keepsakes
Gratitude list	Homemade recordings	Quilt/blanket	Traditions/routines
Poems	Digital photo frame	Artwork	Meaningful gift
Blogs	Slideshow	Handprint/footprint	Organization/scholarship/fund

LEGACY TOPICS (Categories to help guide focus of legacy activities)	
Favorites	Traditions
Family history	Relationships
Childhood/adulthood	Milestones
Accomplishments/achievements	Lessons learned
Gratitude	Hopes and dreams
Difficulties that were overcome	Spirituality/religion

Overcoming Obstacles to Completing Legacy Work

Working on legacy projects can be difficult at times. You may face any number of obstacles – from physical and emotional challenges to time constraints. The following is a list of common obstacles people face during legacy planning as well as helpful tips on how to address those obstacles.

Appearance

Your appearance can affect how you feel about yourself. You may want people to remember you when you looked your best, and you may prefer not to have pictures or videos taken of you. Your loved ones, however, will want to remember your entire life and journey. They will also remember you for more than just your appearance.

Tip: Consider projects that use writing, crafts, audio recordings or pictures from the past.

Cultural/Spiritual Values

There are various cultures, religions and spiritual beliefs, and they all possess their own values and customs. Some are open to discussion about death and dying, and even have celebratory rituals. Others prohibit any type of end-of-life planning.

Tip: Reflect on your personal values and beliefs. Decide what you are comfortable with. Speak with a loved one or spiritual advisor about your thoughts and feelings.

Decreased Energy

Lack of energy can be frustrating when your mind is sharp but your body cannot physically do what you want it to. You may want to start working on legacy projects while you are still healthy.

Tip: Listen to your body. Do as much or as little as you feel up to doing. Some days will be better than others. Legacy activities do not have to be completed in one sitting. Complete your project in pieces over time, and consider involving friends or family to help.

Feelings/Emotions

A major piece of legacy work is choosing what our loved ones will remember about us. This often requires us to revisit the past. Doing so may bring up a variety of feelings, including happiness, sadness, guilt, joy, anger, loneliness, appreciation or gratitude. All of these feelings are normal. Working through them can bring healing.

Tip: For some people, completing a project in one sitting is ideal as it allows them to focus and process through everything at one time. Others find it better to do the work in small pieces. Still, others enlist the help of loved ones and make it a group project. Another option would be to start legacy activities that are more concrete, such as the handprint or recipe book.

Inability to Talk

Some people have a condition that impairs or alters their ability to speak. They may not want to have their voice recorded.

Tip: Consider making an audio recording before you start treatment. If a change has already occurred, look for audio of your voice from past videos (i.e., home videos, wedding video, etc.). Or create a video where you hold up posters with written messages. You may prefer to complete activities that involve writing or other crafts.

Inability to Write

Numbness, pain in the hands or feet, general weakness, fatigue – any of these can make writing difficult.

Tip: Choose projects that involve photo, audio or visual recordings. You could also dictate your stories, letters, etc. Doing this may seem less personal, but the words are still yours and from your heart.

Mental Status

Illness, treatments and medicines can affect our mind. Thoughts may not be as clear and easy to process.

Tip: Ask your medical team if there is a way to temporarily adjust your medicines or treatment to increase clarity and awareness. If adjustments are not possible, consider activities (such as writing letters) that can be done in small segments. This way you can start or stop the activity as needed.

Time

Finding time for anything outside of our daily routines may be a challenge.

Tip: Schedule time on your calendar for legacy work. Spread out projects and set aside an hour or two for a couple of weeks. Or you might prefer to get it all done at one time and dedicate a day or two.

Spirituality/End of Life

Spirituality and End-of-life Planning

Your goals, wishes and beliefs also extend to end-of-life planning. Spirituality can be expressed in many forms. At the end of life, many people consult with a spiritual advisor or have certain rituals in which they would like to engage.

What customs or rituals are important to you?

What customs or rituals are important to you at the end of life?

Who is your spiritual advisor?

When nearing death, what specific things would you wish for?

People:

- To not die alone
- To be surrounded by family
- To be surrounded by friends

Environment:

- To be surrounded by flowers
- To be in a well-lit room
- To be in a warm place
- To be in a quiet place

- To be surrounded by your favorite scent of: _____
- To be surrounded by photographs of: _____
- To have music playing from: _____

Location:

- In my bed
- At home
- Outdoors
- A relative's home
- Hospital
- Hospice
- Nursing home

Funeral Planning

For most people, funeral planning is an unfamiliar process. You may want to consider pre-arranging funeral plans. It may be helpful to choose a funeral home that can guide you in all your options and keep your wishes on file. This will help to ease the burden on your loved ones when they have to carry out your final wishes. It can decrease the financial and emotional stress in the future. Consider personalizing the service to honor your faith, military service or other special requests.

Funeral home contact information:

I wish to be:

Buried (Location: _____)

Cremated (Ashes scattered? Y/N If yes, where? _____)

Other: _____

Whole Body Donation – Allows you to donate your body for medical research and education. Most medical institutions have acceptance criteria. Check with your local medical school.

Organ and Tissue Donation – Allows you to donate certain organs and/or tissue. This is also subject to the acceptance criteria of medical institutions. In Texas, for example, you may visit www.donatelifetexas.org for more information or to register online.

I wish to be remembered with a (check all that apply):

Funeral service

Religious service

Viewing

Memorial service

Celebration of life

Other: _____

You can personalize your service or celebration by specifying details here about the flowers, music, clothing, eulogists, slideshow, etc. You may choose to write your own obituary.

Coping and Support

Coping and Support

Discussing advance care planning sometimes triggers an emotional response. These are serious, thought-provoking topics. What can you do to cope with concerns if they arise?

- Take a break. Take your time working through this workbook. Put it down and go for a walk. Journal about your thoughts and feelings. Sleep on it.
- Have open communication that involves your family, loved ones or close friends. Lean on your supports. Engage them in the process.
- Ask for help. Talk to your doctor, your nurse or your social work counselor and let them help you.
- Seek information and be an active participant in your health care.
- Make a to-do list and check tasks off as they are completed. Set realistic goals.

You are not alone. Social work counselors are available to assist you and your loved ones. They can help talk you through some of the decisions and provide short-term counseling. They can also facilitate family meetings and support groups. There is no cost to you or your loved ones. Counseling services include:

- Advance care planning
- Adjustment to diagnosis and treatment
- Coping with life changes
- Crisis intervention
- Grief and loss
- Sexuality counseling
- Family counseling
- Specialized care programs:
 - CLIMB: Children's Lives Include Moments of Bravery
 - KIWI: Kids Inquire, We Inform
- Bereavement and loss counseling
- Relaxation therapies

For Caregivers

An advance care planning discussion can be emotional. Remember, advance care planning is about being prepared.

Supporting Your Loved One

- You can be a sounding board. You can challenge your loved one's ideas in a non-judgmental manner to make sure he or she is certain about his or her decisions.
- You can also help your loved one maintain control of his or her care. You can advocate on his or her behalf and serve as the medical power of attorney.

Supporting Yourself

- Take time for yourself and practice self-care.
- Set reasonable limits with your loved one.
- Gather your own thoughts in regards to advance care planning. This may mean processing difficult feelings and coming to terms with possibilities and outcomes.
- Find support in a trusted friend, a member of the clergy or your social work counselor.

How to Prepare Children

Remember that children may not ask questions outright about cancer, but they may be thinking about them and creating scenarios in their minds that may be worse than reality. Honest information about what is happening is best and models the behavior that it's OK to ask and talk about cancer.

- If you haven't already, tell your children about your cancer, and/or your prognosis, as appropriate.
- Talk to your children about all of the people who will take care of them.
- Engage in legacy work with them. (Please see Legacy Planning section of this workbook.)
- Engage your children in the advance care planning process as appropriate.

Additional Support

Now that you have had the opportunity to review and work through this advance care planning workbook, you can continue to use it to help manage decisions you may be faced with in the future. Keep this workbook in a safe place where your loved ones can access it as needed. Remember to update your choices as your needs change.

Social work counselors are available to assist you with the following:

- Help you work through your emotions and feelings
- Help explain concepts within this workbook
- Help you complete some of the legal documents
- Help connect you with additional resources

For further support and assistance, please contact your social work counselor at 713-792-6195.

Appendix A

Patient Education Information Sheets

- Advance Care Planning: Shortness of Breath
- Advance Care Planning: Tube Feeding and Total Parenteral Nutrition (TPN)
- Advance Care Planning: Hydration (Fluids)
- Advance Care Planning: Do-Not-Resuscitate (DNR) Orders

Advance Care Planning

Shortness of Breath

There may come a time in your cancer treatment when breathing becomes difficult, labored or uncomfortable. Should this happen, your doctors, nurses and health care team will work with you to decide the best treatment plan for you.

What causes difficult breathing?

There can be many reasons for shortness of breath. For patients with cancer, some of the more common reasons include:

- Not getting enough oxygen (low blood oxygen levels)
- Cancer of the lung or cancer that has spread to the lung
- Fluid around the heart or lungs (which can sometimes be drained)
- Lung infections/pneumonia
- Heart failure (when the heart is weak and cannot pump normally)
- Inflammation of the lungs from radiation, medications or other causes
- Blood clots in the lung
- Asthma or chronic obstructive pulmonary disease (COPD)
- Generalized weakness, which can involve the breathing muscles
- Anything that causes the abdomen to push up on the diaphragm, such as fluid or a tumor, and gives the lungs less room to expand when breathing

How is uncomfortable breathing treated?

Depending on your goals of care and the reason for your shortness of breath, your doctor will work with you to choose the best treatments for you. These treatments may include, but are not limited to, the following:

- Antibiotics for pneumonia
- Medications to help rid the body of extra fluid
- Steroids for inflammation
- Breathing treatments for asthma or COPD
- Exercise and therapy for weak muscles
- Anticoagulants for blood clots
- Chemotherapy, radiation treatment or surgery for tumors
- Oxygen for low blood oxygen levels

Why is oxygen support needed?

If you are unable to take in enough oxygen by breathing on your own, the simplest way to get the oxygen that you need is through tubes placed in your nostrils or by a face mask that covers your nose and mouth. This type of oxygen can be given at home, as well as in the hospital.

If more oxygen is needed, however, than can be given through a simple nasal tube or face mask, there are other types of oxygen support, such as high-flow oxygen, non-invasive ventilation with CPAP or BiPAP, or intubation and mechanical ventilation. Choosing which type is best for you will depend on how little or how much oxygen you need. Your health care provider will talk with you about the differences between each type and which would be best for you.

High-flow oxygen: If your oxygen needs cannot be met by using a simple nasal tube, you may get relief from high-flow oxygen, which is delivered through a special tube placed in the nostrils. This type of oxygen cannot be delivered at home. Therefore, you will need to stay in the hospital while receiving this treatment.

Non-invasive ventilation with BiPAP or CPAP: If you need this type of oxygen support, the oxygen will be delivered by a mechanical ventilator (breathing machine). The oxygen will be pushed through a tightly fitted face mask that may need to be left on at all times. This can make eating and speaking difficult. This type of oxygen support uses pressure to push oxygen into the lungs.

Intubation and mechanical ventilation: Usually, patients are intubated and placed on a ventilator or “breathing machine” when they are in respiratory failure and cannot breathe entirely on their own. The machine pushes oxygen through the intubation tube that has been placed into the windpipe (or trachea) through the nose or mouth. Patients receiving this type of oxygen are usually in the intensive care unit. If it is determined, however, that a ventilator is needed for a long period of time, a more permanent kind of tube (tracheostomy tube) will be surgically placed in the windpipe through an incision (cut) in the neck.

While intubated on a ventilator, you will not be able to speak and will need to communicate in other ways, such as by writing or using sign language. Also, to lessen any anxiety you may have while on a ventilator, your doctor may give you medication. Some of the risks of mechanical ventilation may include:

- Infection
- Lung damage
- A collapsed lung
- Sleepiness (caused by the prescribed medicines)

A breathing machine does not treat disease, but helps you breathe while your health care team tries to improve your physical condition. The goal is to wean you off the ventilator as soon as possible. However, if your lungs do not get strong enough so that you can breathe on your own, you may stay on the ventilator permanently, unless you and your health care team decide to focus only on comfort.

What kind of treatments should I get when breathing is difficult?

When thinking about different types of breathing treatments, it is important to consider how likely they are to fix what is causing the problem as well as what side effects and complications they may cause. Your plan of action could include any of the following steps:

- Treating the underlying reason for shortness of breath (e.g., antibiotics for pneumonia)
- Providing oxygen support for low oxygen levels that cause difficult breathing
- Using medicines such as morphine or opioids, or other measures (e.g., a fan blowing on the face), to relieve shortness of breath

It is important to note that some treatments may keep you in the hospital when you would rather be at home. If so, you may want to do a trial period of a treatment to see how it works. If the treatment does not work, you and your health care team can decide to stop the therapy and provide treatments to keep you comfortable as previously discussed.

Getting oxygen support may or may not help you. That is why it is always best to have an open conversation with your health care team and loved ones about the benefits and risks of oxygen support. Learn the facts, and understand the pros and cons – and how they apply to you.

Do not hesitate to talk with your doctor or nurse about any questions or concerns you may have.

Resources

Find additional information on advance care planning, including videos on various topics, at www.mdanderson.org/advancecareplanning.

Advance Care Planning

Tube Feeding and Total Parenteral Nutrition (TPN)

At times during your cancer treatment, you may not be able to swallow well or take in enough food and liquids to meet your body's needs. Depending on your situation, goals of care and treatment wishes, you and your health care team will decide if additional feedings through a tube or IV (into a vein), also known as artificial nutrition, may help you. Artificial nutrition may be given by a tube placed in the following ways:

- Through the nose into the stomach
- Through a cut in the skin and then into the stomach or small intestine
- Into a vein (intravenous or IV)

The purpose of this document is to help you decide, along with your health care team, if artificial nutrition is right for you.

How does artificial nutrition work?

When your body receives feedings through a tube, the liquid formula is absorbed into the stomach and intestines, allowing your body to take in the nutrition it needs. Before you begin treatment, your health care provider will talk with you about the differences between each type and which would be best for you.

What is tube feeding?

Tube feeding is a way to receive artificial nutrition through a tube that is placed into your stomach. The tube goes through the nose or through the skin in your abdomen.

A tube placed through the nose into the stomach is called a nasogastric (NG) tube. This is usually a short-term way to place a tube.

If the tube needs to be in place longer, a tube may be placed through the skin into the stomach (G-tube) or small intestine (J-tube). Usually, this procedure does not require surgery.

What is total parenteral nutrition (TPN)?

When feedings are given by IV, also known as Total Parenteral Nutrition (TPN), the IV tube is connected to a bag of liquid formula which, in turn, flows from the bag, through a tube, into a vein. This method works best when the body cannot absorb feedings through the stomach or intestines. For TPN, patients receive a central venous catheter (CVC). A CVC is a tube that is usually placed into a large vein in the arm or under the collarbone. A CVC is placed long-term, but you can have it removed later when it is no longer needed.

When is artificial nutrition helpful?

Additional feedings may be helpful when you:

- Are preparing for surgery
- Cannot eat after surgery
- Have wounds that need to heal
- Have a blocked bowel or bowel obstruction
- Cannot swallow because of a blocked esophagus
- Cannot swallow because of severe pain of the esophagus caused by radiation, chemotherapy or infection or for other reasons

When should someone not receive artificial nutrition?

Artificial nutrition does not work as well in people whose bodies cannot use the nutrition properly. This often happens in the later stages of an illness, when the body begins to shut down. Comfort may be the primary goal of care at this time.

People often worry that their loved ones will become hungry and will need water or food if it is not given. However, if hungry, patients usually become full with a few sips of fluid or a few bites of food.

Should I receive artificial nutrition?

Your health care team will help you choose what is best for your care. Getting feedings through a tube may or may not help you. That is why it is always best to have an open conversation with your health care team and loved ones about the benefits and risks of artificial nutrition. Learn the facts, and understand the pros and cons – and how they apply to you.

Do not hesitate to talk with your doctor or nurse about any questions or concerns you may have.

Resources

Find additional information on advance care planning, including videos on various topics, at www.mdanderson.org/advancecareplanning.

Advance Care Planning Hydration (Fluids)

At different times during your cancer treatment, you may not be able to swallow well or take in enough liquids to meet your body's needs. Depending on your situation, goals of care and treatment wishes, you and your health care team will decide if you need additional fluids through a tube, also known as artificial hydration. Fluids delivered through a tube can enter the body in several ways:

- Into the stomach or intestine
- Into a vein (intravenous or IV)
- Under the skin into fatty tissue

The purpose of this document is to help you decide, along with your health care team, if artificial hydration is right for you.

How does artificial hydration work?

When your body receives fluids through a tube, the fluids are absorbed into the blood stream, allowing your body to take in the liquids it needs. Before you begin artificial hydration, your health care provider will talk with you about the different methods of hydration and which will be best for you.

Stomach (NG tube or G-Tube) or Intestinal Tube (J-Tube)

When a tube is going to be used only for a short time, it is usually placed through the nose into the stomach. This is called a nasogastric (NG) tube.

If you will be getting fluids for a longer time, other types of tubes that may be used are inserted through the skin into the stomach (G-tube) or the intestine (J-tube). Usually, this procedure does not require surgery.

IV Tube

When fluids are given by IV, the IV tube is connected to a bag of fluids which, in turn, flows from the bag, through the tube and into a vein. If the need for fluids is long-term, however, patients usually receive a central venous catheter (CVC). A CVC is a tube that is usually placed into a vein in the arm or under the collarbone. A CVC is placed long-term, but you can have it removed later when it is no longer needed.

Tube Under the Skin Into Fatty Tissue (“Clysis”)

Patients may also receive fluids through a tube placed under the skin into the fatty tissue. This is called hypodermoclysis, or “clysis” for short. The fluid is absorbed from the fatty tissue into the bloodstream.

Clysis cannot give the body as much fluid as when fluid is given by an IV tube. This method works best for those needing a modest amount of fluids. It is simpler, with fewer complications. Clysis cannot be given by all providers, but can be provided by some hospices to patients under their care.

For tubes placed by any of these methods, patients may receive fluids as needed or on a continuous basis (24 hours a day).

What are the benefits of artificial hydration?

Patients receive fluids through a tube to prevent or treat dehydration. Patients who are dehydrated from not getting enough fluid in may feel weak, dizzy or thirsty. These symptoms may also happen for other reasons. Depending on the cause, symptoms may or may not be helped by fluids. Regardless, there are other treatments available to address these symptoms.

What are the possible complications?

Listed below are some of the complications that may occur from artificial hydration. However, if you experience any of the following, your healthcare provider will treat you as needed.

Stomach (NG Tube or G-Tube) or Intestinal Tube (J-Tube)

- Nose and throat soreness (for tubes placed through the nose)
- Skin soreness
- Tube misplacement
- Tube falling out
- Tube clogging
- Tube leaking
- Infection at the tube site

IV Tube

- Soreness at the IV site
- Infection at the IV site
- Infections of the bloodstream
- Blood clots at the IV site
- Too much fluid, which may cause swelling or breathing problems

Tube Under the Skin Into Fatty Tissue (Clysis)

- Uncomfortable swelling at the tube site
- Infection at the tube site

When should someone not receive artificial hydration?

When the risks outweigh the benefits, you may decide not to receive additional fluids. Artificial hydration does not work as well in people whose bodies cannot use the fluids properly. This often happens in the later stages of an illness, when the body begins to shut down. Comfort may be the main goal of care at this time.

People often worry that their loved ones will become thirsty and need water if it is not given. Most people in this situation, however, are not thirsty. If they are thirsty, they only need very small amounts of fluids to quench their thirst, together with good mouth care to keep the mouth clean and feeling refreshed.

Should I receive fluids through a tube?

Your health care team will help you choose what is best for your care. Getting fluids through a tube may or may not help you. That is why it is always best to have an open conversation with your health care team and loved ones about the benefits and risks of artificial hydration. Learn the facts, and understand the pros and cons – and how they apply to you.

Do not hesitate to talk with your doctor or nurse about any questions or concerns you may have.

Resources

Find additional information on advance care planning, including videos on various topics, at www.mdanderson.org/advancecareplanning.

Advance Care Planning

Do-Not-Resuscitate (DNR) Orders

Our goal is to help patients live longer and better; however, many treatments do not work as well as we wish. Some of our patients approach the end of their life while under our care.

The purpose of this document is to help you:

- Think about your wishes and preferences
- Understand your options
- Make health care and treatment decisions



We realize that discussing end-of-life issues can be difficult. We value and respect your decisions. We also want to make certain that you are well informed and have the opportunity to discuss your wishes, questions and concerns with your family and health care team.

Terms to Know

Cardiopulmonary Resuscitation (CPR)

Doctors and nurses perform CPR when the heart stops working or when the heart and lungs stop working. They will do the following:

- Push on the chest bone to pump on the heart in an effort to restart the heart
- Apply a breathing bag and mask to force air into the lungs

Do Not Resuscitate (DNR)

This doctor's order tells the health care team not to perform CPR. In the hospital, a DNR order lasts until a physician cancels the order or the patient is discharged. In order for a patient not to receive CPR, an order must be written by the doctor on each admission. For patients who elect to have an out-of-hospital DNR order, the order is permanent unless the patient cancels the order. Patients with an out-of-hospital DNR order still need an in-hospital DNR order when admitted to the hospital if the out-of-hospital DNR status is to remain in effect.

Quality of Life

This is a person's overall well-being. A number of factors may affect quality of life, such as:

- Treatments and their side effects
- How well symptoms are controlled
- Time spent with loved ones at home or in the hospital
- Ability to engage in activities

- Social and spiritual issues

Each person has his or her own view of what is an acceptable quality of life based on his or her thoughts, feelings, values and goals.

Resuscitation Status

An individual's resuscitation status tells us whether that person will receive medical interventions attempting to restart the heart, or heart and lungs, if they stop working. Talk to your health care team to see how effective CPR is likely to be in your situation.



“Making the decision about DNR eased my fear about what will happen.”
– MD Anderson patient

Breathing Machines (Ventilation)

A tube is placed through the patient's mouth into the windpipe, and a machine breathes for them. This machine is called a ventilator.

People on ventilators are often heavily sedated, as if they are in a deep sleep.

Commonly Asked Questions

Why do we have DNR orders?

DNR orders exist so that the health care team can provide care that will help the patient. The intent is to help the patient and not hurt him or her while respecting the patient's values. DNR orders give health care providers clear instructions on how best to care for the patient depending on how likely CPR is to bring him or her back to life and also depending on his or her values and goals.

What are the risks and benefits of CPR?

The success of CPR can depend on the person's overall health before the heart or lungs stop working. CPR may work well to save the life of someone in a car accident or a victim of a gunshot wound. The chance of success is smaller for a person with advanced cancer or who has some other disease that is no longer responding to treatment.

It is important to know that when CPR is effective in restarting a person's heart or breathing, sometimes the person's condition worsens. For example, the person could:

- Have permanent injuries, such as brain damage, due to lack of blood flow and oxygen to the brain
- Have damage to other organs, such as the kidneys
- Be left on a ventilator for the rest of his or her life
- Be left in a coma

What is a Living Will?

A Living Will is a legal document that lets health care providers know a person's health care wishes, in the event that the person is unable to make choices for him or herself. It is a part of a set of documents referred to as advance directives.

Living wills may address topics such as:

- Artificial feeding
- Dialysis (a process to clean the blood when the kidneys are not working)
- The use of ventilators for breathing
- Where a person would like to spend final days



What is the difference between a DNR order and a Living Will?

A DNR order is signed by a physician and only addresses the use of CPR in the event that a person's heart stops working, or the heart and lungs stop working, and the person is in the moments of dying.

A living will is an expression of preferences in certain health conditions, but is not a physician's order. Also, a DNR order only addresses resuscitation status; it

does not address broader preferences about other aspects of care. No matter what a person's resuscitation status is, all efforts directed at comfort are always continued.

“At first, my family didn't want to talk about the chance of me passing away, which made everything difficult to discuss. But then I explained to them what is important to me.”

– MD Anderson patient

What happens if my heart, or heart and lungs, stop working when I am not in the hospital?

If this happens as an outpatient, emergency personnel will perform CPR unless an out-of-hospital DNR order is in effect. In the State of Texas, an out-of-hospital DNR order needs to be signed by the doctor and patient or his or her representative if the patient is not able to participate in health care decision making. The patient needs to have the signed DNR form, DNR bracelet or DNR necklace with him or her.

Can I request a DNR order?

Yes, conversations about DNR status are encouraged.

If I become unable to decide for myself, who can request a DNR order for me?

A medical power of attorney is a document that allows a patient to identify a specific person to speak on his or her behalf should he or she become unable to do so. If a medical power of attorney is not completed or available, the legal next of kin (spouse, parent or adult child) will be contacted for a decision.

What will happen if my loved ones disagree about a DNR order for me?

You have the ultimate decision-making authority. However, when a loved one has participated in a discussion with the patient about DNR choices, he or she is better able to understand and is more likely to support the decision.

What will happen if I have no loved ones to approve a DNR order for me?

The state provides a legal hierarchy of individuals to participate in health care decision-making. If no such individual is located, two physicians may place a DNR order if they believe that CPR would not help. It is important for a patient to discuss wishes with a health care provider in advance.



Does agreeing to a DNR order mean, “Do not treat”? Does agreeing to a DNR order mean that I will no longer receive chemotherapy?

No. A DNR order only addresses the use of CPR. If a health care provider feels that chemotherapy or another form of medical care may help, the patient may still receive that treatment. You will always receive care directed at making you comfortable.

“Sometimes my patients are afraid to ask questions about DNR and end-of-life issues. To ease that process, I speak about it openly and honestly.”
– MD Anderson doctor

Can I change my mind after agreeing to a DNR order?

Conversations about DNR status are encouraged to allow care that is most helpful to the person in his or her particular health care situation.

Resources

Find additional information on advance care planning, including videos on various topics, at www.mdanderson.org/advancecareplanning.

Appendix B

Advance Directive Forms

- Medical Power of Attorney
- Living Will (Directive to Physicians and Family or Surrogates)
- Appointment for Disposition of Remains

PATIENT: _____
MDA MRN: _____ DOB: _____
LOCATION: _____
PRINT DATE: _____ SEX: _____ FC: _____

Medical Power of Attorney

Disclosure Statement

**THIS IS AN IMPORTANT LEGAL DOCUMENT. BEFORE SIGNING THIS DOCUMENT,
YOU SHOULD KNOW THESE IMPORTANT FACTS:**

Except to the extent you state otherwise, this document gives the person you name as your agent the authority to make ANY and ALL health care decisions for you in accordance with your wishes, including your religious and moral beliefs, when you are no longer capable of making them yourself. Because "health care" means any treatment, service or procedure to maintain, diagnose, or treat your physical or mental condition, your agent has the power to make a broad range of health care decisions for you. Your agent may consent, refuse to consent, or withdraw consent to medical treatment and may make decisions about withdrawing or withholding life-sustaining treatment. Your agent may not consent to voluntary inpatient mental health services, convulsive treatment, psychosurgery, or abortion. A physician must comply with your agent's instructions or allow you to be transferred to another physician.

Your agent's authority begins when your doctor certifies that you lack the competence to make health care decisions. Your agent is obligated to follow your instructions when making decisions on your behalf. Unless you state otherwise, your agent has the same authority to make decisions about your health care as you would have had.

It is important that you discuss this document with your physician or other health care provider before you sign it to make sure that you understand the nature and range of decisions that may be made on your behalf. If you do not have a physician, you should talk with someone else who is knowledgeable about these issues and can answer your questions. You do not need a lawyer's assistance to complete this document; but, if there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.

The person you appoint as agent should be someone you know and trust. The person must be 18 years of age or older or a person under 18 years of age who has had the disabilities of minority removed. If you appoint your health or residential care provider (e.g., your physician or an employee of a home health agency, hospital, nursing home, or residential care home, other than a relative), that person has to choose between acting as your agent or as your health or residential care provider; the law does not permit a person to do both at the same time.

You should inform the person you appoint that you want the person to be your health care agent. You should discuss this document with your agent and your physician and give each a signed copy. You should indicate on the document itself the people and institutions who have signed copies. Your agent is not liable for health care decisions made in good faith on your behalf.

Even after you have signed this document, you have the right to make health care decisions for yourself as long as you are able to do so and treatment cannot be given to you or stopped over your objection. You have the right to revoke the authority granted to your agent by informing your agent or your health or residential care provider orally or in writing or by your execution of a subsequent *Medical Power of Attorney*. Unless you state otherwise, your appointment of a spouse dissolves on divorce.

This document may not be changed or modified. If you want to make changes in the document, you must make an entirely new one.

Initials: _____ Date/Time: _____

PATIENT:
MDA MRN: _____ DOB: _____
LOCATION: _____ SEX: _____ FC: _____
PRINT DATE: _____

Medical Power of Attorney

DESIGNATION OF HEALTH CARE AGENT:

I, _____ (insert your name), appoint:

Name: _____

Address: _____

Phone: _____

as my agent to make any and all health care decisions for me, except to the extent I state otherwise in this document. This Medical Power of Attorney takes effect if I become unable to make my own health care decisions, and this fact is certified in writing by my physician.

LIMITATIONS ON THE DECISION-MAKING AUTHORITY OF MY AGENT ARE AS FOLLOWS:

DESIGNATION OF AN ALTERNATE AGENT:

(You are not required to designate an alternate agent, but you may do so. An alternate agent may make the same health care decisions as the designated agent if the designated agent is unable or unwilling to act as your agent. If the agent designated is your spouse, the designation is automatically revoked by law if your marriage is dissolved).

If the person designated as my agent is unable or unwilling to make health care decisions for me, I designate the following person(s) to serve as my agent to make health care decisions for me as authorized by this document, who serve in the following order:

A. First Alternate Agent

Name: _____

Address: _____

Phone: _____

B. Second Alternate Agent

Name: _____

Address: _____

Phone: _____

Initials: _____ Date/Time: _____

PATIENT: _____
MDA MRN: _____ DOB: _____
LOCATION: _____
PRINT DATE: _____ SEX: _____ FC: _____

Directive To Physicians and Family Or Surrogates (Living Will)

INSTRUCTIONS FOR COMPLETING THIS DOCUMENT: This is an important legal document known as an Advance Directive. It is designed to help you communicate your wishes about medical treatment at some time in the future when you are unable to make your wishes known because of illness or injury. These wishes are usually based on personal values, goals and beliefs. In particular, you may want to consider what burdens or hardships of treatment you would be willing to accept, for a particular amount of benefit obtained, if you were seriously ill. You are encouraged to discuss your values and wishes with your family or chosen spokesperson, as well as your physician. Your physician, other health care provider, or medical institution may provide you with various resources to assist you in completing your Advance Directive. Brief definitions are listed below and may aid you in your discussions and advance care planning.

Initial the treatment choices that best reflect your personal preferences. Provide a copy of your Directive to your physician, usual hospital, and family or spokesperson. Consider a periodic review of this document, to better assure that the Directive reflects your most current preferences. In addition to this Advance Directive, Texas law provides for two other types of Directives that can be important during a serious illness. These are the *Medical Power of Attorney* and the *Out-of-Hospital Do-Not-Resuscitate Order*. You may wish to discuss these with your physician, family, hospital representative, or other advisors. You may also wish to complete a Directive related to the donation of organs and tissues.

See Definitions with explanations on page 5.

DIRECTIVE

I, _____, recognize that the best health care is based upon a partnership of trust and communication with my physician. My physician and I will make health care decisions together as long as I am of sound mind and able to make my wishes known. If there comes a time that I am unable to make medical decisions about myself because of illness or injury, I direct that the following treatment preferences be honored:

If, in the judgment of my physician, I am suffering with a terminal condition from which I am expected to die within six months, even with available life-sustaining treatment provided in accordance with prevailing standards of medical care:

_____ I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; or

_____ I request that I be kept alive in this terminal condition using available life-sustaining treatment. (This selection does not apply to hospice care.)

Initials: _____ Date/Time: _____

PATIENT: _____
MDA MRN: _____ DOB: _____
LOCATION: _____
PRINT DATE: _____ SEX: _____ FC: _____

If, in the judgment of my physician, I am suffering with an irreversible condition so that I cannot care for myself or make decisions for myself and am expected to die without life-sustaining treatment provided in accordance with prevailing standards of care:

_____ I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible; or

_____ I request that I be kept alive in this irreversible condition using available life-sustaining treatment. (This selection does not apply to hospice care.)

Additional requests: (After discussion with your physician, you may wish to consider listing particular treatments in this space that you do or do not want in specific circumstances, such as artificial nutrition and fluids, intravenous antibiotics, etc. Be sure to state whether you do or do not want the particular treatment.)

After signing this directive, if my representative or I elect hospice care, I understand and agree that only those treatments needed to keep me comfortable would be provided and I would not be given available life-sustaining treatments. If I do not have a *Medical Power of Attorney*, and I am unable to make my wishes known, I designate the following person(s) to make treatment decisions with my physician compatible with my personal values:

1. _____

2. _____

(If a *Medical Power of Attorney* has been executed, then an agent has already been named and you should not list additional names above in this document.) If the above persons are not available, or if I have not designated a spokesperson, I understand that a spokesperson will be chosen for me following standards specified in the laws of Texas.

If, in the judgment of my physician, my death is imminent within minutes to hours, even with the use of all available medical treatment provided within the prevailing standard of care, I acknowledge that all treatments may be withheld or removed except those needed to maintain my comfort. I understand that under Texas law this directive has no effect if I have been diagnosed as pregnant. This directive will remain in effect until I revoke it. No other person may do so.

Initials: _____ Date/Time: _____



PATIENT:
MDA MRN: CSN:
ACCT#: DOB:
ADM DATE: LOCATION:
DISCHARGE DATE: SEX: FC:
PRINT DATE: 9/26/2016;

Appointment for Disposition of Remains

Institutional

I, _____
(Your name and address)

being of sound mind, willfully and voluntarily make known my desire that, upon my death, the disposition of my remains shall be controlled by _____
(Name of Agent)

in accordance with Section 711.002 of the Health and Safety Code and, with respect to that subject only, I hereby appoint such person as my agent (attorney-in-fact).

All decisions made by my agent with respect to the disposition of my remains, including cremation, shall be binding.

SPECIAL DIRECTIONS:

Set forth below are any special directions limiting the power granted to my agent:

AGENT:

Name: _____

Address: _____

Telephone Number: _____

SUCCESSORS:

If my agent or a successor agent dies, becomes legally disabled, resigns, or refuses to act, or if I divorce my agent or successor agent and this instrument does not state that the divorced agent or successor agent continues to serve after my divorce from that agent or successor agent, I hereby appoint the following persons (each to act alone and successively, in the order named) to serve as my agent (attorney-in-fact) to control the disposition of my remains as authorized by this document:

1. First Successor:

Name: _____

Address: _____

Telephone Number: _____



PATIENT:
MDA MRN: _____ CSN: _____
ACCT#: _____ DOB: _____
ADM DATE: _____ LOCATION: _____
DISCHARGE DATE: _____ SEX: _____ FC: _____
PRINT DATE: 9/26/2016;

Appointment for Disposition of Remains

Institutional

2. Second Successor:

Name: _____

Address: _____

Telephone Number: _____

DURATION:

This appointment becomes effective upon my death.

PRIOR APPOINTMENTS REVOKED:

I hereby revoke any prior appointment of any person to control the disposition of my remains.

RELIANCE:

I hereby agree that any cemetery organization, business operating a crematory or columbarium or both, funeral director or embalmer, or funeral establishment who receives a copy of this document may act under it. Any modification or revocation of this document is not effective as to any such party until that party receives actual notice of the modification or revocation. No such party shall be liable because of reliance on a copy of this document

ASSUMPTION:

THE AGENT, AND EACH SUCCESSOR AGENT, BY ACCEPTING THIS APPOINTMENT, ASSUMES THE OBLIGATIONS PROVIDED IN, AND IS BOUND BY THE PROVISIONS OF, SECTION 711.022 OF THE HEALTH AND SAFETY CODE.

SIGNATURES:

This written instrument and my appointments of an agent and any successor agent in this instrument are valid without the signature of my agent and my successor agents below. Each agent, or a successor agent, acting pursuant to this appointment must indicate acceptance of the appointment by signing below before acting as my agent.

Signed this _____ day of _____, 20____.

(Your Signature)



PATIENT:
MDA MRN:
ACCT#:
ADM DATE:
DISCHARGE DATE:
PRINT DATE: 9/26/2016;

CSN:
DOB:
LOCATION:
SEX: FC:

Appointment for Disposition of Remains Institutional

State of _____

County of _____

This document was acknowledged before me on _____ (date)
by _____ (Name of Principal).

(Seal, if any, of Notary)

(Signature of Notarial Officer)

My commission expires: _____

(Printed Name)

ACCEPTANCE AND ASSUMPTION BY AGENT:

I have no knowledge of or any reason to believe this Appointment for Disposition of Remains has been revoked. I hereby accept the appointment made in this instrument with the understanding that I will be individually liable for the reasonable cost of the decedent's interment, for which I may seek reimbursement from the decedent's estate.

Acceptance of Appointment:

(Signature of Agent)

Date/Time of Signature: _____

Acceptance of Appointment:

(Signature of First Successor)

Date/Time of Signature: _____

Acceptance of Appointment:

(Signature of Second Successor)

Date/Time of Signature: _____

