

Your Guide to the Oregon Advance Directive for Health Care

I. INTRODUCTION

This Guide is here to help you complete the Oregon Advance Directive for Health Care. It answers questions many people have about it.

What is the purpose of the Oregon Advance Directive?

It is a legal form. It lets you:

1. Name a person to make your health care decisions if you cannot make them for yourself.
2. Write down your goals and wishes for health care to make them known. This is in the event you are not able to express them in the future.

Who is the Oregon Advance Directive for?

It is for adults 18 years and older who live in Oregon.

What is a health care representative and what is their role?

That is the person you choose to make your health care decisions if you cannot make them for yourself. They do this only if health care providers conclude you are not able to make health care decisions for yourself.

It is your health care representative's job to follow your wishes, values, and goals. Talk with them about your wishes. You can use your Advance Directive to start these talks.

One of the most important things you can do is choose a Health Care Representative. This is to make sure your wishes are honored. Have talks with them to make sure they know what your wishes are.

II. FILLING OUT THE ADVANCE DIRECTIVE

What sections does the Oregon Advance Directive have?

It has 7 sections. Here are more details about each one:

Section 1. About Me.

Fill out this section with your current contact information.

Section 2. My Health Care Representative(s)

This is where you appoint at least one health care representative. You can appoint up to three. They are:

- A primary health care representative
- A first alternate
- A second alternate

The health care representative you choose cannot be your health care provider or the owner, operator, or employee of the health care facility where you are getting care. You can see [ORS 127.505](https://www.oregonlegislature.gov/bills_laws/ors/ors127.html) at https://www.oregonlegislature.gov/bills_laws/ors/ors127.html for more details.

Fill out the current contact information for each health care representative. It is important that your health care providers be able to contact them if you cannot speak for yourself.

Here is more about your health care representative:

- Each one must agree to accept this role.
- Only one can speak for you at any given time. If your primary health care representative cannot serve, the task will pass to the first alternate, then to the second.
- Make sure they have permission to see your medical records. Call your health care provider's office to ask how to arrange this.

If you do not appoint a health care representative, Oregon law states who will make decisions for you if you cannot. You can see [ORS 127.635 \[2\]](https://www.oregonlegislature.gov/bills_laws/ors/ors127.html) at https://www.oregonlegislature.gov/bills_laws/ors/ors127.html for more details.

Section 3. My health care instructions

This is the place for you to express your wishes, values, and goals for your care. It has questions to help you talk with your health care representative. It also gives them and your health care providers guidance.

Your answers can help your health care providers suggest care that aligns with your wishes. This is the case even if you have not chosen a health care representative.

Section 3 includes questions in three areas:

- 1. My Health Care Decisions.** The Oregon Advance Directive includes three cases for you to express your wishes about the type of life support you would like in each. These are:

- 1) If you have a terminal condition
- 2) If you have an advanced progressive illness or
- 3) If you are permanently unconscious

You can see these defined in [ORS 127.505 and ORS 127.635](https://www.oregonlegislature.gov/bills_laws/ors/ors127.html) at https://www.oregonlegislature.gov/bills_laws/ors/ors127.html

Living with a disability is not the same as having an advanced progressive illness. You should choose the type of life support you would like or not like. Or you can choose to have your health care representative decide for you.

- 2. What Matters Most to Me and for Me.** This is where you can say what is most important to you about your life, and what you value most about it. You can also express what is important for you in terms of how you are cared for. You can express in what cases, if any, you would not want measures to sustain life.
- 3. My Spiritual Beliefs.** For many people, the end of life is a deeply spiritual time. This is where you can express your spiritual or religious beliefs. You can also express how these might affect your health care choices so that the care you are given aligns with your beliefs.

Section 4. More Information

This is where you can add extra information to guide your care. This includes questions in four areas:

- 1. Life and Values.** Use this if you want your health care providers and representative to know more about your life, values and wishes. You can also share why you have certain wishes.
- 2. Place of Care.** This is where you can express your wishes if there is a choice for where you can receive care. For instance, some people feel strongly that they want to be cared for at home. Others might want to be at a hospital.
- 3. Other.** You may attach documents to this form to help guide your health care providers and representative. These might be:
 - Documents you have written that express your values
 - Information about what types of care you receive now. This can be important for people with disabilities or who are living with chronic health conditions
 - Any other information you want to share
- 4. Inform Others.** This is where you can list people who your health care representative and providers can talk to about your health status and care. These people are not allowed to make any decisions about your care. Only your health care representative can.

Sections 5, 6, and 7.

Section 5 is where you sign the form.

In Section 6, *either*

- Two adult witnesses must sign the form. Neither witness can be your health care representative or provider. Or
- A Notary must sign the form.

In Section 7, your health care representatives must accept the role. They can do this by signing this form or by telling someone that they accept the duties of being your health care representative.

What if I do not fill out all the sections?

It is most helpful if you do fill out all the sections of the form. Still, you may choose to fill out only certain ones.

This is what you need to do to make sure your Oregon Advance Directive is legal and valid:

| For it to be valid: | What section is that? |
|--|------------------------------|
| It must list your name, date of birth, address and other contact information. | Section 1 |
| It must list the name, address and other contact information for each health care representative. | Section 2 |
| You must sign and date it. | Section 5 |
| The form must be signed by two witnesses OR be signed by a Notary. | Section 6 |
| Each of the health care representatives must accept the role. They can do this either by signing or by telling someone they accept the role and duties of being your health care representative. | Section 7 |

You do not have to fill out sections 3 and 4 for your Advance Directive to be valid. But filling out these sections can guide your health care providers on the care you wish to receive. This is the case even if you do not choose a health care representative.

III. MORE INFORMATION

What if I have a disability?

If you have a disability, here are some more steps you might take as you complete the form:

- You may wish to consult with people who work with people with disabilities. This includes, but is not limited to:
 - Peers and people with lived experience
 - Trusted medical providers
 - Legal experts

- If you live in a care facility, you can ask for help from an ombudsperson.
- You may also want to include information about a caretaker or guardian who helps you with health care decisions now.
- Share the assistance or accommodations you may need for daily living.
- Section 3 includes space for you to say more about the type of care you do or do not want. You may wish to include the kinds of supportive care you already have in your life.

What is the difference between the Oregon Advance Directive and the POLST?

The Advance Directive and the POLST (Portable Orders for Life Sustaining Treatment) are different. The Oregon Advance Directive is a legal form to express your wishes and name someone to make health care decisions for you. The Oregon POLST is a medical order that states your medical care plan and what treatments you will be given.

Still, it is easy to confuse the two. This table shows the differences.

| | Advance Directive | POLST (stands for Portable Order for Life Sustaining Treatment) |
|--|---|---|
| Who is it for? | All people 18 years and older. | People with a serious illness or who are older and frail and might not want all treatments. |
| What kind of document is it? | It is a legal document. | It is a medical order. |
| Who signs it? | You fill it out and sign it. A Notary Public or two witnesses sign it. Also, your health care representative signs it. | Your health care provider fills it out with your input. Then signs it. |
| Do I need a lawyer? | No. | No. |
| Who keeps the form? | You keep the original where loved ones can find it. You give a copy to your health care representative and provider. | Your health care provider's office keeps it and enters it into the electronic Oregon POLST Registry. They give you a copy. You can post it at home in a place where it is easy to find, like on the fridge. |
| Can I change the form if I change my mind? | Yes. You can tear up the old one. Then write a new one where loved ones can find it. You give a copy to your health care representative and provider. | Yes. You can ask for an appointment with your health care provider to change it. |
| What if there is a medical emergency and I cannot speak for myself? | Your health care representative speaks for you and honors your wishes. | The ambulance staff, hospital staff and health care providers look for the medical orders in the electronic data base and follow them. |

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Can people have an Advance Directive *and* a POLST?

Yes. As people get sicker or frailer, they often have both. The Oregon Advance Directive is a form to express your wishes. A POLST is a medical order that turns your wishes into action.

You can talk with your health care provider about the treatments you do and do not want. If it is right for you, they can complete and sign a POLST for you.

Even if you have a POLST, you still need an Advance Directive. So, keep it up to date. Review it. Make sure it reflects your choices in the POLST.

For more information about the POLST, go to Oregonpolst.org. You can also send questions to polst@ohsu.edu.

How often should I review my Advance Directive?

Your views may change over time. If your goals and wishes change, complete a new one.

Review and think about updating your Advance Directive when any of the “Six Ds” occur:

- **Decade** When you start each new decade of your life.
- **Death** When a loved one or a health care representative dies.
- **Disagreement** When your health care representative does not agree with your wishes.
- **Divorce** When divorce happens.
 - If your ex-spouse or ex-domestic partner is your representative, your Advance Directive is no longer valid.
 - You need to complete a new Advance Directive. This is the case even if you want your ex-spouse or ex-partner to keep being your representative.
- **Diagnosis** When you are diagnosed with a serious illness.
- **Decline** When your health gets worse or when you are not able to live on your own.

What should I do if I complete a new Advance Directive?

If you complete a new form, let these people know. Also, give them a new copy.

- Your health care representatives
- Your health care providers
- Any other person who has a copy of your Advance Directive

What should I do after I complete my Advance Directive?

1. Talk to your health care representative about your goals and your wishes for future health care. Make sure they feel able to do this important job for you. Give them a copy of your Advance Directive.
2. Talk to your family and close friends who might be involved if you have a serious illness or injury. Make sure they know:
 - Who your health care representative is
 - What your wishes are

3. Give a copy to your health care provider. Make sure they know what your wishes are.
4. Keep a copy of your Advance Directive where it is easy to find, like the fridge.
5. Fill out the card at the bottom of this Guide. Keep it in your wallet.

What if I want help filling out the Advance Directive?

If you would like help in filling out the Advance Directive, you can contact:

- Your health care providers
- A lawyer
- An ombudsperson or other patient advocate.

Complete the card below. Fold it and keep it in your wallet.

| | |
|--|--|
| I have an Advance Directive My information | My Health Care Representative: Name: <hr/> Address: <hr/> City/State/Zip: <hr/> Phone(s): <hr/> Email: <hr/> * List alternate health care representatives on opposite side. |
| My Name: <hr/> Date: <hr/> My Address: <hr/> City, State, Zip: <hr/> Phone: <hr/> Date of Birth: <hr/> Email: <hr/> | |

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This User's Guide was developed by the Advance Directive Adoption Committee in response to the Advance Directive Statute.