



# Sharing Your Wishes<sup>™</sup>

*Give them peace of mind, not tough choices.*

...

## A Planning Guide



THE CENTER FOR  
**HOSPICE &  
PALLIATIVE CARE**

You have spent a lifetime caring for your family – working for them, worrying about them, taking care of them. There is one more thing you can do for them now: let them know your wishes for how you would like to be cared for in the future.

Most people today will live a long life. As you age, you may become less able to take care of yourself and less able to make your health care decisions on your own. What if you cannot speak? Will your loved ones know your wishes? Will your wishes be honored?

**The most important thing you can do is plan ahead**

- Plan ahead so you can receive the care that is important to you and matches your wishes.
- Plan ahead to help your family and friends understand your wishes to save them tough choices when you can no longer make choices for yourself.
- Plan ahead to give you and your loved ones peace of mind.

It is not easy to talk about how you want to live at the last phase of life. But, avoiding the conversation may actually make it harder at a time of a crisis. The time to talk is now. Have a conversation before you experience a health crisis, when you are able to share what is important to you. This will greatly reduce the uncertainty and anxiety for those who care about you. They won't have to guess what you want. Instead, you provide them with direction. And, by planning ahead you can think about your choices to receive the care that you want.

**Plan with four easy steps.**

1. Think about what is important to you and how you want to receive care.
2. Select a person to speak for you if you are unable to speak for yourself.
3. Talk about your health care wishes.
4. Put your choices in writing using the New York State Health Care Proxy form.



# 1

S T E P

## **Think about what is important to you and how you want to receive your care**

Before you have a conversation with your loved ones, think about what is important in your life, as well as the kinds of health care that you want and don't want. Only you know what is important to you. The following questions can help you to think about, and then talk about your health care wishes. Consider each question, making notes to help you recall your thoughts when you talk with those close to you.

- What gives your life meaning and purpose?  
What helps you live well at this time in your life?  
What is it that you like to do and that you would like to be able to continue doing?
- What are your fears or worries about the future as you become older and less able to care for yourself?  
What are your fears about health care treatments?
- If you are in a great deal of pain, would you prefer to be alert and put up with some pain, or would you rather have no pain even if that means you would be drowsy?
- Who are the people most important to you?
- Where do you want to live if you become unable to care for yourself? At home, nursing home, hospice, someone else's home?

- Who, or what, sustains you when you face serious decisions or challenges in your life?
- Can you imagine a time when you would want your doctor to withhold or withdraw medical treatment that might let you live a little longer?
- Are there any situations when you would not want someone to provide you with food or drink by feeding tube or IV?

**notes:**

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As time goes by, you may have different answers to these questions. There are no right or wrong answers. After you think about these questions, share your thoughts with the person who will speak for you and with others who care about you.



## 2 STEP

### **Select a person to speak for you if you are unable to speak for yourself**



If you are unable to speak for yourself or to make health care decisions, New York State law allows you to pick someone to act as your health care agent. Your health care agent will speak for you and make decisions about your health care. If you do not choose someone to speak for you as your agent, people who don't know you may decide your care.

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#### **Responsibilities of your health care agent**

Your agent will have access to your medical information and records to make informed care decisions.

Your agent will have authority to make all health care decisions, unless you limit the agent's authority, or unless a court order overrides the decision.

Being a health care agent does not mean your agent is responsible to pay for your care.

Your agent will be able to make decisions to use or remove treatments that may extend your life, and whether you will have certain medical tests, treatments, or surgeries.

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Choose someone you trust to be your agent. Often people pick a friend or family member to be their agent. Keep in mind that not everyone makes a good agent. The following questions will help you choose your agent:

- Is this person someone you want by your side when you have important health decisions to make?
- Will this person follow your wishes, even if he or she doesn't agree?
- Will this person be strong enough to ask questions about your condition and about the choices that may affect your care?
- Will this person be able to speak up for you, to demand that your wishes are followed?
- Will this person be available when you need help with the decisions and challenges that you may face in the last years of your life?
- Is this person at least 18 years of age?
- Note, this person cannot be your doctor or an employee of a health care provider responsible for your care, unless he or she is a family member.

Have a conversation with the person you pick to be your agent. Make sure that he or she is willing to act for you

# 3

S T E P

## Talk about your health care wishes

Only you should decide how you want to live the last years and months of your life. It is hard to have this discussion, but harder still for your family and friends to make decisions for you without knowing what you want.

Take a step toward peace of mind by beginning the conversation with your agent, your family and close friends. It may be awkward at first — this guide can help you with this conversation.

### Examples to start a conversation

“I’d like to talk with you about how I would like to be cared for if I become unable to speak for myself. Is that OK?”

“As I become older and face more health problems, I am concerned that you don’t know what kind of care I would like. Could we talk about this now? It would make me feel better now, and might help you feel better later.”

“Do you remember what happened to Aunt Mary when she was in the nursing home and couldn’t feed herself? None of us knew what she would have wanted. I don’t want you to have to go through that with me. That’s why I want to talk about this now, while we can.”

Your conversation with your agent is not a one-time event. Your condition and health care needs will change over time and your opinions about your choices may also change. Discuss your wishes about what is important in your life and for your care. Talk about your choices for treatment and for comfort. Help your family and friends deal with tough choices by making your wishes known in advance.

Remember there are no right or wrong answers to this conversation. The most important thing is to share your thoughts, concerns and wishes. Talking about it may be difficult. But the more you share, the more peace of mind you will have.

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# 4 STEP

## **Put your choices in writing**

New York State law is designed to make sure your wishes for care are respected. The New York Health Care Proxy law permits you to name another person to make health care decisions if you are no longer able to make decisions. These decisions apply to all health care treatments including services and procedures to diagnose or treat any physical or mental condition.

Use the Health Care Proxy form attached to this guide to name the person who will serve as your health care agent. Your agent will start making decisions only if your doctors decide you are not able to make health care decisions yourself.

You may include the name of a second person as the alternate agent. If you like, you may also add instructions for your health care agent to help make future health care decisions. Also, if you wish to limit your agent's authority in any way, you should say so here. If you do not state any limitations, your agent will be allowed to make all health care decisions that you could have made, including the decision to consent to or refuse life-sustaining treatment.

It is especially important to discuss and write down your wishes about artificial nutrition (being fed through a tube) and artificial hydration (providing water through a tube). If this is not stated, your agent will not have the authority to make decisions about them.

Talk to your doctor if you have questions about your medical condition and possible treatments. You can make a very specific statement about your care wishes including specific instructions for different situations, or you can simply state:

“I have discussed my wishes and preferences with my health care agent and alternate, and they know my wishes including those about artificial nutrition and hydration.”

When the form is complete, two adults need to sign the form as your witnesses under the note that says you appear to have completed this form willingly. Neither your health care agent nor your alternate can sign as a witness. You do not need a lawyer or notary for your form to be legal.



notes:

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- This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slightly aged or off-white appearance.

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## Filling Out the Proxy Form

**Before you begin:** carefully tear out the proxy form from this booklet.

**Item 1:** Write your name and the name, home address and telephone number of the person you are selecting as your agent.

**Item 2:** If you want to name an alternate agent, write the name, home address and telephone number of the person you are selecting as your alternate agent.

**Item 3:** Your agent's authority will start when you lose capacity and continue until you are once again able to make decisions for yourself, or until you die, unless you write an expiration date or a reason that would change your agent.

**Item 4:** If you have special instructions for your agent, you should write them here.

**Item 5:** You must date and sign the proxy form. If you are unable to sign yourself, you may direct someone else to sign in your presence. Be sure to include your address.

**Item 6:** You may state your wishes or instructions about organ or tissue donation on this form.

**Item 7:** Two witnesses at least 18 years of age must sign your proxy form. The person who is appointed agent, or alternate agent, cannot sign as a witness.

## Instructions For Wallet Card

In case of an emergency this wallet card will tell medical personnel that you have a health care proxy form and how to reach your health care agent. Even if you can not speak for yourself, your health care agent can be contacted and your wishes discussed.

### To use this card:

1. Remove the card from the booklet by carefully tearing on the perforations
2. Fill out the card with the names and information to contact your health care agent and alternate. Be sure to write where you keep a copy of your health care proxy form. Add your doctor's name and location.
3. Keep this card with your insurance card in your wallet.

### In Case Of Emergency:

#### My Information Is:

NAME

ADDRESS

PHONE

#### My Health Care Agent is:

NAME

ADDRESS

PHONE

#### My Health Care Proxy Form is Located at:



# New York Health Care Proxy

**(1)** I, \_\_\_\_\_, hereby appoint:

Agent's Name:

Agent's Home Address:

Agent's Telephone Numbers:

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise.

This proxy shall take effect only when and if I become unable to make my own health care decisions.

**(2) Optional: Alternate**

If the person I appoint is unable, unwilling or unavailable to act as my health care agent, I hereby appoint:

Alternate's Name:

Alternate's Home Address:

Alternate's Telephone Numbers:

**(3)** Unless I revoke it, this proxy shall remain in effect indefinitely or until the date or condition I have stated below. (Optional: If you want this proxy to expire, state the date or conditions here.) This proxy will expire **(specify date or conditions):**

**(4) Optional Instructions:** I direct my agent to make health decisions in accordance with my wishes and limitations as stated below, or as he or she otherwise knows. **(attach additional pages as necessary)**

My agent knows my wishes regarding artificial nutrition and hydration.

**(5) Your Identification (please print)**

Your Name:	
Your Signature:	Date:
Your Address:	

**(6) Optional: Organ and/or Tissue Donation**

Upon my death, I wish to donate my organs, tissues or body parts:  
(check any that apply and note limitations)

\_\_\_\_\_ Any needed organs and/or tissues

\_\_\_\_\_ Only the following organs and/or tissues:

My donation is for the following:

_____transplant	_____therapy	_____research	_____education	_____any use
Your Signature:				Date:

**(7) Statement by Witnesses** (Witnesses must be 18 years of age or older and cannot be the health care agent or alternate.)

I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Name of Witness 1 (please print):	Date:
Signature:	
Address:	

Name of Witness 2 (please print):	Date:
Signature:	
Address :	



**For more information about  
Sharing Your Wishes™ or  
a free family consultation  
call (716) 686-8070 or  
email [info@palliativecare.org](mailto:info@palliativecare.org).**



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THE CENTER FOR  
**HOSPICE &  
PALLIATIVE CARE**

Our mission is to provide  
care, support, advocacy  
and education to  
people in Erie County  
impacted by  
serious illness and loss.

**My Alternate Health  
Care Agent is:**

NAME

ADDRESS

PHONE

**My Doctor is:**

NAME

ADDRESS

PHONE

**"Sharing Your Wishes"**



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