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Advance Care Planning Information: General Guide

Advance Care Planning
Knowing your voice is heard when making decisions about health care is important. Advance Care Planning is the process of preparing for a time when you may not be able to make your own medical decisions. The best time to make these decisions is when you are able to make your own choices.

Health Care Agent
Discussing and sharing your wishes with your loved ones, health care team and health care agent is important. A health care agent makes health care decisions based on your wishes if you are unable to communicate.

Health Care Directive
By writing a Health Care Directive, you can make your voice heard so your wishes are followed. A Health Care Directive is a written plan outlining your values and priorities for your future medical treatment.

The process of advance care planning (ACP) involves conversations throughout life about your values, beliefs and goals for future health care. ACP conversations focus on your health care goals and what is important to you.

- As you get older, goals, values and priorities often change. Your health status may change, too. Revisiting your decisions and plans regularly is important.
- Give yourself and others peace of mind. Plan ahead while you are able.

Documenting your wishes in a Health Care Directive is important. The document outlines your values and priorities for future medical treatment and can identify your health care agent. A Health Care Directive limits confusion and helps everyone prepare for the unexpected.

Getting started

Start by thinking about what is most important to you. Talk with your loved ones to share your thoughts. Even if you feel close to loved ones, they may not know what you would want unless you tell them. The goal of ACP is to help others understand what health care choices you would make if you could not communicate.

Choosing a health care agent

Choosing a health care agent is key to planning ahead. Your health care agent is the person who will speak for you if you are unable to make decisions for yourself. To choose the best person to be your health care agent, ask yourself:

- Do I trust this person to be able to make tough decisions?
- Will this person honor my wishes even if he or she does not agree with my wishes?
- Can this person make important decisions under stressful situations?
- Can this person stand up for me even if family members or others disagree?
- Is this person likely to be available in case of an emergency?

Completing a Health Care Directive

Do I need a lawyer to complete my Health Care Directive?
No, as long as you meet these legal requirements:

- You must be at least 18 years old, and able to understand and communicate your wishes
- Your directive must be in writing, state your full name, be signed by you and dated
- Your directive must list 1 or both of the following: a named health care agent, and health care or treatment instructions
- In Minnesota, your signature on your directive must be witnessed by 2 adults or a notary public
  - » Neither of the 2 adults can be your agent. Only 1 of the adults can work for your health care organization.
  - » Witness requirements vary state to state. If you complete a directive in another state, check the state requirements.

When is my Health Care Directive used?
As long as you can make your own choices, you control your own medical care.

If you cannot make choices for yourself, your health care team will follow your wishes as described in your Health Care Directive and as your health care agent directs. Be sure to give copies of your Health Care Directive to your health care team and your health care agent.

Will my Health Care Directive be valid in other states?
Every state has its own requirements for a Health Care Directive. Many states honor a Health Care Directive created in another state.

Keep a copy of your Health Care Directive with you when you travel. If you spend a lot of time in another state, check on that state's requirements for a Health Care Directive.

Where can I find a Health Care Directive form?
You can get a Health Care Directive form by:

- Asking your health care team
- Calling Honoring Choices at **612-362-3704**
- Visiting **HonoringChoices.org**

Many people easily complete the Health Care Directive on their own. If you want help completing the form, talk to your health care team or contact Honoring Choices. Specially trained advance care planning facilitators are available to help you.

Where should I keep my completed Health Care Directive?
Keep your signed and completed original Health Care Directive in a safe, easily available place at home. Give copies to your:

- Health care agent
- Family members or other loved ones who are likely to be involved in your health care
- Primary care clinician or health care team
- Local hospital

Learn more with advance care planning resources

Many resources to support ACP are available. Various websites offer recommended books and articles, tips to start conversations with loved ones and more. Websites to visit include:

- **Your primary care clinic or health care organization**
  Search for "Advance Care Planning"
  Many clinics and health care organizations offer classes or appointments to learn more about ACP.
- **Honoring Choices**
  HonoringChoices.org
  - » Speakers are available to give free presentations to groups on ACP
  - » ACP facilitators are available to provide free one-on-one sessions to help with ACP

For more information about advance care planning or for help creating a Health Care Directive, contact your health care team or Honoring Choices Minnesota.

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Advance Care Planning Information:

Health Care Agent

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Choosing a health care agent

Your health care agent should be someone you know well and trust to follow your wishes about future health care. Ideally, choose 1 health care agent and 1 or 2 backup (alternate) health care agents. A health care agent also is known as *power-of-attorney for health care, substitute decision-maker, proxy* or *surrogate.*

How do I choose the right person?

Before naming a health care agent, talk with this person to be sure he or she would be a good agent for you. The person should be able to answer "Yes" to these questions:

- Are you willing to take on this role and responsibility?
- Do you understand my wishes for future health care?
- Can you make the decisions I would want to make, even if you disagree?
- Can you make important health care decisions under stressful situations?

If the person you are considering to be your health care agent answers "No" to any of these questions, talk about your concerns with the person and find someone else. Keep in mind your health care agent cannot be your doctor or another member of your health care team, unless:

- Your doctor or health care team member is a family member
  or
- You give reasons for choosing this person in your Health Care Directive

When is my health care agent called on to help?

Your health care team may call on your chosen health care agent to make health care decisions any time you are unable to communicate. Such times may occur with end-of-life care or if you have an accident or severe illness. Your health care agent helps make sure your health care team follows what you specify in your Health Care Directive.

What types of decisions might my health care agent need to make?

A health care agent may need to interpret your wishes to make decisions about:

- Medical care or services, such as tests, medications and surgery
- Stopping treatment
- Reviewing and releasing medical records
- Choosing health professionals and organizations to provide care
- Moving you to another location for care

When you choose your health care agent, share the information on the other side with your agent.

Being chosen as a health care agent

You have been chosen by _____ to be a health care agent.

How can I prepare to be a health care agent?

Talk to the person who chose you as an agent while the person is able to make his or her own choices. Understand the person's wishes for future health care. Be sure to talk about medical decisions that may come at the end of life. You may need to talk from time to time to see if his or her choices have changed.

How can I best interpret the person's wishes?

Understand what are general wishes. Sometimes people make general statements about what they would want in certain situations. For example:

- "I want to die with dignity."
- "Don't keep me alive with machines."
- "Just keep me comfortable."

These kinds of statements mean different things to different people. Ask the person who chose you as an health care agent to tell you in detail what he or she means.

Understand what are specific wishes. Some people want their health care agent to follow their stated wishes exactly. Other people want their agent to have leeway in making decisions. Find out what the person who chose you to be his or her health care agent is thinking. Ask:

- "Is following your instructions just as written most important?"
  or
- "Should I consider your instructions along with other information and do what seems best at the time?"

Talk about the wishes. Go with the person to medical appointments when possible. You and the clinician can get to know each other. Ask questions about the person's health condition and choices about his or her care.

Consider talking to other professionals who help people make health care decisions such as:

- Advance care planning facilitators
- Social workers
- Religious and spiritual leaders

Talking about a person's wishes for future health care may be uncomfortable. But the more you understand and clarify what someone wants, the more confident you will feel to honor his or her wishes as a health care agent.

For more information about advance care planning or for help creating a Health Care Directive, contact your health care team or Honoring Choices Minnesota.

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Advance Care Planning Information:

Cardiopulmonary Resuscitation

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What is cardiopulmonary resuscitation?

Cardiopulmonary resuscitation is a emergency procedure commonly known as *CPR.* CPR can be used to try to restart a person's heart beat or breathing. Cardio means *heart*, pulmonary means *lungs* and resuscitation means *to revive.*

Understanding CPR is an important part of advance care planning. The following information can help you decide if you would want CPR.

How is CPR done?

CPR involves pressing repeatedly on a person's chest and forcing air through his or her mouth. Sometimes, emergency medical responders use an electronic device called an *automated external defibrillator (AED).* The AED can check a person's condition and, if needed, deliver electric shocks to the person's chest. The electric shocks can help correct the person's heartbeat. The responders may give medicine, too.

Emergency medical responders doing CPR also place a tube down the person's throat to help with breathing. At the hospital, this tube can be connected to a breathing machine (ventilator) to breathe for the person.

How effective is CPR?

How well CPR works depends on your age, your health and how quickly the CPR is given. The younger and healthier you are, the better your chances are that CPR can be effective for you.

If not started quickly, CPR usually does not work. CPR also does not work as well for people who:

- Have medical conditions that have damaged any organs, including the heart, lungs, kidneys and brain
- Are nearing the end of their lives

CPR causes chest soreness, and may break ribs and damage the lungs. People who are successfully revived by CPR go to the Intensive Care Unit at the hospital. Most people need to go on a ventilator.

Even if CPR successfully restarts a person's heart, CPR does not:

- Fix or improve the reason that caused the person's heart to stop beating
- Mean a person will fully recover

The lack of blood to the brain (due to the lack of heart beat) can cause brain damage in only a few minutes.

Will CPR work for me?

Talk to your clinician about how well CPR would work for you. The success of CPR depends on your age and any health problems you have.

What if I choose to not have CPR?

You will still get other medical care you need. Other treatments can keep you comfortable, manage pain, and control symptoms so you can live as well and as long as is possible for your health status.

How do I decide what is best for me?

Talk with your clinician and your loved ones about your medical and personal goals and values. Some questions to consider are:

- What is the likely success of CPR for me?
- Am I likely to survive and recover after CPR to a health status I would want?
- How will having CPR affect my comfort, health and quality of life?
- How might any spiritual, cultural or personal beliefs affect my decision?

What should I do after I decide?

Let loved ones know your decision about CPR so they can honor your choice. Be sure to document your choice about CPR in a Health Care Directive.

Also talk about your decision with your doctor and health care team. Your health care provider may recommend medical orders called *POLST* (*Provider Orders for Life-Sustaining Treatment*) that document your choice about CPR and other health care wishes.

A POLST provides specific instructions for emergency medical responders and other health care providers. A POLST form is not a replacement for a Health Care Directive and does not name a health care agent.

Remember, your goals, values and priorities may change. Your health status may change, too. Revisit your decision about CPR regularly as you get older or if your health changes.

For more information about advance care planning or for help creating a Health Care Directive, contact your health care team or Honoring Choices Minnesota.

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Advance Care Planning Information:

Help with Breathing

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What does help with breathing mean?

A physical condition or illness may make breathing on your own difficult, painful or impossible. If you have a breathing problem, choices are available to help including:

- Taking medicine
- Inhaling oxygen through a tube in your nose or mask over your mouth
- Using a bi-level positive airway pressure (BiPAP) machine that can help you breathe
- Being put on a ventilator, a machine that breathes for you

Deciding while you are able to make your own choices if you would want help with your breathing is important in advance care planning. The following information can help you decide if you would want help with your breathing.

How does a ventilator work?

A ventilator is a machine that pushes a mixture of air and oxygen in and out of your lungs to breathe for you. The machine connects to a tube that goes through your mouth and down your windpipe at the back of your throat.

Inserting this tube down your windpipe is called intubation. When the tube is in place, you cannot talk or swallow. You will receive medicine to help stay calm when the tube is in place.

Being on a ventilator requires care in the Intensive Care Unit at the hospital.

How does a BiPAP machine work?

A BiPAP machine pushes a mixture of air and oxygen into your lungs through a tight-fitting mask over your mouth. The mask may be uncomfortable and make talking difficult. You may receive medicine to help stay calm when wearing the mask.

Because you do not have a tube guiding the oxygen directly to your windpipe, sometimes the oxygen can go into your stomach. Oxygen in your stomach can cause discomfort.

How effective is a ventilator or BiPAP?

- A ventilator and BiPAP work best if you:
  - » Have a breathing problem that can be cured
  - » Need help with breathing for a short time while recovering from surgery or a sudden illness
- A ventilator or BiPAP machine will not work as well if your:
  - » Illness can not be cured
  - » Body is not able to tolerate the high-pressure flow of the oxygen in and out of your lungs

Will a ventilator or BiPAP work for me?

Talk to your clinician about how well a ventilator or BiPAP would work for you. If you choose to have a machine help you breathe, your clinician will advise you about which option will likely work best for you.

What if I do not want a ventilator or BiPAP?

If you are not able to breathe on your own and decide you do not want a ventilator or to use a BiPAP machine, you will die naturally. If this is your choice, you will still get other medical care you need. Other treatments can keep you comfortable, manage pain, and control symptoms so you can live as well and as long as is possible for your health status.

How do I decide what is best for me?

Talk with your clinician and your loved ones about your medical and personal goals and values. Consider the quality of life you may have using the machines. Ask yourself what you would want to do if:

- The ventilator or BiPAP machine does not work for you
- Your health worsens
- You can no longer make your own decisions

What should I do after I decide?

Let loved ones know your decision about help with breathing so they can honor your choice. Be sure to document your choice about help with breathing in a Health Care Directive.

Also talk about your decision with your doctor and health care team. Your health care provider may recommend medical orders called POLST (Provider Orders for Life-Sustaining Treatment) that document your choice about help with breathing and other health care wishes.

A POLST provides specific instructions for emergency medical responders and other health care providers. A POLST form is not a replacement for a Health Care Directive and does not name a health care agent.

Remember, your goals, values and priorities may change. Your health status may change, too. Revisit your decision about help with breathing regularly as you get older or if your health changes.

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Advance Care Planning Information:

Artificial Hydration and Nutrition

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What is artificial hydration and nutrition?

Artificial hydration and nutrition (AHN) is a treatment to provide fluids and food when you have difficulty swallowing or are too sick to eat on your own. AHN also is known as *tube feeding.*

Deciding while you are able to make your own choices if you would want AHN if you are not able to swallow or eat on your own is important in advance care planning. The following information can help you decide if you would want AHN.

How is AHN done?

AHN involves providing fluids and liquid food directly to your stomach through a tube. The type of tube used depends on if you need AHN for:

- A few days: You use a nasogastric (NG) tube. The tube is inserted through your nose to your stomach.
- More than a week: You use a percutaneous endoscopic gastrostomy (PEG) tube. The doctor makes a small cut in your skin to place the tube into your stomach.

How effective is AHN?

- How well AHN works depends in part on your medical condition. AHN may:
  - » Relieve pain with eating if you have a mouth or throat problem that is likely to improve
  - » Help if you have difficulty swallowing due to a nerve or brain disorder, injury or disability
- AHN may not prolong life and might cause harm if near the end of life or in late stages of dementia. At the end of life, people normally stop eating because the body becomes unable to use food. At this stage, AHN:
  - » Does **not** reverse the process of dying
  - » Does **not** prevent pneumonia or other infection (Problems with swallowing can cause dry mouth or increase saliva in the mouth. A buildup of saliva can cause infection if breathed into the lungs.)
- Risks of AHN include:
  - » Problems after surgery, such as bleeding, infection and pain
  - » Irritation around the tube
  - » Repeated hospitalizations if the tube becomes blocked or comes out
  - » Stomach pain, diarrhea, swelling in the legs and difficulty breathing if fluids build up

Will AHN work for me?

Talk to your clinician about how well AHN would work for you. If you choose to use a feeding tube, your clinician will talk to you about which tube will likely work best for you.

What if I choose to not have AHN?

If you can swallow, you will be fed carefully with a spoon. If you cannot swallow, moist swabs will be used to help if dry mouth occurs. Most people near death do not feel hunger or thirst.

You also will still get other medical care you need. Other treatments can keep you comfortable, manage pain and control symptoms so you can live as well and as long as is possible for your health status.

How do I decide what is best for me?

Talk with your clinician and your loved ones about your medical and personal goals and values. Some questions to consider are:

- Will my illness improve or worsen?
- Is my illness curable?
- At what stage of illness would I still want or no longer want AHN?
- Will AHN change the outcome of my condition?
- How will AHN affect my comfort and quality of life?

What should I do after I decide?

Let loved ones know your decision about AHN so they can honor your choice. Be sure to document your choice about AHN in a Health Care Directive.

Also talk about your decision with your doctor and health care team. Your health care provider may recommend medical orders called *POLST* (*Provider Orders for Life-Sustaining Treatment*) that document your choice about AHN and other health care wishes.

A POLST provides specific instructions for emergency medical responders and other health care providers. A POLST form is not a replacement for a Health Care Directive and does not name a health care agent.

Remember, your goals, values and priorities may change. Your health status may change, too. Revisit your decision about AHN regularly as you get older or if your health changes.

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Advance Care Planning Information: Terms to Know

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Antibiotics
Medicines used to treat infections caused by bacteria.

Artificial hydration and nutrition*
Using IVs or inserting tubes into your mouth, nose or stomach to provide fluids and nutrients if you are not able to eat or drink.

Cardiopulmonary resuscitation (CPR)*
Cardiopulmonary resuscitation is a emergency procedure commonly known as *CPR.* CPR involves pressing repeatedly on a person's chest and forcing air through his or her mouth. CPR also may include giving medicine, using special equipment to give electrical shocks to the heart and placing a tube down the throat to help with breathing.

Code status
Refers to terms clinicians use to describe procedures that may be done if a person's heart and lungs stop working.

- *Full code* means use CPR.
- *DNAR,* or *Do not attempt resuscitation* means do not use CPR. DNAR, however, does include comfort care. DNAR also is known as *allow natural death (AND).* Some hospitals use *DNR,* or *Do not resuscitate.*

Comfort care
Medical care and treatment, including oxygen and medicine, for immediate relief of pain and symptoms. Comfort care does not include ventilator support, artificial hydration and nutrition, or re-hospitalization. Usually, comfort care is provided at a community care setting or home rather than at the hospital.

Dialysis
A process using a machine to clean your blood if your kidneys are not working normally. Healthy kidneys help your body get rid of waste products and extra fluid in your blood.

Hospice
Comfort care that focuses on promoting quality of life when a person is near the end of life. Hospice offers relief from the physical, emotional, and spiritual pain that often comes with a terminal illness.

Intravenous (IV) line
A narrow, flexible plastic tube placed in a vein using a needle. An IV is a way to give fluids, medicine and blood.

Palliative care

Includes comfort care to relieve pain, manage symptoms and provide support for making medical decisions. Palliative care also provides emotional and spiritual support. Can be helpful with any medical treatment, not just for end-of-life or hospice care.

Provider Orders for Life-Sustaining Treatment (POLST)

A POLST is a medical order your health care provider may recommend to document your health care wishes. A POLST provides specific instructions for emergency medical responders and other health care providers. A POLST form is not a replacement for a Health Care Directive and does not name a health care agent.

Ventilator*

Machine that pushes a mixture of air and oxygen in and out of your lungs to breathe for you. The machine connects to a tube that goes through your mouth and down your windpipe at the back of your throat.

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******Additional information available from Honoring Choices Minnesota.*

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Completing your Honoring Choices Health Care Directive

Completing a directive is a very good thing for all adults to do. The form should be filled out after time spent thinking and talking with loved ones about your values and goals related to your future health care needs. Your directive should be detailed enough to allow people reading it to feel confident they can make decisions that would align with what you would say, if you were able to be a part of the conversation.

If you are in a situation where you cannot communicate, there will still be decisions that need to be made. If you have not talked with those closest to you about what you would want done, they will have to guess, and that is difficult.

We can't do what you want
if we don't know what that is.

For that reason it is important that all adults have Advance Care Planning conversations, and ideally write down their goals, values and preferences in a Health Care Directive. This document is your voice – so that in a situation where you are not able to communicate, you can still have a say in the decisions being made.

General notes:

- Write your name and the date on the bottom of every page just in case the pages become separated – that way it is an easy task to put all pages back in order.
- If you have instructions that are longer than the directive allows space for, you may attach additional pages, If you do this, indicate it by initialling one of several boxes throughout the directive (on page 4, 5, or 6).
- This is a "living document" meaning you should review and revise it periodically throughout your lifetime. Life circumstances change, and it's important that your directive stays up-to-date.

Page 1:


Honoring Choices MINNESOTA

Health Care Directive English

Introduction

Part 1: My Health Care Agent

This is the page to identify yourself and your Agent(s). Please be sure to write legibly.

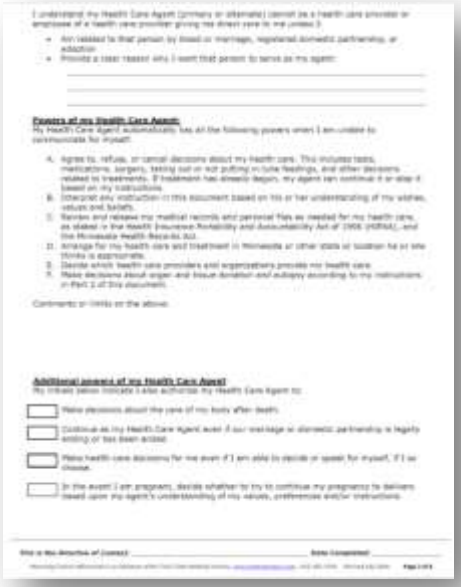
It is recommended that you choose one primary Agent, and you may name as many secondary Agents as you like. If you cannot choose between two people and want both as your Agent, one simple distinction might be to select the one that lives closest as your primary Agent and the other as a secondary Agent, and include a written note that you expect both your Agent and secondary Agent to work together to make decisions. Legally, you may name more than one Agent but it is highly recommended that you select one person to be the primary person for discussion and decision-making.

Remember that the first person you think of may or may not be the best person for this role. We recommend you read the Information Sheet on the Role of the Agent, available on the Honoring Choices website. And remember to **talk with the person you are asking to be your Agent**, to be sure they understand the role and are willing to accept it.

Additional notes on page 1:

1. The box referencing a "professional medical interpreter" is only checked if a language interpreter assists you with this form.
2. This directive is not meant for use for people who have a mental health diagnosis in which invasive treatments are used in treatment. There is a Minnesota Psychiatric Health Care Directive available for people in that situation; a link to this form is available on our website or you can request a copy from your mental health care provider.

Page 2:

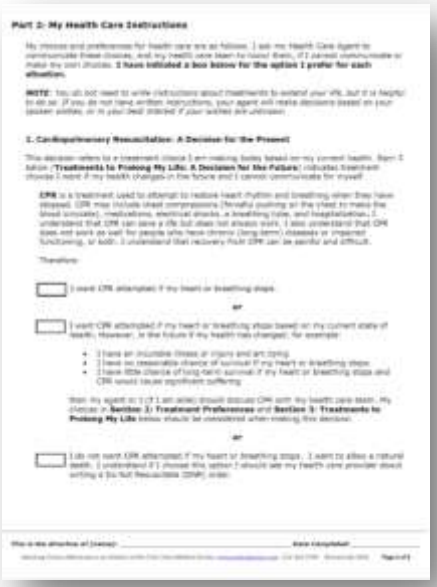

Powers of my Health Care Agent:

Additional powers of my Health Care Agent

This page outlines the legal rights and responsibilities of your Agent, as set by the Minnesota Legislature. You are allowed to change these responsibilities in your directive – you many use the blank space provided to describe your exact wishes.

Possible additional powers or your Agent are listed on the bottom of page 2. Please initial the boxes next to the statements you agree with to help your caregivers understand the scope of your Agent's role. You may leave them blank if you so wish.

Page 3:



Here we ask you to start thinking about healthcare goals and values. Question 1, **A Decision for the Present**, is focused on your choices if something were to happen to you right now – in your current state of health. Accidents can happen to any of us at any time, and sudden illnesses can strike.

One way some people find helpful to think about it is "if you were in an accident today which caused your heart to stop beating, and/or caused you to stop breathing, what would you want?"

Page 4:

This page takes you further into thinking about healthcare choices. Question 2 offers you the chance to write in any directions or information that is important to you based on your healthcare, history, or other reasons. You do not have to write anything here if nothing comes to mind.

Examples of things some people have written here include preferences about pain medication related to level of awareness, interest in alternative therapies, time limits on treatment trials (please be specific), etc.

Question 3 is similar to question 1 on page 3, in that it asks you to consider life-sustaining treatment choices. The difference is in this question you are asked to imaging a future scenario where you may be elderly and frail, or where you may be diagnosed with a chronic or life-threatening disease.

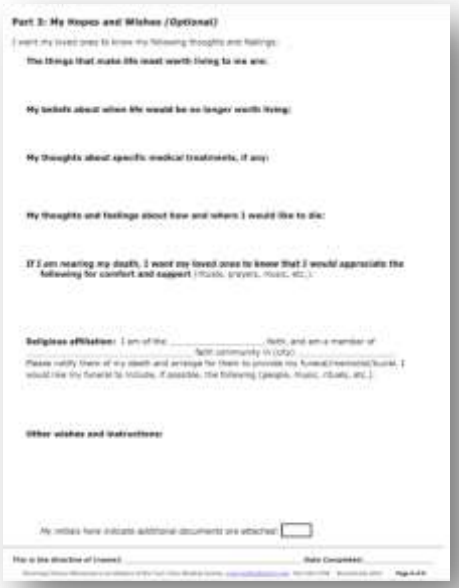
Please note that efforts to keep you comfortable, which include some types of medication, as well as food and liquid offered by mouth, are offered to all patients. If you do not want these comfort measures, you should describe your preferences here.

Page 5:

This page focuses on what happens after you die. You are asked for your thoughts on organ donation and autopsy. There is blank space left for you to add any additional information you would like to. Some things that people include on this page:

- Preferences on hospice care options
- Preferences regarding burial, cremation, or other options (note there is a space to describe preferences on funerals, memorial services, or other arrangements on page 6)
- Donation of your entire body to science (note this MUST be arranged ahead of time with the recipient organization – your directive alone cannot arrange for this type of whole-body donation)
- Contact information and other details about any pre-arranged plans you have put in place.

Page 6:



Though this page says "Optional" at the top, it is the page that can give the most information to your family, friends, and healthcare team about your personal preferences, values, and choices. We strongly encourage you to answer the questions thoughtfully and thoroughly.

Some examples of things people have included on this page:

- Play list of music they would like played in their room
- Requests that loved ones keep them "looking nice" with combed hair and clean linens
- Requests for visits from pets
- Instructions about wanting or not wanting prayers, spiritual rituals, or other faith-related traditions
- Notes about who to notify (faith leaders, specific friends, extended family members, etc) and who to not notify (it is acceptable to indicate your feelings of what you do not want to happen in your final days)
- Information about memorial services including music, readings, guests, food and beverage, location, and other details
- Personal messages to family/loved ones (for example "please surround my bed and share stories and memories, and laugh together at the joy we have shared." or "It's important to me that you all get along, so if you find yourself arguing about my care, take some time to calm down and start again.")

Page 7:

This page turns your directive into a legal document. You must sign and date it (or authorize another to sign for you if you are unable to sign yourself).

Then, either have your directive notarized **or** have it signed by two adult witnesses (neither of whom can be your Agent or secondary Agent, and only one of whom can be an employee of your healthcare provider.) You do not need both witnesses and a notary.

Page 8:

This page offers helpful information on what to do after your directive is complete. Keep the **original** yourself, in a safe but accessible place (not your safe deposit box or on file with your attorney, though you could put *copies* in both those places.). Read the "Five Ds" and remember to revisit your directive over time.

You should give copies to people who will be involved in your future health care:

- Your Agent, as well as your secondary Agent(s)
- Your primary care provider
- Your local hospital (even if you have never been a patient there, they will accept your directive and start a medical file for you so that, if you ever are admitted, it will be on file)

Additionally, some people choose to give copies to:

- Close family members and friends who are not the chosen Agent, but will likely be involved in your care – this avoids surprises later on, and allows them to be aware of your choices in order to support your Agent
- Personal attorney to have on file with copies of your will or other legal documents
- Faith Leader, especially if you have included a request for that leader to be involved in your care and/or to lead a memorial service

Questions? Contact Honoring Choices Minnesota at info@HonoringChoices.org or 612-362-3705