

# Your ADVANCE HEALTH CARE DIRECTIVE

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## Your HEALTH Your FUTURE

*This is a gift to your family and friends so that they won't have to guess if you are no longer able to speak for yourself.*



### Why do I need an Advance Health Care Directive?

- Medical technology makes it possible for a person with little or NO hope of recovery to be kept alive for months or years.
- NOW is the time to tell the people in your life what is important to you.
- If you don't have an Advance Healthcare Directive, and even one person interested in your care disagrees, your doctor may not be able to honor your wishes for end-of-life care.

### What should be in my Advance Health Care Directive?

- Whether or not to prolong your life as long as possible within the limits of health care standards.
- Your wishes and instructions whether or not you would like machines to breathe for you or feed you through a tube.
- Wishes to have pain and discomfort alleviated.

### Who do I use to speak on my behalf (as my Agent)?

- The person(s) that you designate as your Agent has the right to accept or refuse ANY kind of medical care, testing and/or access to any medical records.
- This person can be a spouse, family member, trusted friend or clergy member.
- The Agent cannot be an owner or employee of a health care facility where you are receiving care unless they are related to you.

### What are your wishes for comfort care?

- You can indicate if you would like medicine for pain or discomfort.
- You can designate where you would like to spend your last days (for example, home, hospital, or hospice) and give spiritual, ethical or religious instructions.

### How can I ensure that my advance directive is honored?

Share copies and talk with people who will be involved in your care. Ask your doctor to make your advance directive part of your medical records.

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## Instructions for Advance Health Care Directives

(In accordance with the Uniform Health Care Decisions Act)

You may add information or make any changes you wish to this form, or use another form. If specific areas are left blank we will assume that your agent is aware of your wishes and will therefore represent you in any situation. If you need additional assistance please contact numbers included below. You do not need an attorney to complete this form.

### PART 1: Individual Instructions

Give instructions to your family, friends and doctors about any aspect of your health care. Check only boxes in each category that you agree with and cross out those that do not apply.

### PART 2: Health Care Power of Attorney

Select one or more persons to be your agent and to make health care decisions should you become unable to make them yourself.

### PART 3: For the Advance Health Care Directive to be valid you must sign it:

- **Before two adult witnesses who are personally known to you and who are present when you sign. These witnesses must sign and date the document.**  
They cannot be health care providers, employees of a health care facility, or the person you choose as an agent. One of the two persons cannot be related to you or have inheritance rights.
- OR
- **Before a notary public in the state**  
If you do not have two witnesses, your Advance Health Care Directive must be notarized.

You have the right to revoke or change your Advance Health Care Directive at any time.  
(Be sure to tell your agent and doctor if changes are made.)

### Who can help me complete my Advance Health Care Directive?

- Talk to your health care provider
- Legal Aid Society – Oahu (808) 536-4302 or Neighbor Islands 1-800-499-4302 or [www.legalaidhawaii.org](http://www.legalaidhawaii.org)
- University of Hawaii Elder Law Program for legal issues or concerns - (808) 956-6544 or [www.hawaii.edu/uhelp](http://www.hawaii.edu/uhelp)
- Kauai: Senior Law Program - (808) 246-8868 or [www.seniorslawprogram.org](http://www.seniorslawprogram.org)

### Additional Information and Resources:

- Executive Office on Aging, State of Hawaii for general information - (808) 586-0100
- Kokua Mau Hawaii's Hospice and Palliative Care Organization – (808) 585-9977 or [www.kokuamau.org](http://www.kokuamau.org)

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