

Advance Directives

Making Empowered Decisions



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TABLE OF CONTENTS

Advance Directives Planning and Empowerment.....	1
Advance Directives Basics	2
Living Will	3
Durable Medical Power of Attorney.....	4
Planning Empowers You.....	7
Resources, Notes.....	8



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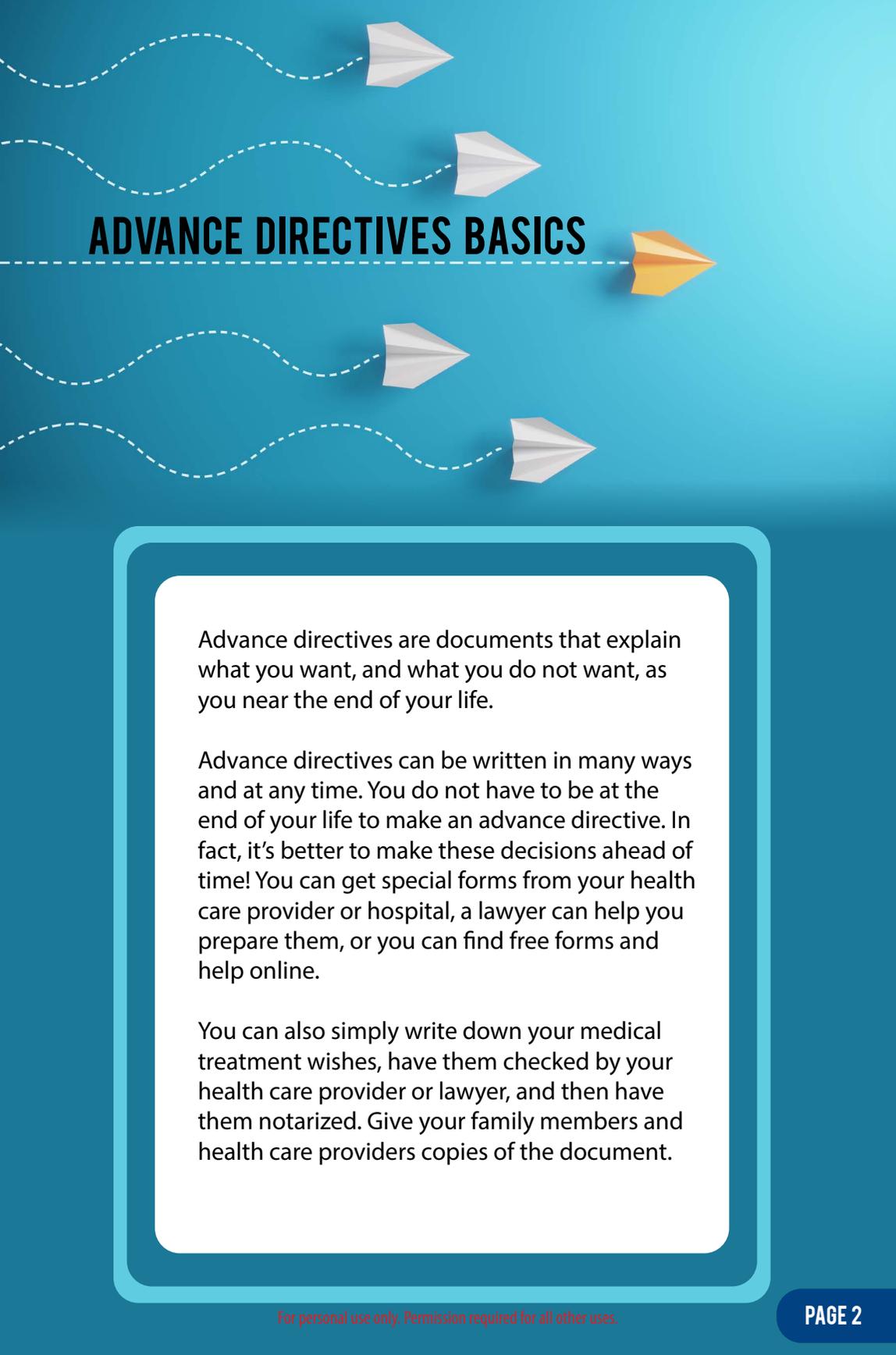
ADVANCE DIRECTIVES PLANNING ^{AND} EMPOWERMENT

The idea of “living” has different meaning depending on who you ask. Some people believe that living is being active and doing things they enjoy. For others, living means their heart is still beating, and their quality of life is not as important. What do you believe living is?

As you reflect on that question, think about what your wishes might be if you were in a position where you can’t speak for yourself. Would you want to be on life support machines even if you may never “wake up” from a coma? Or are your quality of life and ability to do activities more important to you?

There are no right or wrong answers to these questions, but it is important your family or close friends are aware of your beliefs and wishes. Having your instructions in writing, called an advance directive, ensures that your wishes will be carried out if you are very sick or unable to speak for yourself about your medical care.



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ADVANCE DIRECTIVES BASICS

Advance directives are documents that explain what you want, and what you do not want, as you near the end of your life.

Advance directives can be written in many ways and at any time. You do not have to be at the end of your life to make an advance directive. In fact, it's better to make these decisions ahead of time! You can get special forms from your health care provider or hospital, a lawyer can help you prepare them, or you can find free forms and help online.

You can also simply write down your medical treatment wishes, have them checked by your health care provider or lawyer, and then have them notarized. Give your family members and health care providers copies of the document.

LIVING WILL

Advance directives include documents such as:

A Living Will

A living will outlines your wishes about medical procedures that can keep you alive. Listed below are some parts of a living will that you can consider. Write down your thoughts on the lines provided:

1. If you will not “wake up” from a coma or will not be able to use your body, do you want to be kept alive by machines?

2. If you will not “wake up” from a coma, do you want to be fed through a feeding tube? (This is a tube inserted into your stomach that gives you liquid food).

3. When your heart stops and/or your breathing stops, do you want the medical team to perform cardiopulmonary resuscitation (CPR)? CPR is when the medical team tries to restart your heart and/or breathing. You can decide when you do and do not want CPR done.

A living will can be very specific or it can be a broad statement of what you do and do not want. A living will should be a guide to help your family or close friends understand your wishes. They might be asked to make decisions for you if you are unable.

DURABLE MEDICAL POWER OF ATTORNEY

A durable medical power of attorney document allows you to choose a person you trust to make medical decisions for you. The person you choose as your durable medical power of attorney only has the right to make medical decisions for you. They can't make financial decisions.

Common Questions and Concerns About End-of-Life Issues

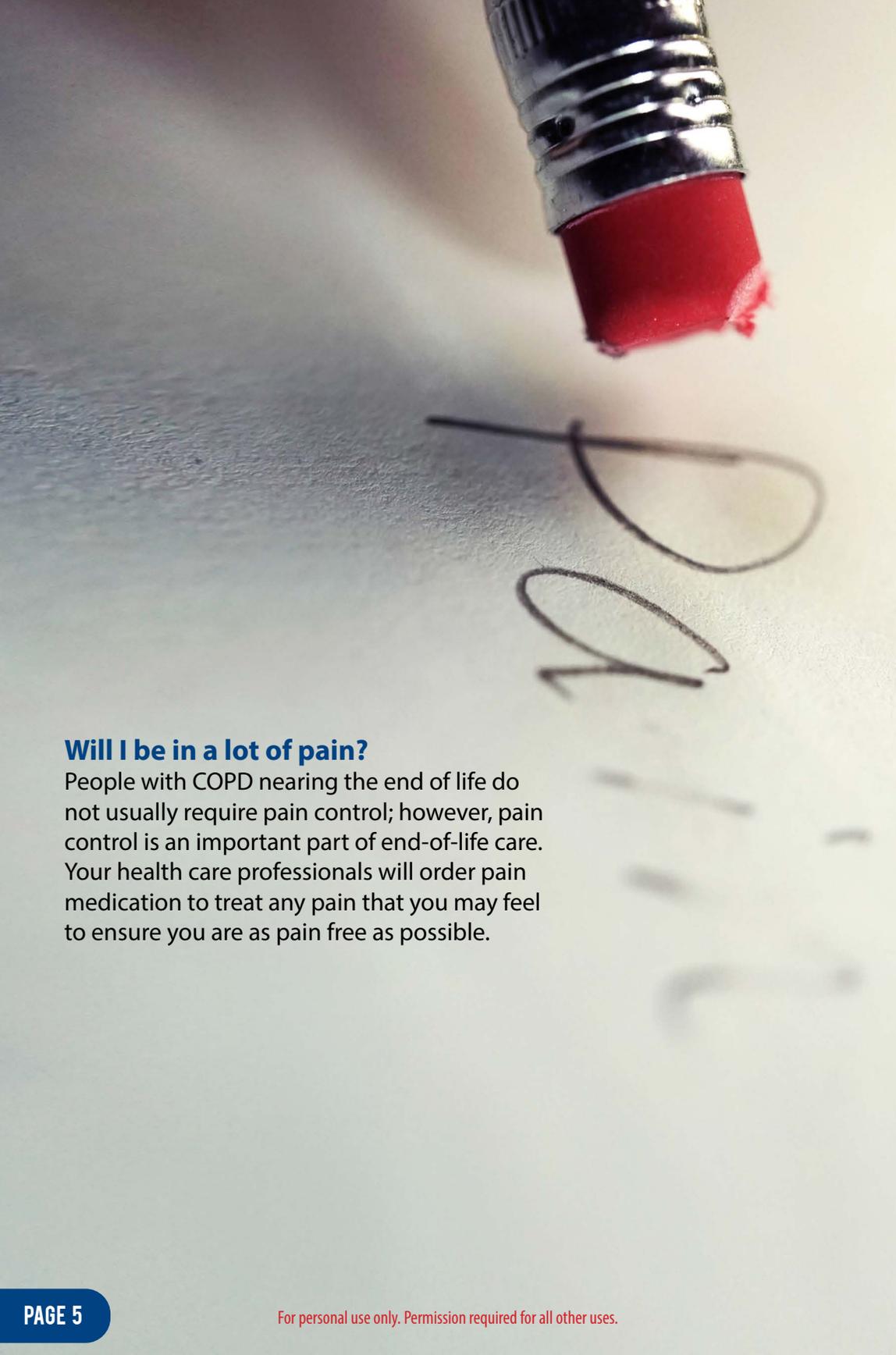
As you begin to think about your advance directives, it is normal to have a lot of questions. You may be wondering how you will feel when you die and what treatment options you'll have until that time.

Let's take a look at some common questions people have when they think about their last days.

Will I feel short of breath?

Many people with chronic obstructive pulmonary disease (COPD) are afraid they will feel breathless at the end of their life. It's important to know that shortness of breath can be treated with oxygen and medications. And sometimes, when your breathing is not as efficient toward the end of your life, you may naturally become sleepy and slip into a coma without any breathlessness. In every situation, your health care team will keep your breathing as comfortable as possible.





Will I be in a lot of pain?

People with COPD nearing the end of life do not usually require pain control; however, pain control is an important part of end-of-life care. Your health care professionals will order pain medication to treat any pain that you may feel to ensure you are as pain free as possible.



Should I consider palliative or hospice care?

There is often confusion about palliative and hospice care and the differences between the two.

Palliative Care

The goal of palliative care is to improve quality of life for the person being cared for and his or her family. People under palliative care do not have to be terminally ill. Palliative care can be given to people at all stages of a chronic disease and is based on their needs at any time.

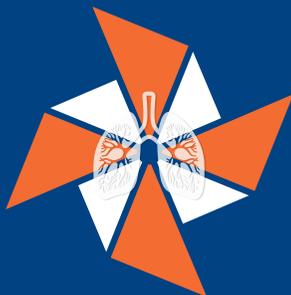
Hospice Care

Hospice care is a type of palliative care. It is available to those who are terminally ill. A hospice nurse will visit you in your home, care facility, or hospital. Hospice care may last for six months or up to 12 months depending on the policies in your area. The goal of hospice is to keep you comfortable and help you and your family to get ready for the time when some treatments may be stopped.

ADVANCE DIRECTIVES PLANNING EMPOWERS YOU

Advance directives empower you to make your own decisions about your life and health. You, and only you, should be the one to decide how to live your life. Advance directives help you have the dignity to live, and die, as you wish. Once your advance directives are complete, you can relax and know that the planning is done. You can forget about it and go on living!





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This guide has been reviewed by members of the
COPD Foundation Guides for Better Living Review Team