

You can get this in other languages, large print, Braille or a format you prefer. You can also ask for an interpreter. This help is free. Call 866-203-3435 or (TTY 800-735-2900 or 711). We accept relay calls.

Puede obtenerlo en otros idiomas, letra grande, Braille o el formato que prefiera. También puede solicitar un intérprete. Llame al servicio de atención al cliente 866-203-3435 o (TTY 800-735-2900 o 711). Aceptamos todas las llamadas de retransmisión.



2300 NW Walnut Blvd., Corvallis, OR 97330  
866-207-3182 (TTY 800-735-2900 or 711)

[samhealthplans.org](http://samhealthplans.org)

Samaritan Health Plans complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866-207-3182 (TTY 800-735-2900 o 711).

163085 0126

## Advance directives

### Your care is your decision



## Healthier Together

A wellness brochure made for members of Samaritan Health Plans.

**Advance directives** are not just for older adults. Unexpected situations can happen at any age, so it is important to have one if you are 18 or older.



## Why create an advance directive?

All adults have the right to make decisions about their care. This includes the right to accept and refuse treatment. One day, an illness or injury could keep you from telling your doctor, family members, or representative about what care you want to receive. An advance directive is a written document that lets you share your wishes for health care if you are not able to speak for yourself.

If you do not have an advance directive, your doctors may ask your family what to do. If they cannot decide, you will get the standard care for your health condition. If you are awake and alert, your doctors will listen to what you want.

Writing down your medical care choices a head of time helps you plan for the care you want. Filling out an advance directive is your choice. Your doctors cannot treat you differently based on whether or not you have an advance directive.

## Types of advance directives

### Advance directive form

This form lets you choose someone you trust to make health care decisions for you. It also explains how you want to be cared for if you cannot make your own medical decisions.

### Living will

This form gives specific directions for your care, like the use of breathing machines, blood transfusions and feeding tubes.

### Medical power of attorney

This form lets you choose someone to make health care decisions for you if you are not able to. You should choose a family member, friend or other trusted person.

### Do not resuscitate and do not intubate orders

A do not resuscitate (DNR) order means you don't want doctors to try to bring you back if your heart or breathing stops. A do not intubate (DNI) order means you don't want to be put on a breathing tube.

### Physician orders for life-sustaining treatment (POLST)

This form is a medical order that tells health care providers what care you want in an emergency if you can't speak for yourself. It is for people who are very sick or near the end of life. A POLST is filled out and signed by your doctor (with your input). It also travels with you even if you change care locations.



## Talk with your loved ones

Talk with your loved ones or someone you trust about what you believe when it comes to life support treatments and care at the end of life. Share the information they need to make decisions for you if you can't. It is important to talk about:

- Would you want doctors to try treatments to keep you alive?
- When would you want those treatments to stop?
- Is being pain-free or staying independent important to you when making decisions about your care?
- Do you have religious, spiritual or moral beliefs that could affect your care?
- Do money concerns affect your choices about medical care?
- Would you want to get fluids through a vein or receive food through a feeding tube?
- Would you want cardiopulmonary resuscitation (CPR) if your breathing or heart stops?
- What would you want done with your body if you die?

## Talk with your doctor

Your doctor can help answer questions you may have about life support treatments and care at the end of life. Ask your doctor what you should know about:

**Cardiopulmonary resuscitation (CPR)** – a technique used in an emergency if your heart or breathing stops.

**Comfort measures** – medical care like pain medicine and oxygen to help keep you comfortable.

**Feeding tube** – a device used to give you food and fluids when you cannot eat or drink.

**Ventilator** – machine that helps you breathe if you cannot breathe on your own.

### Advance directives give you the choice to:

- Accept all treatments.
- Accept treatments recommended by your doctor.
- Accept some treatments and refuse others.
- Refuse all recommended treatments.

You can choose to have pain medication for comfort, even if you refuse other treatments.

## How to get started

You can get information about advance directives from your doctor, local hospital, health plan or an attorney. Advance directives do not expire and remain in effect, unless you decide to change them.

Keep a copy of your advance directive for yourself, and give copies to your loved ones or decision makers, and doctor. They can only follow your instructions if they have them.

## It's your right

Under Oregon law, you have the right to create an advance directive. You also have the right to decide your own health care as long as you are able to — even if you have an advance directive. You can change your mind or cancel your advance directive at anytime.

Because of your moral or religious beliefs, you might have wishes that a doctor or hospital cannot follow. You should talk with them about your advance directive.

If your health care provider does not follow your advance directive, you can file a complaint. The complaint form can be found at [healthoregon.org/hcrqi](http://healthoregon.org/hcrqi).

Send your complaint to:

**Health Care Regulation and Quality Improvement**  
**800 NE Oregon St., Suite 465**  
**Portland, OR 97232**

**Email:** [mailbox.hclc@odhsoha.oregon.gov](mailto:mailbox.hclc@odhsoha.oregon.gov)

**Phone:** 971-673-0540 (TTY 711)

**Fax:** 971-673-0556

## Support is available

There are resources available to you. Some classes and programs may charge a fee that may be covered by your Samaritan health plan. Check your member handbook or call your plan for more information.

### Oregon advance directive form



Scan this code or visit [oregon.gov](http://oregon.gov) and enter "advance directive" in the search bar to find and download the Oregon advance directive form.

### Samaritan Classes and Events

Visit [samhealth.org/events](http://samhealth.org/events)