

2019

COMPASSCARE 7 CHOICES™

HIGHLY CONFIDENTIAL

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CompassCare's 7 Choices™

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Life is all about the choices we make. Although life is unpredictable and many things are ultimately out of our control, CompassCare's *7 Choices™* document is a 'living will' that will allow you to clearly articulate your personal choices regarding your medical and personal needs and desires in the event you are/become seriously ill.

7 Choices™ is designed to prompt serious thought about important decisions that should be very personal, but very often, are made by others in a vacuum. It allows you to choose the person you wish to make medical and financial decisions for you, and it allows you to state how you would like to be treated when, and if, confronted with certain health situations.

7 Choices™ is also intended to spark a conversation regarding a topic often avoided in our culture: end of life wishes. If you are an older adult, it will allow your health care team; your family and your friends to clearly understand how you would like to be treated in the event of serious illness. This will allow all of them to be there for you, as you would like to have them, when you need it most. The difficulty of their decisions regarding your care will be mitigated because they will know your wishes and choices.

CompassCare is a concierge private duty home care company.

Founded by a world-renowned geriatrician and managed by seasoned gerontologists, we offer the highest quality homecare services for older adults. Our clinical leadership has contributed directly to the scientific literature on care for older people and all clients of CompassCare are afforded that expertise in their homes.

*We use evidence and research based interventions along with many decades of practical experience to provide our clients with a strong and nurturing caregiving relationship. *7 Choices™* is only one tool designed by CompassCare to help you and your family really share your personal wishes and desires with your health care team.*

Choice #1 THE INDIVIDUAL I WANT TO MAKE MEDICAL DECISIONS ON MY BEHALF

In the event that I'm not able to make any decisions regarding my medical care, I want to choose someone who will be in charge of making any health care decisions on my behalf. This person is also known as a "Health Care Agent." I trust that this person will respect my choices and will convey my decisions regarding medical care to my medical team. The person that I appoint to be my health care proxy is:

Name: _____

Phone Number: _____

Relationship: _____

Address: _____

In the event that this person is unable or unwilling to make these choices for me, my back up health care proxy is:

Name: _____

Phone Number: _____

Relationship: _____

Address: _____

The following are the limitations, additions or changes to my Health Care Agent's powers:

CHOICE 2 THE INDIVIDUAL I WANT TO MAKE FINANCIAL DECISIONS ON MY BEHALF

In the event that I'm not able to make any decisions regarding my finances, I want to choose someone who will be in charge of making any financial decisions on my behalf. This person is also known as my "Durable Power of Attorney." I trust that this person will respect my choices and will convey my financial decisions to the appropriate parties. The person that I appoint to be my durable power of attorney is:

Name: _____

Phone Number: _____

Relationship: _____

Address: _____

In the event that I'm not able to make any decisions for myself regarding medical or financial care, I DO NOT want the following individuals involved in any way:

Name: _____

Phone Number: _____

Relationship: _____

Name: _____

Phone Number: _____

Relationship: _____

Please list any individuals that you DO NOT want to have visit you when you are ill:

Please describe any other tensions between family or friends that you would like your health care proxy and durable power of attorney to know about so they can help ensure that your decisions and choices are being honored:

CHOICE 3 WHAT QUALITY OF LIFE MEANS TO ME

There are many values that help us define for ourselves the quality of life that we would like to live. We have identified seventeen (17). Please review this list and rank them from 1-17 (where 1 is the most important to you and 17 is the least important to you).

I want ...

- _____ 1. to live as long as possible, regardless of the quality of life that I experience.
- _____ 2. to preserve a certain quality of life, even if this means that I may not live as long.
- _____ 3. to maintain my independence and capacity to think clearly.
- _____ 4. to live at home for as long as possible.
- _____ 5. to live in a senior living environment so I can be with others my age.
- _____ 6. to avoid any kind of pain and suffering.
- _____ 7. to be treated with dignity and respect, even when I cannot speak for myself.
- _____ 8. to be catered to when I am not able to do everything for myself.
- _____ 9. not to be an unnecessary burden on my family.
- _____ 10. to be able to make my own decisions for as long as I am able.
- _____ 11. not to be told what to do.
- _____ 12. to defer difficult choices to others.
- _____ 13. to experience a comfortable dying process.
- _____ 14. to be with my loved ones before I die.
- _____ 15. last rites to be administered to me when I am dying.
- _____ 16. to be treated in accordance with my religious beliefs. I am _____.
- _____ 17. to be treated in accordance with my cultural traditions as a _____.

Other values or clarification of values not listed above that are important to me:

CHOICE 4 MEDICAL INTERVENTIONS

There may be certain medical interventions that you would or would not like to receive when you become ill. Review this list, add to it and initial the medical interventions that are important to you and cross off those that you choose to forgo.

(initial →) _____ I do not want to be in pain. I want my health care professionals to provide me with enough pain relief medication to insure I am pain free, even if it means that I will be less alert than I might otherwise be.

(initial →) _____ I have a DNR (Do Not Resuscitate) order. I understand that this is an order that will instruct my health care providers to not initiate CPR (Cardiopulmonary Resuscitation) if I stop breathing or if my heart stops beating.

(initial →) _____ I do not want to have life support treatment if I am completely paralyzed from the neck down and not expected to recover.

(initial →) _____ I do not want to have life support if I am in a coma and not expected to recover.

(initial →) _____ I do not want to have life support if I have severe and permanent brain damage and not expected to recover.

(initial →) _____ I do not want to have life support if I have terminal, stage 4 metastatic cancers and I am not expected to recover.

(initial →) _____ I do not want to have life support under the following conditions:

(initial →) _____ I want to undergo life support, including, CPR (Cardiopulmonary Resuscitation), if my health care professionals believe that life support could help my condition or symptoms.

(initial →) _____ I want to be placed on a ventilator. If yes, for what period of time and under whose direction and discretion? _____

(initial →) _____ In the event that I am unable to eat on my own, I want to have total feeding through my veins or a tube surgically placed in my stomach. If yes, for what period of time and under whose direction and direction? _____

(initial →) _____ I want to have intravenous medication and hydration administered. I understand that these interventions can be used to alleviate discomfort or pain and I do not want them to be withheld from me if I so request them. If yes, for what period of time and under whose direction and discretion? _____

(initial →) _____ I want to have all medications used for the treatment of my illness continued. I understand that pain medication will continue to be administered, including narcotic medications. If yes, for how long and under whose direction and discretion? _____

(initial →) _____ I want to be placed on a dialysis machine to prolong my life. If yes, for how long and under whose direction and discretion? _____

(initial →) _____ I want to have an autopsy done to determine the cause of my death.

(initial →) _____ I want to contribute my body for medical education and research.

(initial →) _____ I choose to donate my organs for the benefit of helping others.

(initial →) _____ I have preferences regarding where I want and don't want to receive care (i.e. at home, a nursing home or hospital). If yes, please explain:

CHOICE 5 WHAT I WANT TO CONVEY TO MY FAMILY AND FRIENDS

There may be certain statements that you would like to share with your family and friends. Review this list, add to it and check off the statements that you would like to be communicated to those you care about.

- I want the people that are close to me to remember me as the person I was before I became sick.
- I want the people that are close to me to remember me in ways that bring them happiness and to not be ashamed to get help if they have difficulty with my passing.
- I want the people that are close to me to follow through with the final choices that I have made regarding my death, even if these choices don't match their values or beliefs.
- I want the people that are close to me to resolve any issues they may have with each other prior to my death, if possible.
- I want the people that are close to me to know that I harbor no ill-will towards them for any pain they may have caused me in the past.
- I want the people that are close to me to know that I am truly sorry if I have ever caused them any pain.
- I want the people that are close to me to know that I accept the inevitability of death.
- If anyone wants to know how I wish to be remembered, please say the following about me:

- Please list the names of the individuals you want the statements above to be conveyed to:

- I wish to have a memorial service. Here are the specific choices I make regarding aspects of my service:

CHOICE 6 THE TYPES OF COMFORT MEASURES I WANT

There may be certain comfort measures that you would like to have access to when you are ill. Review this list, add to it and check off the comfort measures that you would like your caregivers to provide.

- I want to have the lights dimmed in my room while I am ill.
- I want to have my caregivers and visitors speak in calm voices when they are in my home.
- I want to avoid pain and suffering. I trust that my health care proxy will convey the choices that I've made ahead of time to my medical team.
- I want to be treated with dignity and respect, even when I cannot speak for myself.
- I want to have people from my religious organization visit me and pray with me while I am ill.
- I want aromatherapy oils to be put in a diffuser in my room to help calm me while I am ill.
- I want the temperature in my room to be kept within a comfortable range.
- I want to access fresh air whenever possible.
- I want someone to read me one of my favorite poems/books when I am ill.
- I want my caregivers to make sure that I am bathed and cleaned each day even as my condition progresses.
- I want my caregivers to be respectful of my personal appearance even when I am ill. This may include styling my hair, painting my nails and dressing me in my favorite outfits/colors and applying makeup.
- I want to pass away in a hospital/nursing home.
- I want to pass away in my own home.

Other comfort measures not listed above that are important to me:

CHOICE 7 HOW OTHERS INTERACT WITH ME

Some of your family and friends might struggle with your illness and might not know how you want to be treated. Therefore, it may be helpful to provide them with guidance as to how you would like them to interact with you. Review this list, add to it and check off the statements that you feel are appropriate.

- I want to have visitors stop by and see me every day.
- I do not want to have visitors stopping by to see me every day.
- I want people to be respectful towards me especially when they talk to me. I don't want them to talk down to me.
- I want my family and friends to know that it's ok to talk about happy memories from the past with me.
- I want my family and friends to act normal when they are around me and not be worried that they might say the wrong thing.
- I want to have my loved ones pray with me.
- I want to have my pets with me in my room.
- Other comfort measures not listed above that are important to me:

My CompassCare 7 Choices™

I, _____, ask that my health care providers and my family and friends follow my choices as communicated by my Health Care Agent or as otherwise specified in this document. These directives become effective when I am unable to make decisions or I am unable to speak for myself. These directives supersede any previous advance health care directives I have made before. In the presence of the two witnesses below, I consent to these directives after receiving honest disclosure of their implications, risks and benefits by my physician, free from any constraints, and being of sound mind.

_____ Signature

_____ Printed Full Name

_____ Date

_____ Witness 1 Signature

_____ Witness 1 Printed Name

_____ Date

_____ Witness 2 Signature

_____ Witness 2 Printed Name

_____ Date