This guide is to help you start your own advance care planning. It includes insights, step-by-step instructions, and tips to help you create a plan that aligns with your values, goals, and beliefs. We encourage you to use the space provided to write down your thoughts and share them with your agents, loved ones, and providers.

It is never too early to plan for the future!

At NYU Langone Health, we are committed to delivering quality person-centered care. This includes providing patients and families with opportunities to engage in meaningful conversations about their health. This way they can let us know the type of health care they would want in case an unexpected event or illness left them unable to communicate. Participating in these conversations and documenting their outcomes is a process. This process is known as advance care planning (ACP).

Life can be unpredictable, so ACP is important for everyone. This is regardless of age or current health condition. It is why we designed this guide to help you start your own ACP. It includes insights and step-by-step instructions. It also has tips to help you create a plan that aligns with your values, goals, and beliefs.

Where should I begin?

Take it step by step

Advance care planning is a process. There is no need to do it all at once. Take the time you need to think, talk, and figure out wh(e)ueqks best for you.

Step 1

Consider your wishes for future care

This involves thinking about:

- What an acceptable quality of life means to you
- Understanding your health status
- What potential complications may come up for you

Reflect on the questions and statements below as you consider your wishes:

- What gives my life purpose and meaning?
- What aspects of my physical and mental health are most important to me?
- Do I have any religious, spiritual, cultural or traditional beliefs that impact the type of health care I receive?
- When I think about the future, I want to avoid _____.
- What does a quality of life that is not acceptable look like to me?
- I would want to be kept alive as long as I am able to _____.
- Under what conditions would I decide to change my treatment goals from prolonging my life to a focus on my comfort?

You should also consider talking to your provider about the following:

- Your current health status.
- Any potential complications from your condition that could come up
- What kinds of decisions you or your fam3lice ano a fma1 (e t)9he futur

What does living well mean to you? If you were having a good day, what would happen on that day? Who would you talk to? What would you do?

What cultural, religious, spiritual, or personal beliefs (if any) do you have that might help you choose the care you want? Or not want?

Think about a situation like this:
A sudden event (such as a car accident, illness or complication from an existing medical condition) leaves you not able to communicate. You are getting all the care needed to keep you alive. The doctors believe there is little chance you will ever recover the ability to know who you are or who you are with. Would you want to **continue** medical treatment to keep you alive? Or, would you want to **stop** medical treatment to keep you alive?

In either case, you will be kept comfortable.

Please write down any additional instructions for your health care agent and care team:

Step 2

Select a health care agent

A health care agent is an adult you appoint to make decisions for you in case you become unable to do so for yourself. **A good health care agent is someone:**

- You trust and who knows you well
- Is comfortable making decisions in a crisis
- Will make decisions on your behalf, even if they do not agree with them
- Can be easily reached by phone
- Agrees to take on this role

Reflect on the questions and statements below as you consider your wishes:

- Do I know someone who could fulfill this role?
- Am I ready to ask them to take on this role?

You should also consider the following:

- Many people choose 2 agents: a primary and an alternate
- This person does not need to live near you

An important note:

If you lose capacity to make your own medical decisions and do not have an advance directive, a surrogate decision maker will be chosen for you based on the surrogate list outlined in the Family Health Care Decisions Act, if one is available. Without the presence of a court-appointed guardian, the surrogate list is as follows:

- Spouse (if not legally separated) or domestic partner
- Adult Child
- Parent
- Adult Sibling
- Close Friend

Step 3

Document your wishes for future care

Advance care planning documents come in 2 categories:

- Advance directives- these express your medical wishes if you become unable to communicate them on your own
- Medical orders- these are signed by your provider and address a limited number of critical medical decisions

Advance Directives

Health Care Proxy Form

The New York State health care proxy form allows you to appoint 1 or 2 health care agents. This person / these persons will make medical decisions for you if you become unable to do so. Your health care agent should be 18 years or older. The form can be witnessed by any adult other than the appointed health care agent(s).

Living Will

A living will is a written statement of your medical wishes. It is to be followed if you lose the ability to make your own decisions in the future. There is no standard living will form in New York State. However, the state recognizes any living will that provides clear and convincing evidence of your wishes.

Medical Orders

MOLST Form

In New York State, the preferred medical order form is the Medical Orders for Life-Sustaining Treatment (MOLST) form. This medical order form must be signed by a doctor or nurse practitioner (NP). These forms are honored by all New York State health care professionals, including emergency medical service technicians (EMTs) in any setting.

The MOLST form addresses wishes for life-sustaining treatment. The form is not for everyone. It is designed for people who reside in a long-term care facility or re3.09.(sido r)29(e rt) a longar0 mor eve3 (y)29(one)20 (.)

Step 4

Share your wishes for future care

Advance Care Planning, Advance Directives and Medical Orders

Common Questions

Does my health care agent need to live near me?
No. However, they should be easy to reach by phone.

What responsibilities does my health care agent have?
Your agent will speak on your behalf if you become unable to do so. They are tasked with making the medical decisions you would make for yourself if you could.

Who can witness a health care proxy?
Anyone over the age of 18, other than your appointed agents.

I'm healthy. Do I need an advance directive?
Absolutely. Advance directives are important for all adults. They document our health care preferences in case of an unexpected illness or sudden event that leaves us unable to make our own decisions.

Do I need a lawyer and notary to complete my advance directives?
No. In New York State, the forms must be signed by the patient and have two witnesses over the age of 18 who are not the appointed agents. A notary is not needed.

Can I document my wishes for organ donation?
Yes. In New York any person 18 or older capable of making decisions may donate any or all parts of their body after death. They can donate to any hospital, surgeon, doctor, accredited medical school, storage facility, specific person or organization that assists with organ and tissue donation.
You can indicate your wish to be an organ donor in the following ways:

- State this on a health care proxy form
- State this on a living will
- Enroll in the New York State Organ and Tissue Donor Registry
- Enroll at the New York State Department of Motor Vehicles
- Enroll at the Board of Elections
- You will be automatically enrolled if you check the organ donor box on your driver's license. You will also be automatically enrolled if you check the organ donor box on a non-driver identification card application or renewal form.

What if I am not a New York State resident?

Each state has its own laws when it comes to requirements for valid advance directives. States may

What is CPR?

CPR is Cardiopulmonary Resuscitation. It is used if your heart or breathing stops. CPR may include one or all of the following:

- Chest compressions
- Defibrillation
- Intubation
- Medications to restart your heart

What is DNR?

DNR stands for **Do Not Resuscitate.** A DNR order is placed when a person decides that they would not want an attempt at resuscitation if their heart or breathing stops.

Why might someone choose to be DNR?