

Suggested Topics to Discuss with Your Health Care Agent

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Because the health care agent you name in your Power of Attorney for Health Care document is required to follow your wishes, you should discuss your beliefs and wishes with them before you need them to make decisions for you. We suggest you consider the following questions as a starting point for your discussion. There are no “right” or “wrong” answers. You should consider these questions based on your own beliefs, values, and circumstances, and then convey your wishes to your health care agent so that they can carry out their responsibilities as you would wish.

Always keep your agent informed of changes to your health and any changes in your wishes. How well your health care agent performs depends on how well you have prepared them. Even if you don't complete a Power of Attorney for Health Care, it is important to discuss these issues with family members and close friends. Without a Power of Attorney, a guardian may need to be appointed to make health care decisions for you. A guardian can follow your wishes, but only if your wishes are known.

1. How do you feel about signing a legal document that names another person to make health care decisions for you if you are unable to do so? One that says what medical treatments you want and do not want when you are ill or dying?
2. How would you describe your current health status? If you currently have any medical problems, how would you describe them?
3. If you have current medical problems, in what ways, if any, do they affect your ability to function or your daily life?
4. How do you feel about your current health status?
5. What are your current health goals and goals for medical treatment?
 - a. Do you want full treatment, with the goal to sustain life at all costs, including ALL life-sustaining measures?
 - b. Do you want selective treatment, with the goal to attempt to restore functioning while avoiding intensive care, hospitalization, or long-term care?
 - c. Do you want comfort-focused treatment, with the goal to maximize comfort by managing your symptoms?
6. Do you think you would want to have any of the following medical treatments? If so, under what circumstances?

- a. Kidney dialysis (used if your kidneys stop working)
 - b. Cardiopulmonary resuscitation, also known as CPR (used if your heart stops beating or you stop breathing)
 - c. Ventilator (used if you are unable to breathe on your own)
 - d. Artificial nutrition (used if you are unable to eat food)
 - e. Artificial hydration (used if you are unable to drink fluids)
7. Where do you want to receive care, especially at the end of life?
 8. If you have a primary care provider, do you have a good relationship with them? Why or why not? What are your preferences about your providers?
 9. If you have irreversible chronic health conditions, such as multiple sclerosis, congestive heart failure, or kidney disease/failure, do you want additional treatments if there are complications or disease progression? How do you feel about treatments such as chemotherapy or radiation treatment for cancer, surgery, life-sustaining measures, or resuscitation efforts if your heart stops or you stop breathing?
 10. If you ever have irreversible brain disease such as dementia/Alzheimer's, and are expected to live a long time, what are your wishes for care and treatment? Consider:
 - a. Preventive care (dental exam, mammogram, colonoscopy, blood draw, pelvic exam, prostate exam, vaccines)
 - b. Where you wish to live
 - c. Emergency room visits and hospitalization
 - d. Relief from potential suffering (pain, anxiety, breathlessness)
 - e. Antibiotics
 - f. Comfort feedings, artificial nutrition and hydration (tube feedings, IV fluids)
 - g. Palliative care
 11. How important are independence and control in your life? If your physical and/or mental abilities decline, how would that affect your attitude toward independence and self-sufficiency?
 12. If you have a mental health condition, what are your wishes for care and treatment? Consider:
 - a. Medications that work best for you
 - b. Assistance during a crisis: objects, people, music, therapies that bring you comfort
 - c. Your mental health providers/care plan

(Please note, however, that your agent may not admit you to a hospital or other facility for mental health treatment.)
 13. Do you expect that your friends, family, and/or others will support your decisions regarding medical treatment you may need now or in the future?
 14. Do you have any fears regarding health care?
 15. What do you think will be important to you when you are dying (e.g., physical comfort, no pain, family members present, etc.)?

16. What is your attitude toward death?
17. How do you feel about the use of life-sustaining measures (like feeding tubes and ventilators) in the face of terminal illness?
18. How do you feel about the use of life-sustaining measures if you were in a persistent vegetative state (commonly referred to as “brain-dead”)?
19. How do you feel about the use of life-sustaining measures in the face of irreversible chronic illness (e.g., Alzheimer’s disease)?
20. What is your minimum acceptable quality of life? What does quality of life mean to you?
21. Do you want to donate parts of your body or your entire body at the time of your death?
22. What is your religious background? How do your religious beliefs affect your attitude toward serious or terminal illness?
23. Does your attitude toward death find support in your religion?
24. How does your faith community view the role of prayer or religious sacraments in an illness?
25. What do you want your agent to ask or consider when acting on your behalf? Some possible questions are
 - a. Why is this procedure or treatment necessary?
 - b. How will it benefit my care?
 - c. Are there any other reasonable alternatives or options?
 - d. What might happen to me if I do not accept the treatment?
 - e. What can I reasonably expect the outcome to be?
 - f. What are the major risks involved?
 - g. What is likely to be ahead? What are the best and the worst scenarios? What benefit and burden will the treatment offer?
 - h. Will it relieve suffering, restore function, or enhance quality of life?
 - i. Will it prolong the dying process without offering benefit?
26. What else do you feel is important for your agent to know?