Planning ahead can be beneficial to you, your family and friends.

Making life decisions about your health care or that of a loved one can be stressful and even frightening. However, you are not alone during this difficult time. While your physician is your primary source of information on these decisions, all members of the Bartlett Regional Hospital health care team are here to answer your questions or discuss concerns with you.

Planning ahead can be beneficial to you, your family and friends. Discussing your preferences for medical treatment with family, friends and your physician while you can ensures that if there comes a time when you are unable to communicate in an emergency or other medical crisis, your loved ones or physician will not be forced to make choices for you without your guidance.

At Bartlett Regional Hospital we practice C.A.R.E.

- Courtesy
- Accountability
- Respect
- Excellence

Bartlett Regional Hospital is your partner in health care:

Bartlett Regional Hospital honors all Living Wills and Durable Powers of Attorney for Health Care and does not discriminate against anyone with or without Advanced Directives. We respect the rights and wishes of every patient while delivering the highest quality medical care. It is the policy of Bartlett Hospital to suspend Do Not Resuscitate orders when you are admitted for elective surgery. Be sure to discuss this issue with your surgeon before your procedure to ensure that your wishes are clear.

For questions or assistance in completing your document, please contact the Bartlett Regional Hospital Social Services Department at (907) 796-8473.
Life Support Systems/Code Status

Your personal preferences and choices are encouraged and respected at Bartlett Regional Hospital. You have an opportunity to make choices related to the health care we provide for you in cases of serious injury or terminal illness. You have the right as a patient to have-or not to have-life-sustaining measures when you are in a terminal condition. You may be assured that your decision to refuse life-sustaining measures will not mean that medical and nursing will be withdrawn. In fact, efforts to keep you comfortable may become more intense at this time.

Some things to consider include:

If your heart or breathing stops, would you want to be resuscitated? Emergency measures to restore heartbeat and/or breathing may be taken unless a previous decision by you has been communicated to your physician and your family. Emergency measures may include: Cardiopulmonary Resuscitation (CPR), Electrical Cardioversion/Defibrillation (Electric Shock), Cardiac (Heart) Medications or having a tube in your throat to help you breathe.

If you become terminally ill what type or how much medical treatment would you want to prolong your life? At what point would you say, “Just keep me comfortable and let me die in peace”.

If you become unable to speak for yourself, who would you want to make decisions on your behalf?

These are all issues that can be addressed in a document called an advanced directive.

Health Care Advanced Directive

An advanced directive is a document that communicates your wishes about health care treatment at a time when you cannot speak for yourself. You do not need a lawyer to create an advanced directive.

There are two components to an Advance Directive:

- **LIVING WILL**

A living will is a written document that identifies your wishes for end of life care. It allows others to know your wishes about medical care in the event that you are terminally ill or in a persistent vegetative state and can no longer make your own medical decisions.

- **DURABLE POWER OF ATTORNEY**

A Durable power of attorney for Health Care allows you to name someone, usually a family member or close friend, to make decisions about your medical care if at any time you are no longer able to speak for yourself. You are also able to name other people to act as alternate agents in this regard.

In the state of Alaska three concerns are addressed in the “Five Wishes” document. This document incorporates your wishes dealing with powers of attorney, organ donations, do-not-resuscitate orders and similar end of life concerns.

**THE DOCUMENT IDENTIFIES:**

- The person you want to make care decisions for you when you can not.
- The kind of medical treatment you want or don’t want.
- How comfortable you want to be.
- How you want other people to treat you.
- What you want your loved ones to know.

Organ and Tissue Donation

If you wish to become an organ and tissue donor, it is very important to inform your family of your wishes before the need arises. Your family’s consent is required for organ and tissue donation, even if you have noted your intentions to donate on your driver’s license or have signed a donor card. Carrying out your wishes to provide a better quality of life to others can provide your family with great comfort in a time of grief.

What if I have to make a decision for my loved one?

If you have already discussed life-support issues with your family members, encourage them to share their views with their physician. If you have not had such a discussion, it is necessary to think seriously about the values that are important to him or her. Your physician, nurse, social worker or chaplain can help you reflect on these values. Your decision should express what your loved one would have wanted if he or she could have made the decision themselves.

What if my condition changes?

Despite the best predictions, conditions do change. Your decisions may be changed at any time either orally or in writing. Should you wish to change a previous decision, be sure to let your physician know.