

## Have you thought about what is important to you?

What matters most to you defines your quality of life.

Is it your family or friends?

Is it doing things you like to do, such as reading, gardening, exercise, or traveling?

Is it living in your own home as you age?

When it comes to your healthcare, one of the most important things to determine is the type of care you want if you were unable to speak for yourself. It's not easy to talk about, but discussing your preferences for medical care, if you become suddenly ill, will help your loved ones understand what is important to you.

You are not required to prepare an advance directive, but we encourage you to think about your future health choices and your right to choose or refuse medical treatment.

### For more information

- [theconversationproject.org](http://theconversationproject.org)
- [www.agingwithdignity.org](http://www.agingwithdignity.org)
- [HonoringChoicesMassachusetts.com](http://HonoringChoicesMassachusetts.com)
- Call the Eldercare Locator toll-free at 1-800-677-1116 or online at [www.eldercare.gov](http://www.eldercare.gov)

These sites offer forms in a variety of languages.

### Call us with any questions

If you have any questions, you can call us at 1-800-701-9000 (TTY 1-800-208-9562) Mon – Fri, 8:00 a.m. – 8:00 p.m. (From Oct 1– Feb 14, representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m.) After hours and on holidays, please leave a message and a representative will return your call on the next business day.



Tufts Health Plan has HMO plans with a Medicare contract and a contract with the Commonwealth of Massachusetts Medicaid Program. Enrollment in Tufts Health Plan depends on contract renewal. Tufts Medicare Preferred Supplement plans are offered in accordance with Massachusetts law.



VOICE  
— YOUR —  
CHOICE



### DISCUSSING END-OF-LIFE CARE:

A Guide for Patients  
and Families



### What is an advance directive?

Advance directives are legal documents that express the type of care you would like to have, and the person you would like to speak on your behalf, in the event that you are unable to communicate your wishes.

### Types of advance directives

- Living will—a document that states your wishes for the medical treatments or life-sustaining treatments you would want if you were seriously or terminally ill.
- Health Care Proxy—a document used to name a health care agent who can make decisions about the type of treatment you want if you cannot speak for yourself.

### Where do I start?

Having a conversation about end-of-life care may feel uncomfortable and you may not know where to begin. Talking to your doctor, family, or loved ones can help. Family members may not think to ask what your wishes are, so you may need to start the conversation. To help you get started, The Conversation Project at [theconversationproject.org](http://theconversationproject.org), offers a Conversation Starter Kit for guidance.

### How do I write an advance directive?

Each state has its own advance directive forms (Health Care Proxy) available at no cost to you. To request a form, talk to your doctor, health department, or local council on aging. You can also call Tufts Health Plan Medicare Preferred and we can assist you.

### What if I change my mind and want to cancel my directive?

You can always cancel your directive or change who you appoint to speak on your behalf by notifying your family and your doctor with your changes, destroying your original documents, and creating another Health Care Proxy.

## Advance Care Planning Checklist

- ☐ I have thought about my treatment options, if I became unable to communicate my health goals.
- ☐ I have spoken to my family, friends and health care providers about the type of treatment I would or would not want in the future.
- ☐ I have chosen someone that I can trust to speak for me, if I become unable to speak for myself.
- ☐ I have spoken with my doctor and he is aware of my goals of care and wishes for future treatment.
- ☐ I have completed my advance directives and identified the types of treatment I would or would not want in the future
- ☐ I have provided photocopies of my advance directives to my health care agent (the person I selected to speak on my behalf), my physician(s) and anyone else involved in my care, including family members.
- ☐ I have the original copy of my Advance Directive in a place where it can be easily found.
- ☐ I made copies of my Advance Directive forms for my health care proxy, family and health care providers.