

**have  
you had  
the talk?**<sup>TM</sup>

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# Toolkit

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*Have You Had the Talk™ is provided as a public service by Hospice of Michigan.*

888-247-5701 / [www.haveyouhadthetalk.com](http://www.haveyouhadthetalk.com)

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## TOOLKIT INTRODUCTION

### What is The Talk?

This is “The Talk” nobody talks about. You already know about the talk about sex and the one about drugs and the one about planning for college, retirement, and your last will and testament. But what about “The Talk” that helps you and the people you love navigate a medical event like a heart attack or stroke, cancer, a chronic illness like diabetes or Parkinson’s, or a gradual decline in health and independence?

The **Have You Had the Talk** Campaign will help you get a conversation going with the people you love about the kind of care you’d want if ever faced with an illness or medical event where you have to rely on someone else to help you through it. This is the conversation we put off until there is an emergency. Then no one knows what to do or who to call. Think about it: if you suddenly needed the help of a loved one in a medical situation, do they know who your doctors are? What prescriptions you take? And why? Do you know who their doctors are?

Probably not.

The **Have You Had the Talk** Toolkit helps you plan for a medical emergency now – while you are in control and can speak for yourself. Then, with your plan in place, you can go back to living the best possible life.

It’s easy.

- **STEP 1: Clarify your thoughts and wishes.**
- **STEP 2: Organize paperwork and put wishes in writing.**
- **STEP 3: Have the Talk with the people you love.**
- **STEP 4: Be informed of services and resources available to help you and the people you love.**

Don’t put the toolkit aside. Complete it, make copies of your completed documents and share them with the people you love. Keep the toolkit in the same place at all times. If it can’t be found, it can’t help.

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### Instructions for Completing Toolkit:

#### ■ STEP 1: Clarify your thoughts and wishes.

- The Six Questions Worksheet will get you thinking. Use the worksheet to jot down your wishes and hone in on what's most important.
- Think about who you'd want to carry out your instructions and make decisions on your behalf in the event of an emergency. The person you designate as your "patient advocate" will be named on the Durable Power of Attorney in Step Two.
- Instructions for My Caregiver: Review the "Instructions," consider the choice you would make in the situations presented, then complete the instructions and sign and date the document.

#### ■ STEP 2: Organize paperwork and put wishes in writing.

- Once you've decided on the items in Step One, organize your medical and personal information and put your decisions in writing.
- Medical and Personal Information forms: Complete these forms. The completed document provides key information about your current health status in a format that will be easy to share with family, doctors and other emergency and health care personnel providing care and services to you. This form also provides a place to record the location of key financial and other supporting documents that will be helpful in an emergency.
- Durable Power of Attorney for Health Care: This form provides the legal framework for designating a patient advocate appointed by you to make decisions on your behalf in the event you can't speak for yourself. Before designating someone as your patient advocate, talk to them about your wishes and tell them why you have selected them. Ask their permission to name them and have them complete the form titled "Acceptance by Patient Advocate" that is part of the Durable Power of Attorney for Health Care.
- Once you have completed the Durable Power of Attorney for Health Care, ask two adults to witness as you sign the form. The witnesses cannot be members of your family, nor beneficiaries of your assets, nor medical personnel where you receive care.
- *Do Not Resuscitate* Order: This form provides the legal framework to declare that in the event your heart or breathing stops, you do not want to be resuscitated. Review it and make a decision whether or not you wish to complete it.

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## TOOLKIT INTRODUCTION

### ■ STEP 3: Have the Talk with the people you love.

- Review the tips for talking with the people you love.
- Set up a time and place to have the talk.
- Tell the people you love about your wishes.
- Ask them about what they would want.
- Life and situations change. So, get a conversation going. Keep it going.

### ■ STEP 4: Be informed

- Review the Internet Resources provided.
- Be resourceful in looking for articles, books and other sources of information about health care decision making and planning.

## Other Instructions:

- Use the Check List to keep track. As you complete the forms in the toolkit, check off the item on the check list.
- Make copies of the documents and share them with your loved ones, attorney, and physicians.
- Place the completed documents in the enclosed Ziploc bag and place in the orange Toolkit and place in the freezer. Yes the freezer. If you keep the toolkit in the freezer, it is instantly accessible to anyone who needs it. No searching through files or a pile on your desk. If you decide to store the Toolkit in a more traditional location, be sure to mark that on the magnet and tell the people who need to know where to find it.
- Keep an extra set in the glove box of your car.
- Keep a set in your safe deposit box if you have one.
- Fill out the Have You Had the Talk Magnet with the location of your documents. Place on the freezer.
- Fill out the Wallet Card with emergency contact information and place in your wallet.
- Spread the word about the importance of Having the Talk. Consider placing the enclosed window decal on your car window. Be an advocate for making medical wishes known.



## GETTING STARTED

**The Check List will keep you on track.**

- Reviewed all documents in this toolkit.
- Made decisions about the care I want in the event of a medical emergency or event.
- Selected a health care advocate to make decisions on my behalf in the event I cannot make them for myself.
- Completed the Medical and Personal Information Forms in the Toolkit.
- Secured the permission of the person I selected to be my patient advocate.
- Completed the Durable Power of Attorney for Healthcare.
- My designated patient advocate has read and signed the consent form attached to the Durable Power of Attorney.
- Two adults have witnessed my signature to the Durable Power of Attorney (the witnesses must not be recipients of your assets and cannot be spouse, child, sibling, or an employee of health care facility where you are a patient).
- Did I choose to complete the Do Not Resuscitate Order?  Yes  No
- Made copies of all documents and gave to the following people  
\_\_\_\_\_  
\_\_\_\_\_
- Put the documents in the provided Ziploc™ bag and placed in orange folder and placed in freezer or other \_\_\_\_\_
- Put a copy in the glove box of my car.
- Completed the wallet card with emergency contact information.
- Completed the Refrigerator Magnet with Emergency Contact Information and placed on Freezer.
- Set up a meeting with the important people in my life to Have the Talk.
- Had the Talk. Told the people I love about the kind of care I want if I am ever faced with a serious medical event.
- Talked to the people I love about what they want.



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## THE SIX QUESTIONS WORKSHEET

It's easy to talk about the weather, and the latest movie you saw. Harder to have a focused conversation about important topics and keep track of information.

The Six Questions Worksheet will get you started. The questions are provocative and are meant to help you clarify your wishes so you can make a plan and then live the best possible life.

What tasks would you like to accomplish before you die?

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What does "quality of life" mean to you?

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What would a good death look like to you?

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What role would you like your loved ones to play in your dying?

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What kind of help and support would you like for you and your loved ones?

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Who would be the best person to advocate for you in an emergency?

*(Some traits your patient advocate needs: good organizational skills, good listening skills, ability to follow through, grasps details, cares about you and wants the best possible outcome, will follow your wishes and instructions.)*

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## INSTRUCTIONS FOR MY CAREGIVER

The following checklist can be used to prescribe how you would like to be treated in the event of a serious illness. Check the box next to each option that best describes your wishes and intentions.

First let's define our terms. Several references are made on this page to **life-support treatment**. Therefore it is important to define what the term means to *you*. **Life support** is usually defined as treatment that uses aggressive procedures (often including a medical device) to keep someone alive. These may include cardiopulmonary resuscitation (CPR), breathing tubes, tube feeding, dialysis, blood transfusions, surgery and antibiotics.

For those who do not want life-support measures, a **Do Not Resuscitate (DNR) order** is an effective way to fulfill one's wishes. A form approved and recognized by the State of Michigan is included in this toolkit.

### In the event of serious illness:

(Choose **any or all** of the following)

- I want my pain and symptoms managed so I am comfortable. I realize I might become drowsy and sleep more as a result.
- I want to have food and fluids (by mouth).
- I do not want any medical procedures that have the intention of hastening my death.
- I would like to be kept clean and warm.

### In the event of severe brain damage with no expectation of recovery:

If I suffer severe brain damage and the medical professionals overseeing my care conclude it is permanent and irreversible AND life-sustaining measures would only delay my death: (Choose **one**)

- I wish to have life-support treatment.
- I do not want life-support. If treatment has begun, I want it stopped.
- I want life-support measures if my physician believes such treatment could improve my condition. If life-support measures are not proving to be beneficial, I want them stopped.

### In the event of irreversible coma:

If I am in a coma and the medical professionals overseeing my care agree I will not wake up or recover AND I have brain damage AND life-support would only delay my death: (Choose **one** of the following)

- I wish to have life-support treatment.
- I do not want life-support. If treatment has begun, I want it stopped.
- I want life-support measures if my physician believes such treatment could improve my condition. If life-support measures are not proving to be beneficial, I want them stopped.

### When I am close to death:

If the medical professionals overseeing my care agree that I am likely to die in a short period of time and life-sustaining measures would only delay my death: (Choose **one** of the following.)

- I wish to have life-support treatment.
- I do not want life-support. If treatment has begun, I want it stopped.
- I want life-support measures if my physician believes such treatment could improve my condition. If life-support measures are not proving to be beneficial, I want them stopped.

#### Life-support treatments

The following limits define which life-sustaining measures I **do** or **do not** wish to have, and under what conditions:

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Signature \_\_\_\_\_

Date \_\_\_\_\_