



Respecting Choices®

Myths about advance directives

I don't need an advance directive unless I have a serious illness.

We encourage all adults to complete an advance directive document and designate a patient advocate. We often cannot predict sudden changes in our health that can leave us unable to speak for ourselves and make the decisions on what treatments we do and do not receive. If this situation were to occur and you did not have an advance directive, your family would be left to make decisions for you without knowing what is important to you.

I don't need to designate a patient advocate. I'm married so my spouse can speak for me.

It is correct that your spouse will be the first person asked to make decisions for you if you do not have someone else designated as your patient advocate. There may be occasions though when your spouse cannot be reached and your health care team needs someone to make decisions for you. This is why it is so important to have an advance directive and to designate a patient advocate along with a secondary patient advocate.

I filled out my advance directive packet and named a patient advocate. I'm done now, right?

You have taken major steps to make your health care decisions known, but the paperwork is not the only important part. You need to sit down with your family, friends and health care providers and share with them the decisions you have made for your end of life care and why you have made these choices.

Once I turn in my advance directive to the hospital or my doctor, all hospitals and health care providers will be able to access them.

Unfortunately, there is not a central database that saves all advance directives for health care providers to review. Once you bring your copy in to Corewell Health, it will be scanned into your electronic chart and be accessible to your health care team to review. Be sure to give a copy of this document to your primary care physician and any specialists that you see.

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Start the conversation today, speak with a Respecting Choices® certified facilitator:

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Myths about advance directives

Once I have documented my preferences for my health care decisions in an advance directive, these choices are written in stone and cannot be changed.

As time goes on, our health changes and new illnesses can alter our opinion of what treatments we would or would not want. If you would like to make different choices for yourself in the future, you can simply complete a new advance directive and this will override any previous directives.

My family/patient advocate will not have to make any difficult decisions once my advance directive is done. All the questions they may have will be answered.

An advance directive gives general guidance for your advocate and health care team, but there may still be situations when it is not clear what care should and should not be given. This is why it is so important that you have conversations with your advocate, loved ones and health care team so they can learn what choices you may make. There are many situations when the “best” plan for your care is not clear. Often it is difficult to balance the risks and benefits of treatment. In these situations, your advocate can make better decisions for you if they know what risks you would be willing to take. For instance, would you want to have a treatment if there is a risk that you may not be able to eat and would have to get your nutrition through a feeding tube?

If I sign this document and assign a patient advocate, they can start making decisions for me and access my records and personal information immediately.

A patient advocate can only make decisions about your health care. They do not have the ability to conduct personal business such as banking on your behalf. Your patient advocate can only make health care decisions for you when you have lost the ability to make decisions for yourself as decided by a physician.

I must hire a lawyer to complete an advance directive and patient advocate designation.

You do not need a lawyer to complete these documents and the documents do not need to be notarized. Two witnesses are needed to confirm that you appear to be of sound mind and are not under duress. There are restrictions on who can be a witness. It cannot be someone related to you through blood or marriage, your health care provider or an employee of your provider, or someone who would receive an inheritance when you die.

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