



MICHIGAN HOSPICE  
& PALLIATIVE CARE ORGANIZATION

Guide to

*Hospice  
Care*





*“People MUST be able to rely upon their care system for comfort, dignity, family support, and the opportunity to complete a life with grace and purpose”*

*Joanne Lynn, MD  
President, Americans for  
Better Care of the Dying*

***A message from the  
Michigan Department of Community Health  
and the  
Michigan Hospice & Palliative Care Organization***

Too many Michigan citizens today still die alone or in pain, often after enduring costly and ineffective treatments. To help address this issue, the Michigan Hospice & Palliative Care Organization and the Michigan Department of Community Health developed this Guide to Hospice Care. The guide is designed to provide Michigan residents with an understanding of hospice care and other issues related to a very serious illness that is likely to become a terminal illness.

Hospice care is a particular type of care that addresses all the needs that become so important when a person is very ill - not just the

immediate physical needs but also the emotional, psychological, social, and spiritual needs. In addition, hospice addresses the needs of the family and friends of the ill person to the greatest extent possible so that all concerned can maintain dignity and quality of life. This allows closure to the circle of life to occur in the most humane manner possible.

This guide contains information on hospice care that will be useful for those facing a terminal illness. It also has applications related to the care of those with any serious illness. In addition to the care of the physical person, the guide discusses grieving, social and spiritual issues, and practical matters such as payment for services and legal needs for advance planning. It provides answers to common questions about this phase of life. There is also a resource section, with further sources of information.

Hospice programs exist in every county in Michigan. Hospice workers in all these locations are dedicated to providing care to the seriously ill in a manner that honors them and celebrates their lives. Hospice care in Michigan is just over 25 years old. It has become the model for excellent care at the end of life. Hospice responds to people's needs for comfort, empowerment, self-directed care, support for their loved ones both during the illness and after death, staying at home if at all possible, and help with financial matters so that impoverishment is not an added concern.

Michigan citizens are invited to keep this guide with their other medical papers and to refer to it when concerns arise. Further information on hospice care can be obtained by calling the toll-free telephone center at (800) 536-6300. Additional material can be obtained from this resource center, and more complete information on advance directives and wills can be found on our website at [www.mihospice.org](http://www.mihospice.org).

Please feel free to share any of the information included with this guide. Additional copies of the guide can be obtained by calling the Michigan Hospice & Palliative Care Organization at **(800) 536-6300**.



*“Everyone knows they’re going to die,” he said again, “but nobody believes it. If we did, we would do things differently... To know you’re going to die and to be prepared for it at any time. That’s better. That way you can actually be more involved in your life while you’re living.”*

*Morrie Schwartz in Tuesdays with Morrie, by Mitch Albom*

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## **MAKE A DONATION TO HOSPICE**

Your tax-deductible contributions to the Michigan Hospice and Palliative Care Organization **or your local hospice** are greatly appreciated and will help advance the good works of hospice and palliative care in Michigan. MHPCO is a 501(c)(3) nonprofit charitable organization as determined by the Internal Revenue Service. Contributions that are not made in exchange for goods or services are tax deductible. Donations may be made in the form of checks, cash, credit cards, stock or in-kind contributions of services.

Donations can be also made on-line at [www.mihospice.org](http://www.mihospice.org), via a credit or debit card transaction using our secure link with the PayPal network, a service of ebay.

For gifts of cash or checks, please make checks payable to MHPCO. Your donation will benefit local Michigan programs by expanding the support that can be provided to them by the organization.

Send checks or cash donations to:

**Michigan Hospice & Palliative Care Organization  
5123 West St. Joseph Highway, Suite 204  
Lansing, Michigan 48917**

For more information about making a donation to MHPCO, please contact us by phone at 517-886-6667 or 1-800-536-6300 (toll-free in Michigan), or by e-mail at: [mihospice@mihospice.org](mailto:mihospice@mihospice.org)



*“There are all kinds of ties in one’s life, all kinds of friendship, loves, complexities, but there is only one person whom one needs for dying. To have such a person is a great good fortune, to be that person, to have been such a person, is a heavy and blessed experience...Once...in each lifetime, we are meant to be a blessing to another.”*

*Gerda Lerner*

## **What is hospice?**

Hospice is a special kind of care designed for someone with a terminal illness. Hospice care lets people continue to live alert, pain-controlled lives so that they can maintain their dignity and spend their last days in comfort. Hospice provides sensitive support for the patient’s family as well, in fact, an important part of hospice is that patients and families help decide what care is right for them.

Hospice care is provided wherever the person lives - it's available in every county in Michigan.

To be eligible for hospice care, the patient must have a life-limiting illness, be aware of the prognosis (probable course and outcome of the illness), and choose hospice as the desired plan of care. The primary services provided by hospice are:

- Treatment related to the life-limiting illness that is included in the hospice plan of care, plus medical equipment and supplies, services, and coordination of care.
- Medications to control the pain and other symptoms of the life-limiting illness.
- Hospice inpatient care (both acute care and respite care) in a hospice facility.
- Home visits by hospice staff, plus skilled in-home nursing for crisis management.
- Consulting physicians.
- Volunteer support.
- Bereavement follow-up.

Pain and symptom management - control of pain and other symptoms is the heart of the hospice philosophy. The goal of all hospice care is to provide patients - and their families - with relief from physical, emotional, and spiritual concerns. For the patient, this can mean dealing with the symptoms that occur during a terminal illness, such as pain, nausea and vomiting, bowel problems, shortness of breath, swelling of limbs, loss of physical control, unconsciousness, bed sores, loss of appetite, weight loss, or confusion. The hospice team recognizes that each patient is an individual, with different symptoms and different needs. Hospice is responsible for helping the patient and the family achieve the goals of treatment.

Hospice is a choice, not a requirement. The patient may choose to withdraw from the hospice plan of care at any time to seek other medical treatments that may become available.

Many hospice patients are covered by Medicare - see Financing and Reimbursement Issues, Page 12.



*“That’s what we’re all looking for. A certain peace with the idea of dying. If we know, in the end, that we can ultimately have that peace with dying, then we can finally do the really hard thing ... Make peace with the living.”*

*Morrie Schwartz in Tuesdays with Morrie, by Mitch Albom*

## **The hospice team**

Each person and his or her family are provided services by a group of professionals called the hospice team. This team consists of:

- **Physicians:**

The patient’s personal physician and hospice physician work together to plan the patient’s acutal medical care. They are always in close touch with the other members of the hospice team.

- **Nurses:**

Hospice nurses specialize in palliative care, which is a special kind of care that keeps pain to a minimum and increases comfort.

The hospice nurse makes regular visits to monitor the patient's condition. The nurse provides the patient and family with information about the illness and helps them manage the pain and symptoms of the disease. Hospice nurses are available for emergencies 24 hours a day, seven days a week.

- **Social worker:**

The social worker acts as a counselor to the patient and the family. The social worker helps the family deal with financial, insurance, and legal issues, and helps them cope with the personal and social challenges of illness, disability, and the dying process.

- **Spiritual counselor:**

The patient's church or synagogue works closely with the hospice to meet the unique needs of each individual. Hospice spiritual counselors are also available to help with the spiritual and religious needs of patients and families as they cope with the illness. Hospice spiritual counselors can help with memorial services and funerals, at the family's request. Spiritual care counselors also help patients address life closure and the meaning of life.

- **Home health aide:**

Home health aides are skilled in helping the patient and caregiver manage the personal care of the patient - personal grooming, some light housekeeping and clean-up of the patient area, and many other duties as needs arise. Aides provide a break in the normal routine of personal care for the caregiver, and they offer both physical and emotional support.

- **Therapists:**

Physical, occupational, and speech therapists are available through hospice to help a patient maintain comfort or quality of life.

- **Volunteers:**

Hospice volunteers are members of the community who have special interest - and training - in helping people in the final phase of life. Volunteers can provide companionship for the patient and relief for the caregiver.

- **Bereavement counselors:**

Bereavement counselors work with family members after the death of the loved one, providing support so that they can move forward with their lives. Bereavement counselors provide one-on-one counseling and also organize support groups. Often, these are open to other members of the community who may also be grieving, whether or not the grief involved a hospice-supported death.



*“You matter to the last moment of your life, and we will do all we can, not only to help you die peacefully; but to live until you die.”*

*Dame Cicely Saunders*

## Levels of hospice care

There are four levels of care, defined by Medicare, that are paid for by Medicare, Medicaid, and most other insurance plans (see Financing and Reimbursement Issues, Page 12). They allow the hospice program to keep the patient in the setting that best meets the needs of the patient. Some or all of these care options may be used during a patient's hospice care.

The four levels of care are:

- **Routine Care:**

The patient continues to live in their place of residence and receive hospice services there. The family and patient are able to handle the needs and care of the patient with assistance from the hospice team.

- **Continuous care:**

Skilled nursing services are provided in the patient's home to help manage a patient crisis.

- **Inpatient care:**

This care is provided in a facility (hospital residence or nursing home) for symptoms or crises that cannot be managed in the patient's home. This level of care is provided for a limited period of time, as determined by the physician and hospice

- **Respite care:**

This service is provided in a facility and is designed to give caregivers a rest from handling the care of the patient. Respite care is limited to five days and nights at a time. This service is often used to provide a break so that caregivers can participate in other family activities, such as holiday celebrations, or just to relieve a tired caregiver for a few days.

The hospice or the attending physician determines what levels of care are needed, and all types of care must be approved by the hospice before the patient may use them. Not all patients use or need all levels of care, yet all are available if they are needed.



*"We need to improve the way people are treated...Sometimes you have to stop trying to cure people when they can't be cured," she said. Medical professionals need "to stop focusing on curing and more on caring."*

*Former First Lady Rosalynn Carter  
Honorary Chair, Last Acts Campaign*

## **How to choose a hospice**

Choosing the right hospice is very important. While all hospice programs may have the same basic philosophy of care, each is different in some ways, so one program may be able to meet a particular person's needs better than another. It is wise to call several hospice programs to ask questions. Hospice programs are very willing to answer questions and assist in determining which hospice can best meet the needs of a particular patient and family. Here is a checklist of questions that might be helpful to ask:

- What services does the hospice program provide?
- Is the hospice program certified by Medicare and licensed by the state? This is important to ensure that the program has all the required services and meets state laws.
- Will the program cover the cost of the patient's medications? Give the program a list of medications.
- Are home health aides readily available from the hospice? How many hours of aide support can be expected?
- Who is the hospice physician, and will he or she work with the patient's physician to provide care?
- What facilities does the hospice use for inpatient care? For respite care?
- Will volunteers be assigned to the case? How many hours of support can be expected?
- If treatments such as radiation, chemotherapy, or blood transfusions are needed for symptom control, does the hospice provide this therapy?
- If the patient or family is unhappy with any aspect of the program, what will be done to address the problem?
- If this hospice program is chosen, how soon can services be started?
- Does this hospice program provide any support to the family after the patient dies?
- What does the hospice admission process include?
- How does the hospice manage pain?
- How are families involved in the patient's care?
- Who handles the paperwork for the insurance billing?

The choice of which hospice to use is very important and should be made without pressure or feeling rushed into the decision. Hospital discharge planners or social workers can tell you about hospice programs that are nearby, but it is still important for each patient and family to determine which program can best meet their unique needs and wishes. Everyone with a life threatening illness has the right to choose hospice care.

*“When we walk to the edge of all the light we have and take a step into the darkness of the unknown, we must believe one of two things will happen — there will be something solid for us to stand upon, or we will be taught to fly.”*

*Anonymous*

## **Grief, bereavement, and family care**

Since its beginnings, hospice care has been a plan of care rather than a specific medical treatment or resolution to a distinct medical problem. Hospice care is designed to address all the issues of a terminal illness, including the needs of the family and significant friends of the patient. This includes their needs during the patient’s illness and the need for support experienced by the survivors as they proceed through a grieving process called bereavement.

After the death of a loved one, it is natural to feel grief — but it probably will seem unnatural and sad. Many people who have experienced a loss feel afraid and out of control. They may think of grief as only an emotional experience. It is an emotional experience, but it is also a physical, intellectual, social, and spiritual experience. All this is part of bereavement.

All hospice programs offer bereavement services to the family member or other primary caregiver of the patient for at least 13 months following the death of the loved one. There is no charge to the primary caregiver for this important help in healing from the loss. In addition, many hospice programs offer grief support groups for anyone who wishes to attend, often at no cost or for a small donation to the hospice.

The bereavement services offered to caregivers are based on an assessment that helps identify areas of need. Thus, through the expertise of hospice bereavement specialists, survivors are able to fully experience and express grief and learn to live a productive life without the deceased. If grieving is especially complicated or the individual is experiencing unhealthy behaviors, hospice personnel will refer them to other counselors in the community for more intensive care.

Hospices design their bereavement programs to provide at least the following:

- Information about the normal grief process.
- Support to the grieving family and friends of the deceased through opportunities to talk about their loved one and the experience of caring for that person.
- Assistance to the survivors as they learn to cope with their loss, including help with specific problems and referrals to other community resources when indicated.

The range of reactions to the death of a loved one vary from person to person, but generally any means of coping with the death is normal with the exception of behaviors that put the individual or others at immediate risk. Common responses to the death of a loved one include:

- Numbness and shock.
- A feeling of tightness in the throat or heaviness in the chest.
- Restlessness, with a tendency to wander around the house or familiar places.
- Crying easily, unexpectedly, and intensely.
- Loss of appetite and a hollow feeling.
- Denial — an inability to accept the reality of the loss.
- Low energy level and difficulty in concentrating.
- Loss of interest in social activities or work.
- A fear that one is experiencing a mental illness.
- An increased number of some minor illnesses such as colds and the flu.

The bereavement staff of hospice programs are trained to handle grieving issues. Many people join grief support groups, even if their deceased family member was not treated by a hospice program. It is often important to hospice patients to know that their family and friends will be cared for in the emotional time just after death. Providing this support is always a part of the hospice plan of care and makes hospice unique among health care providers.

“But be glad for me if I can die in the presence of friends and family. If this happens, believe me, I came out ahead. I didn’t lose this one.”

Raymond Carver,  
from “My Death”



## **Financing and reimbursement issues**

Both Medicare and Medicaid have a hospice benefit. Medicare and Medicaid together pay for more than 90 percent of all hospice care provided in Michigan. Hospice care is also fully reimbursed by many other types of health plans, including health maintenance organizations (HMOs), preferred provider organizations (PPOs), Blue Cross & Blue Shield of Michigan, and other private insurance. If you have insurance other than Medicare (Part A) or Medicaid, your hospice program will help you determine your coverage by contacting your insurance company for you.

Eligibility for hospice care is described well in the regulations that were developed for the hospice Medicare benefit. Many of the rules that apply for Medicare coverage also apply for Medicaid and various private insurance plans.

Generally, hospice care insurance pays for everything related to the terminal illness. Since it is the hospice philosophy to provide access to all who choose this type of care, regardless of ability to pay, most hospice programs also provide care for those who have no source of hospice benefit coverage. Most hospice programs conduct fund-raising events in their communities to help support free care. Both Medicare and Medicaid regulations require the hospice program to provide everything needed for care until death comes.

The services are comprehensive and include the cost of the many staff members who are involved in the patient's care, medications and drug therapies, medical equipment, and other services. The following services are paid by both Medicare and Medicaid for hospice patients in Michigan:

- Physician services (both the hospice medical director and the patient's own physician for services related to the terminal illness).
- Nursing care.
- Medical equipment (whatever is needed to make the patient comfortable).
- Medical supplies.
- Outpatient drugs for symptom management and pain relief.
- Short-term inpatient care, including hospitalization if needed, and respite care.
- Home health aide and homemaker services.
- Physical, occupational, and other therapies.
- Medical social services.
- Spiritual counseling.
- Bereavement programs.
- Services by trained volunteers.
- Dietary and other counseling.
- Care of the body after death.
- Counseling.

Medicare gives hospices the option of charging their patients five percent of the cost of any drugs, up to a \$5 maximum. Hospices may also charge a five percent co-insurance on the cost of inpatient respite care.

Most health plans offer services that are similar to those provided under Medicare. However, individuals in need of care who are covered by a private plan are advised to check that plan for exact coverage.

The means of payment for hospice is taken care of during the admission process, when the patient chooses hospice care. To ease both the patient and family's concerns, the hospice admissions staff and social workers try to ensure that payment issues are handled in a quick and uncomplicated manner. The hospice philosophy is that payment for services should not be a concern at this time of life.



*“We are energy in constant motion (in spirit) even while we reside in our vehicles on earth. Our spirituality can never be stagnant or too rigid. Perhaps that is the whole point of our existence on this earth. We must try to seize every moment for positive growth as we move along with this kaleidoscopic effect.”*

*Gerri Colozzi Wiitala, from “Heather’s Return”*

## **Legal Rights and Options**

The citizens of Michigan have many rights with regard to health care. The state’s laws are designed to encourage patient involvement in their care and a high level of patient empowerment. If you are terminally or seriously ill, you have a right to:

- Have access to, and receive appropriate and adequate medical treatment, including proper pain management.
- Receive honest and thorough information from your physician.
- Refuse medical treatment.
- Know all the options for treatment, orally and in writing, and refusal of treatment, and the known consequences of each option.
- Choose hospice or other types of palliative care to keep pain to a minimum and increase comfort.
- Be informed about laws that allow you to plan and give instructions about future health care should you become so ill that you are no longer able to make medical decisions.
- Execute a healthcare power of attorney, which allows you to appoint a patient advocate (someone who will guard your rights and make important decisions on your behalf).
- Inspect your own medical records and have the confidentiality of those records maintained.
- Choose to donate organs.

The Michigan Hospice & Palliative Care Organization, with the assistance of many attorneys in Michigan, operates a free Hospice Legal Aid Program for hospice patients who cannot afford legal services or who are unable to visit an attorney on their own. Hospice patients are referred to the Legal Aid Program through their hospice.

For more information please contact the MHPCO office at (517) 886-6667 or visit our website at [www.mihospice.org](http://www.mihospice.org)



*Death is a natural part of life, which we all surely have to face sooner or later. To my mind, there are two ways we can deal with it while we are alive. We can either choose to ignore it or we can confront the prospect of our own death and, by thinking clearly about it, try to minimize the suffering that it can bring. However, in neither of these ways can we actually overcome it.”*

*Sogyal Rinpoche - the 14th Dalai Lama, in the Forward to  
“The Tibetan Book of Living and Dying”*

## **Questions and answers**

### **Why should I choose hospice care? Can't I get what I need from my doctor?**

A hospice team — nurses, social workers, spiritual counselors, and others — will work with your doctor to help control your pain and any other symptoms you might experience as your disease progresses.

## **When should a decision about entering a hospice program be made, and by whom?**

Whenever a life-limiting illness is present, it is appropriate to discuss options such as hospice that should be made by the patient, in agreement with the family. Stopping therapy aimed at curing the disease is often a difficult thing to do; the hospice team is sensitive to this and other concerns and is available to discuss them with the patient and family.

## **Does hospice do anything to make death come sooner?**

Hospice does not make death come sooner, it allows death to come naturally. Hospice also helps patients and their families understand the dying process.

## **What diagnoses are covered under hospice?**

Any individual, of any age, who has a life-limiting illness is eligible for hospice services. A physician will determine when an illness has reached this stage. If the physician has not mentioned hospice and the patient feels that curative treatment no longer helps, the patient and family should discuss the possibility of hospice with the physician. Diseases that are cared for in hospice include but are not limited to the following:

Cancer, pulmonary disease (such as chronic bronchitis, chronic obstructive disease, emphysema, and fibrosis), heart disease (such as congestive heart failure, heart attacks, and hardening of the arteries to the heart), kidney failure, AIDS, multiple sclerosis, peripheral vascular disease, amyotrophic lateral sclerosis (Lou Gehrig's disease), and Alzheimer's disease.

Many other diagnoses could be included on this list, and a discussion of the diagnosis and prognosis with the physician will help in deciding whether to choose hospice care. The hospice program staff are available to help with this decision.

## **Who pays for hospice?**

Hospice programs accept patients based on their need for care, not their ability to pay. (See Financing and Reimbursement Issues, Page 12.)

## **Do I have to change doctors?**

No, hospice teams work with your doctor to develop a plan of care designed to help you maintain dignity and the best quality of life throughout this stressful period.

## **Where do I have to go to get hospice?**

Hospice is a philosophy and a concept, not a place, so it comes to you. A majority of hospice patients are cared for in their own homes. If hospital care or nursing home care is needed, the hospice will make arrangements that you agree with. Some programs operate their own home-like facilities.

## **How does hospice manage pain?**

Hospice believes that emotional and spiritual pain are just as important and in need of attention as physical pain, so hospice can address each of these issues. Hospice nurses and doctors are up to date on the latest medications and devices for pain and symptom relief. In addition, physical and occupational therapists can help patients be as mobile and self-sufficient as they wish, and they are often joined by specialists in music therapy, art therapy, massage, and diet counseling. Hospice is not about dying as much as it is living fully until we die.

## **Will I become addicted to pain medications?**

Patients in pain need medication to make them comfortable. This is very different from people taking drugs to get high. Many studies have been done on patients who have had to take pain medication for long periods of time, and none of these patients became addicted to the drugs. For these patients, when the pain was gone, the medication was no longer needed or wanted. With addiction, there is a craving for a drug to get high, which has nothing to do with the prevention or control of pain.

## **What if I don't die in six months?**

As long as the doctor verifies that the disease remains a terminal disease, hospice services will continue to be provided.

## **What if I change my mind?**

Since the selection of hospice care is a choice of the patient, the patient may also choose to stop hospice care at any time. When you state that those services are no longer desired, the hospice will notify your insurance company and help you make other arrangements.

## **Does hospice care focus on dying?**

Hospice believes in maintaining the best possible quality of life, and the hospice team focuses on providing the services that best meet the needs of the patient and the family. With this goal in mind, the hospice team also works to maintain an atmosphere in which patients and families feel comfortable asking questions or expressing concerns.

## **What if the hospice patient wants to do some traveling?**

Hospices around the country work together to make sure that traveling hospice patients are cared for anywhere they travel in the United States. Generally, the hospice programs communicate extensively with each other to make sure that the traveling patient has similar care available at the travel destination and that the patient's needs and treatment preferences are known and are met wherever the patient is.

## **Will hospice help me understand the dying process and what happens afterwards?**

Yes. Hospice workers guide patients and their families and friends to a clear understanding of what is happening, all the time. It is a goal of hospice care to remove some of the mystery of the dying process and to assure that help will be available during and after the death.

## Acknowledgements:

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## Other sources of information

1. *The Helper's Journey*, Dale G. Larson, Ph.D.
2. *How We Die*, Sherwin Nuland, M.D.
3. *Tuesdays with Morrie*, Mitch Albom.
4. *Cara's Story*, Maureen Burns.
5. *The Hospice Choice: In Pursuit of a Peaceful Death*, Marcia Lattanzi-Licht.
6. *Hospice Care: A Physician's Guide*, Michigan Hospice Organization.
7. *Dying Well*, Ira Byock, M.D.
8. *Widowing - Surviving the First Year*, J. Krimball and N. Brown.
9. *On Death and Dying*, Elisabeth Kubler-Ross, M.D.
10. *Final Gifts*, M. Callanan and P. Kelly.
11. *Living with Grief - When Illness is Prolonged*, K.J. Doka, editor, with J. Davidson.
12. *Compassionate Touch*, C.W. Ford.
13. *Legal and Healthcare Ethics for the Elderly*, G.P. Smith II.

## Samples of simple legal documents

Included here is a patient advocate form. Other forms are included in *Planning for Your Peace of Mind*, a booklet on end-of-life care that is available by contacting your state senator or representative. You may go to [www.senate.michigan.gov/](http://www.senate.michigan.gov/) to find your senator.

# **Designation of Patient Advocate Form And Directions for Health Care Durable Power of Attorney for Health Care**

**This is an important legal document. You should discuss it with your doctor and attorney if you have questions.**

To my Family, Doctors and All Concerned with my care:  
These instructions express my wishes about my health care. I want my family, doctors, and everyone else concerned with my care to act in accord with them.

**Here you name someone to act for you regarding your care, custody and treatment. This person is called a Patient Advocate. You may name anyone who is at least 18 years old and of sound mind. You may also name one or more persons to act if your first choice cannot.**

**If you change your mind, you may revoke your appointment of a Patient Advocate at any time.**

Appointment of Patient Advocate  
I appoint the following person my Patient Advocate:

Patient Advocate's Name

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Address

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## Appointment of Successor Patient Advocate(s)

I appoint the following person(s), in the order listed, my successor Patient Advocate if my Patient Advocate does not accept my appointment, is incapacitated, resigns or is removed. My successor Patient Advocate is to have the same powers and rights as my Patient Advocate.

Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

My Patient Advocate or successor Patient Advocate may delegate his/her powers to the next successor Patient Advocate if he or she is unable to act.

My Patient Advocate or successor Patient Advocate may only act if I am unable to participate in making decisions regarding my medical treatment.

**This section gives instructions for your care. Initial only one choice for instructions you desire.**

**Under instruction 1.b., your Patient Advocate has the right to make arrangements for your care but is not required personally to pay the cost of your care.**

*Note: Current law does not permit your Patient Advocate to make decisions to withhold or withdraw treatment if you are pregnant if that decision would result in your death, to engage in homicide or euthanasia, or to force medical treatment you do not want because of your religious beliefs.*

**You may list specific care and treatment you do or do not want. Otherwise, your general instructions will stand for your wishes.**

# Instructions For Care

## 1. General Instructions

My Patient Advocate shall have the authority to make all decisions and to take all actions regarding my care, custody and medical treatment including, but not limited to the following:

- a. Have access to, obtain copies of and authorize release of my medical and other personal information.
- b. Employ and discharge physicians, nurses, therapists, and any other health care providers, and arrange to pay them reasonable compensation.
- c. Consent to, refuse or withdraw for me any medical care; diagnostic, surgical, or therapeutic procedure; or other treatment of any type or nature, including life-sustaining treatments. I understand that life sustaining treatment includes, but is not limited to breathing with the use of a machine and receiving food, water and other liquids through tubes. I also understand that these decisions could or would allow me to die. I have listed below any specific instructions I have related to life-sustaining treatments.

## 2. Specific Instructions

My Patient Advocate is to be guided in making medical decisions for me by what I have told him/her about my personal preferences regarding my care. Some of my preferences are recorded below and on the following pages.

- a. Specific Instructions Regarding Care I Do Want.

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- b. Specific Instructions Regarding Care I Do Not Want.

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**You do not have to choose one of the specific instructions about life sustaining treatment in this section. But if you do, initial only one instruction.**

**You should discuss these choices with your doctor.**

**c. Specific Instructions Regarding Life-Sustaining Treatment**

I understand that I do not have to choose one of the instructions regarding life sustaining treatment listed below. If I choose one, I will sign below my choice.

If I sign one of the choices listed below, I direct that reasonable measures be taken to keep me comfortable and relieve pain.

— **Choice 1:** I do not want my life to be prolonged by providing or continuing life-sustaining treatment if any of the following medical conditions exist:

I am in an irreversible coma or persistent vegetative state.

I am terminally ill and life-sustaining procedures would serve only to artificially delay my death.

Under any circumstances where my medical condition is such that the burdens of the treatment outweigh the expected benefits. In weighing the burdens and benefits of treatment, I want my Patient Advocate to consider the relief of suffering and the quality of my life as well as the extent of possibly prolonging my life.

I understand that this decision could or would allow me to die.  
*If this statement reflects your desires, sign here:*

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— **Choice 2:** I want my life to be prolonged by life-sustaining treatment unless I am in a coma or vegetative state which my doctor reasonably believes to be irreversible. Once my doctor has reasonably concluded that I will remain unconscious for the rest of my life, I do not want life-sustaining treatment to be provided or continued. I understand that this decision could or would allow me to die.  
*If this statement reflects your desires, sign here:*

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— **Choice 3:** I want my life to be prolonged to the greatest extent possible consistent with sound medical practice without regard to my condition, the chances I have for recovery, or the cost of my care, and I direct life-sustaining treatment to be provided in order to prolong my life.  
*If this statement reflects your desires, sign here:*

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**d. Specific Instructions Regarding Medical Examinations**

My religious beliefs prohibit a medical examination to determine whether I am unable to participate in making medical treatment decisions. I desire this determination to be made in the following manner:

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This document is to be treated as a Durable Power of Attorney for Health Care and shall survive my disability or incapacity.

If I am unable to participate in making decisions for my care and there is no Patient Advocate or successor Patient Advocate able to act for me, I request that the instructions I have given in this document be followed and that this document be treated as conclusive evidence of my wishes.

It is also my intent that anyone participating in my medical treatment shall not be liable for following the directions of my Patient Advocate that are consistent with my instructions.

This document is signed in the State of Michigan. It is my intent that the laws of the State of Michigan govern all questions concerning its validity, the interpretation of its provisions and its enforceability. I also intend that it be applied to the fullest extent possible wherever I may be.

Photocopies of this document can be relied upon as though they were originals.

I am providing these instructions of my free will. I have not been required to give them in order to receive or have care withheld or withdrawn. I am at least 18 years old and of sound mind.

**Sign and date here in the presence of at least two witnesses who meet the requirements listed in the witness statement on the following page.**

Signature \_\_\_\_\_

Sign Name \_\_\_\_\_ Date \_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

**If the witness does not personally know the person who is signing this Designation, the witness should ask for identification, such as a driver's license.**

**Only two witnesses are required. Using three will protect the validity of the Designation if one witness is later found ineligible to be a witness.**

**Keep the signed original with your personal papers at home. Give signed copies to your doctor, family, the medical facility where you are being treated and to Patient Advocates. You should review this document from time to time and when there is a change in your health or family status.**

**When you review it, if it still expresses your intent, sign and date under the Reaffirmed section on the following page to show you still agree with its contents. If your wishes change, destroy this document, make out a new one and give a copy to everyone who has a copy of the old version.**

**You should discuss this document with the person you want to have as your Patient Advocate and have him/her sign the Acceptance of Patient Advocate on page 29.**

## **Witness Statement and Signature**

I declare that the person who signed this Designation of Patient Advocate signed it in my presence and is known to me. I also declare that the person who signed appears to be of sound mind and under no duress, fraud, or undue influence and is not my husband or wife, parent, child, grandchild, brother or sister. I declare that I am not the presumptive heir of the person who signed the previous page, the known beneficiary of his/her will at the time of witnessing, his/her physician or a person named as the Patient Advocate. I also declare that I am not an employee of a life or health insurance provider for the person who signed, an employee of a health facility that is treating him/her, or an employee of a home for the aged where he/she resides and that I am at least 18 years old.

## **WITNESSES**

Sign Name \_\_\_\_\_ Sign Name \_\_\_\_\_

Print \_\_\_\_\_ Print \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

# REAFFIRMED

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_ Signature \_\_\_\_\_

***These restrictions are required by the Patient Advocate Act of 1990, P.A. No. 312. (MCLA 700.496)***

## Acceptance of Patient Advocate

*The Patient Advocate and any successor Patient Advocate must sign this Acceptance before he/she may act as Patient Advocate.*

I agree to be the Patient Advocate for

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(called Patient in the rest of this document). I accept the Patient's designation of me as Patient Advocate. I understand and agree to take reasonable steps to follow the desires and instructions of the Patient as indicated in the Designation of Patient Advocate, in other written instructions of the Patient and as we have discussed verbally.

- a. This designation shall not become effective unless the Patient is unable to participate in medical treatment decisions.
- b. A Patient Advocate shall not exercise powers concerning the patient's care, custody, and medical treatment that the Patient, if the Patient were able to participate in the decision, could not have exercised on his or her own behalf.
- c. This designation cannot be used to make a medical treatment decision to withhold or withdraw treatment from a Patient who is pregnant that would result in the pregnant Patient's death.

- d.** A Patient Advocate may make a decision to withhold or withdraw treatment which would allow a Patient to die only if the patient has expressed in a clear and convincing manner that the Patient Advocate is authorized to make such a decision, and that the Patient acknowledges that such a decision could or would allow the Patient's death.
- e.** A Patient Advocate shall not receive compensation for the performance of his or her authority, rights, and responsibilities, but a Patient Advocate may be reimbursed for actual and necessary expenses incurred in the performance of his or her authority, rights and responsibilities.
- f.** A Patient Advocate shall act in accordance with the standards of care applicable to fiduciaries when acting for the Patient and shall act consistent with the Patient's best interests. The known desires of the Patient expressed or evidenced while the Patient is able to participate in medical treatment decisions are presumed to be in the Patient's best interests.
- g.** A Patient may revoke his or her designation at any time and in any manner sufficient to communicate an intent to revoke.
- h.** A Patient Advocate may revoke his or her acceptance to the designation at any time and in any manner sufficient to communicate an intent to revoke.
- i.** A Patient admitted to a health facility or agency has the rights enumerated in Section 20201 of the Public Health Code, Act No. 368 of the Public Acts of 1978, being Section 333.20201 of the Michigan Compiled Laws.

If I am unavailable to act after reasonable effort to contact me, I delegate my authority to the persons the Patient has designated as successor Patient Advocate in the order designated. The successor Patient Advocate is authorized to act until I become available to act.

**PATIENT ADVOCATE:**

Sign Name \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Successor PATIENT ADVOCATE**

Sign Name \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Successor PATIENT ADVOCATE**

Sign Name \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_



**MICHIGAN HOSPICE  
& PALLIATIVE CARE ORGANIZATION**

Michigan Hospice & Palliative Care Organization  
5123 W. St. Joseph Hwy., Suite 204  
Lansing, MI 48917  
1-800-536-6300  
[www.mihospice.org](http://www.mihospice.org)

“Funding for printing the *Consumer Guide to Hospice Care* has been generously provided by the Michigan Department of Community Health and administered by the Michigan Public Health Institute in support of the Michigan Cancer Consortium’s priority on end-of-life. The contents of this booklet do not necessarily represent the official views of the Michigan Department of Community Health or the Michigan Public Health Institute.”

*Michigan Department  
of Community Health*



**Jennifer M. Granholm, Governor  
Janet Olszewski, Director**