



WHAT MATTERS MOST

We want to provide you with the best care possible. To do this, we need to understand what matters most to you.

We will make every effort to respect and honor your wishes and choices.

Tell your doctors and health team about your wishes and choices for care in

5 EASY STEPS:

1. Identify What Matters Most to you
2. Name your health care agent or proxy decision maker(s)
3. Write down your care choices
4. Sign the form and have two witnesses co-sign
5. Give copies of the signed form to key people in your life (health care agent, doctor, lawyer etc.)

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Medical Record Number

Patient Name



ADMIN ADVANCE DIRECTIVE:
WHAT MATTERS MOST

Addressograph or Label - Patient Name, Medical Record Number

Part 1: Tell Us about What Matters Most to You

Dear Doctor _____
(please write your doctor's name)

RE: What matters most to me at the end of my life

I have been reading and thinking about end-of-life issues lately. I realize how important it is that I communicate my wishes to you and my family. I know that you are very busy. You may find it awkward to talk to me about my end-of-life wishes or you may feel that it is too early for me to have this conversation. So I am writing this letter to clarify what matters most to me.

Here is what matters most to me:

Examples: Being at home, doing gardening, traveling, going to church, playing with my grandchildren

Here are my important future life milestones:

Examples: my 10th wedding anniversary, buying a home, birth of my granddaughter

1. _____
2. _____
3. _____
4. _____

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**ADMIN ADVANCE DIRECTIVE:
WHAT MATTERS MOST**

Here is how we prefer to handle bad news in my family:

Examples: We talk openly about it, we shield the children from it, we do not like to talk about it, we do not tell the patient

Part 2: Who Makes Decisions for You when You Cannot

Here is how we make medical decisions in our family:

Examples: I make the decision myself, my entire family has to agree on major decisions about me, my daughter who is a nurse makes the decisions etc.

Here is who I want making medical decisions for me when I am not able to make my own decisions:

Decision maker #1

Name Relationship

Address

City State Zip code

Phone number(s)



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Decision maker #2

Name

Relationship

Address

City

State

Zip code

Phone number(s)

PLEASE CIRCLE ONE: I want my agent to make health decisions for me:

- **Starting right now**

(OR)

- **When I am not able to make decisions by myself**

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Part 3: Please Write Down Your Care Choices

If I become ill and require artificial support, here is what I want:

Treatment	I refuse	I accept	Specific Instructions (example: for how long)
CPR (Cardiopulmonary Resuscitation): Using electric shocks, chest compressions and a breathing tube to try to make the heart beat again and restore breathing after it has stopped			
Breathing machine support (ventilator)			
Kidney dialysis			
Blood transfusions			
Artificial food and fluids placed directly into my vein or stomach to give me liquid food.			



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Please allow natural death when:

When I become	Allow natural death to happen (do not connect me to machines or disconnect me from machines)		
	Yes	No	Specific Instructions
<p><u>Permanently Unconscious:</u> I am in a coma and not aware of people or my surroundings. A group of doctors determine that I am unlikely to ever wake up from the coma.</p>	Yes	No	
<p><u>Permanently Confused:</u></p> <ul style="list-style-type: none"> I cannot and will not be able to recognize my loved ones. I am not able to make any health decisions 	Yes	No	
<p><u>Dependent on others for all my care:</u> I am no longer able to talk or communicate clearly or move by myself. Others have to feed, toilet, bathe, dress me everyday.</p>	Yes	No	
<p><u>End stage illness:</u> I have an illness that has reached its final stages in spite of full treatment.</p>	Yes	No	

Go to page 6 to add other treatment choices.

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Here is what I DO WANT at the end of my life (in the last six months of life):

- I want to be pain free
- I want you to allow me to die gently and naturally
- I want hospice care
- Other: Please use the space below to give detailed instructions to your doctors

Here is where I want to spend the last days of my life:

- In the hospital
- At home or in a home-like setting

If my pain and distress are difficult to control, please sedate me (make me sleep with sleep medicines) even if this means that I may not live as long:

- Yes
- No



Medical Record Number

Patient Name

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Here is what I want to do when my family wants you to do something different than what I want for myself:

- I am asking you to show them this letter and guide my family to follow my wishes.
- I want you to override my wishes as my family knows best.

After a person passes away, their organs and tissues (eyes, kidneys, liver, heart, skin etc.) can be donated to help other people who are ill.

Please choose one of the following:

- I will donate any of my organs and tissues
- I will donate the following organs, tissues only

-
-
- I do NOT want to donate my organs or tissues
 - I do NOT want to decide now. My agent can decide later.

Please check below to give permission:

- My agent can make funeral arrangements when needed

Medical Record Number

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Please write other detailed instructions (attach extra pages if you need).



Medical Record Number

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Part 4: Sign the Form and have two witnesses co-sign

I cancel any prior Power of Attorney for Health Care or Natural Death Act Declaration. My health care agent and others may use copies of this document as though they were originals.

Sign your name and write the date:

Sign your name

Date

Print your name

Address

City

State

Zip code

NOTE: If you are unable to sign, but ARE able to talk about what matters most for your health care an adult may sign your name with you present, asking them to sign for you

Name and signature of adult signing my name in my presence and at my direction:

Print Name

Date

Signature

Medical Record Number

Patient Name

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Have your witnesses sign their names and write the date:

Statement of Witnesses:

By signing, I promise that _____ signed
this form. (the person named on Page 9)

I am 18 years of age or older and I promise that:

- I know this person or their identity has been proved to me with convincing evidence
- This person was thinking clearly and was not forced to sign this document while in my presence
- I am not their agent
- I am not providing health care for this person
- I do not work for this person’s health care provider
- I do not work for the facility or institution where they live (e.g. their nursing home if applicable)

Witness #1

Print your name

Address

City

State

Zip code

Signature

Date



Medical Record Number

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Addressograph or Label - Patient Name, Medical Record Number

Witness #2

Print your name

Address

City

State

Zip code

Signature

Date

At least one of the above witnesses must also sign the following declaration:

I also promise I am not related to the person signing this What Matters Most letter directive by blood, marriage, or adoption, and to the best of my knowledge, I am not entitled to any of their money or property after they die.

Signature of Witness

Medical Record Number

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Skilled Nursing Facility – Special Witness Requirement:

The patient advocate or ombudsman must be at least one of the two witnesses.

I further declare under penalty of perjury under the laws of the State of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and am serving as a witness as required by Probate Code 4675.

Name

Title

Address

Signature

Date

State of California County of _____

Medical Record Number

Patient Name



Addressograph or Label - Patient Name, Medical Record Number

Optional—Certificate of Acknowledgment of Notary Public

Signing before a notary public is not required if qualified witnesses have signed on pages 10-11. If you are a resident of a skilled nursing facility, you must have the patient advocate or ombudsman sign the statement of witnesses on pages 10-11 and the statement on page 12, even if you choose to have this form notarized.

Signature _____ (Seal)

On _____ before me, _____
(insert name and title of officer), personally appeared _____
(insert name of principal) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
WITNESS my hand and official seal.

Part 5: Share a copy of this form with key people

- After you and witnesses have signed this form, please make photocopies and give to your health care agent, doctor, lawyer and other key people in your life.
- Ask your doctor to upload this form into your electronic medical record.

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Resources

Frequently Asked Questions:

What is an advance health care directive?

An advance health care directive is a form that allows you to document how you want to be cared for in the future, if you cannot speak for yourself.

What is the Stanford What-Matters-Most letter directive?

The Stanford What-Matters-Most letter directive is a very simple type of advance health care directive that allows you to write a letter and tell your doctor and your family about what type of care you want in the future, if you cannot speak for yourself.

Who should write the What-Matters-Most letter directive?

Anyone 18 years or older should write their What-Matter-Most letter. If you have any health problems, you should definitely write your What-Matter-Most letter and tell your doctors, health team and your family about your wishes and health choices. Your doctors and your loved ones will be greatly relieved to know your wishes

Why should I write the What-Matters-Most letter directive?

Most doctors forget to talk to their patients about what type of care they want in the future and at the end of their life. Thus, patients do not have any say in what happens to them. By writing the Stanford What-Matters-Most letter, you will be able to tell your doctors and your family about the types of care you want.

Why should I write the What-Matters-Most letter directive now?

Some people wait until it is too late and never get to tell their doctors and health team about what matters most to them. The best time to write the letter is when you are healthy and able to speak for yourself.

What happens if I don't write the What-Matters-Most letter directive?

When your doctors and health team do not know what matters most to you, they could unknowingly give you treatments that you may not want or treatments that may be too burdensome to you. If your loved ones do not know what you want, they will have to bear the burden of making decisions on your behalf (research has shown that this is very stressful for family members).

How do I know what treatment options are available to me?

Your doctors will tell you about your illness, give you information about any available treatments and their side effects. Your doctors can also tell you which treatments might be best for you but they cannot choose for you. You have to make decisions about your treatments based on what is important to you. If your doctors know what matters most to you, they will be able to help you with making decisions.

What do you want me to do?

You could answer the questions in the what-matters-most letter directive. Discuss it with your family and sign the letter directive in front of witnesses and give it to your doctor.

What does the word agent or proxy mean? Why do I need an agent (proxy)?

A healthcare agent, also known as a health care proxy is someone who will make medical decisions for you when you are not able to make your own decisions.

Who can be my agent?

Most people name a trusted friend or family member to make decisions in some situations, in the event they lose the ability to make their own decisions. You should name two or three people you trust to serve as your agent. If you do not name someone, then your healthcare team will choose an agent for you based on the regulations in the state you live in. An agent may also be referred to as a decisionmaker or proxy decisionmaker.

Who is NOT eligible to serve as my healthcare agent?

The following persons are NOT eligible by law to be your agent:

- Your doctors, nurses, and other health professionals taking care of you
- Any employees of the health facility where you are receiving care
- Any employees of a community care and residential care facility where you are receiving care.

When does my agent begin making my medical decisions?

In the event you are not able to make decisions for yourself anymore, your agent will make decisions on your behalf. However, if you wish, you can ask your agent to begin making decisions for you immediately

Should I tell my agent about my What-Matters-Most letter directive?

It is very important that you discuss your What-Matters-Most letter with your agent and help them understand your values and wishes. This way, when you are not able to make decisions for yourself, your agent can make decisions for you guided by your values and beliefs. The What-Matters-Most letter helps you describe your values to your agent. You should tell your agent that you have named them in your What-Matters-Most letter directive as your agent.

What if I don't want to name a healthcare agent?

You do not have to name an agent, though it is in your best interest to do so. You can still write out your wishes and ask your doctor to list those wishes in your medical record. This will give your doctors and your family or friends some idea of what you would want if the time came that you couldn't speak for yourself.

Will I still be treated if I don't complete my What-Matters-Most letter directive?

Yes of course! We will always give you the best possible care. If you become too sick to make decisions yourself, someone else will have to make them for you.

What should I do after writing my What-Matters-Most letter directive?

Once you write and sign the letter, two qualified adults must witness your signature. Your doctors or members of your health team cannot witness your letter directive. If you prefer, you can notarize your letter directive.

What evidence of identity do you need to show the people who witness this form?

You can use any photo identification card issued by the United States federal government or state government (driver's license, passport etc.) that is current or issued within the last five years. Other acceptable forms of ID include a current driver's license issued by the Canadian or Mexican government, or a valid foreign passport that has been stamped by the U.S. Immigration and Naturalization Service. Hospital issued identification (e.g. wrist band) can be used too.

What should I do after I have my What-Matters-Most letter directive signed and witnessed?

If you prepare the document at home, give copies of the form to your health care agent and anyone else of your family or friends who might be involved in your care. Please remember to bring a copy to your doctor at your next visit so it can be included in your hospital medical record. Make some extra copies so you can take one with you if you are admitted to a hospital, nursing home or any other health care facility. Keep the original in a place where you can access it easily and you can tell others how to find it as well. Once you have signed this What Matters Most Advance Directive form it will supersede or replace any earlier Advance Directive forms or Durable Power of Attorney for Health Care forms you have signed in the past.

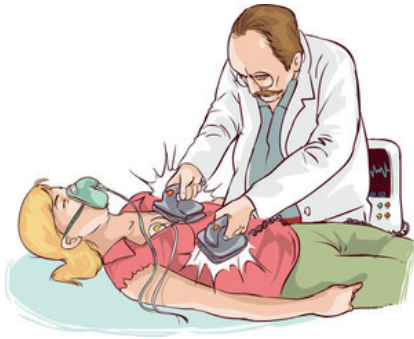
Can I make changes to my What-Matters-Most letter directive?

You can change your What-Matters-Most letter directive at any time. You can also change your agent at any time. If you want to make changes, you must complete a new What-Matters-Most letter Directive, sign it and give it to your doctor to file in your hospital medical record.

In what languages is the What-Matters-Most letter directive available?

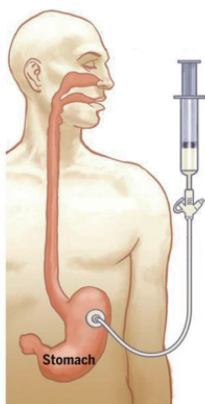
The What-Matters-Most letter is available in English and many languages like Spanish, Chinese, Tagalog, Vietnamese, Hindi, Urdu and others.

Glossary of Terms:



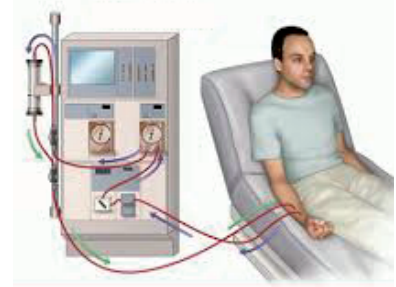
Cardiopulmonary resuscitation (CPR) – If a person’s heart stops or if that person stops breathing and the person has not indicated he or she does not want CPR, health care professionals usually try to revive him or her using CPR. In most cases when people have a terminal illness this is not successful. (You do not need to have an advance directive to request a do-not-resuscitate order.)

Breathing machine – If your lungs stop working properly, doctors can connect you to a machine called a ventilator. A ventilator is a machine that pumps air into a person’s lungs through a tube in the person’s mouth or nose that goes down the throat. The machine breathes for a person when he or she cannot.



Artificial liquid feeding – There are various methods to feed people who can no longer eat, including inserting a tube into the stomach through a person’s nose or through the stomach wall to give food and fluids.

Dialysis – If your kidneys stop working properly, your blood can be cleaned using a dialysis machine. The dialysis machine does the work of your kidneys. Most people have to go to a dialysis center and be dialyzed three times a week. Some are dialyzed at home.



Hospice care – is a type of care provided to a patient at the end of life. Hospice care focuses on enhancing the dying person's quality of life and provides support to their family or friends. Hospice care is usually provided in the home, but also can be provided in a hospital or nursing home.

Who Will Help Me Complete this Form:

If you prepare the document while at Stanford Hospital, the staff who assist you will make copies and send a copy to Medical Records. You may also register your What Matters Most Directive with the California registry. Please refer to the following site for information: <https://www.sos.ca.gov/registries/advance-health-care-directive-registry/>

How can I get more information?

Please ask your doctor, nurse, social worker, chaplain or other member of the health team to help you. Additional copies of the What-Matters-Most letter directive are available from Spiritual Care Service (3-5101 from phones in the hospital or 650-723-5101 from phones outside the hospital)

Are there other ways that I can make my health care wishes known?

In addition to the What-Matters-Most letter directive, persons who are seriously ill can complete a POLST (Physician Orders for Life-Sustaining Treatment) form to express treatment preferences. It includes orders describing CPR, Medical Interventions (intensity of care—ICU, no-ICU, comfort care, etc.) and the use of artificial nutrition. The POLST must be signed both by you and your doctor. It is not an Advance Directive and will not replace this What-Matters-Most letter directive. Information about the POLST is available at: <http://www.capolst.org> where you can also download a copy of the form.



What if I already have an Advance Health Care Directive from another hospital? Can I use it?

Show the document to a social worker or chaplain to be reviewed and if it meets the basic criteria of an advance health care directive, it will be scanned into your medical record and used as indicated.

Stanford Contact Information:

If you are in the hospital and need help completing this form, contact Spiritual Care Service 650-723-5101, pager 15683. We take all feedback very seriously. Please direct your comments to Guest Services at 650-498-3333. For quality of care concerns, you may also contact the Joint Commission at 800-994-6610 or send an email to complaints@jointcommission.org.

If you have any feedback specifically about the hospital's provision of information on Advance Health Care Directives, you may contact:

Department of Health Services
Licensing and Certification Division
100 Paseo de San Antonio, Suite 235
San Jose, CA 95113
408-277-1784
FAX 408-277-1032

If you are a Medicare patient with any feedback about the hospital's provision of information on Advance Health Care Directives, you may also call the Medicare hotline: 1-800-MEDICARE or 1-800-633-4227.

PHONE NUMBERS

Guest Services	650-498-3333
Ethics Committee	650-723-5760
Interpreter Services	650-723-6940
Medical Records	650-723-5721
Patient Access Services	650-723-6221
Social Services	650-723-5091
Spiritual Care Service	650-723-5101
The Health Library	650-723-8400

