

# Your Well-Being

## Advance Directives

An advance directive helps you plan ahead by determining the type of care you would receive if a serious injury or illness leaves you unable to make decisions for yourself. It gives your family, caregivers and physicians specific information on how you want to be treated. Advance directives can be changed any time in writing. Expressing your wishes in an advance directive does not require that you hire an attorney. The decision to have an advance directive requires careful thought and consideration.

It is important to put your wishes in writing. If you have filled out an advance directive form, please provide us with a copy so that we can follow your wishes.

Easy-to-complete advance directive documents are available by calling the CDH Advance Directives line at 630.933.4856 (TTY for the hearing impaired 630.933.4833) or the Delnor Hospital Advance Directives line at 630.938.8755 (TTY for the hearing impaired 630.208.4399). Advance directive choices include:

**Healthcare Power of Attorney** allows the person you choose, called an agent, to make healthcare decisions for you only when you cannot do so yourself. Your agent must follow your wishes. Your doctor or other

healthcare provider cannot serve as your agent. If you make a decision to establish a healthcare power of attorney, make sure you ask your designated agent if they are willing to take on this role. In the event that you choose not to appoint a healthcare power of attorney, Illinois law provides for a hierarchy of authority to make decisions on your behalf if you become incapable of communicating with your caregiver team.

**Living Will** applies if you have a terminal illness and cannot state your wishes. A living will tells your doctor what, if any, life sustaining measures you have directed. If you have a living will and a healthcare power of attorney, the latter will apply unless your agent cannot make a decision.

**Do-Not-Resuscitate Orders (DNR)** informs healthcare providers and especially emergency and ambulance personnel that you do not want cardiopulmonary resuscitation (CPR) or life support treatment. The State of Illinois requires that the form be completed by you and signed by your doctor. Please speak to your doctor if you would like more information.

**Mental Health Treatment Declaration** offers the option of identifying your care needs should you have mental illness. You may also designate someone, known as your attorney-in-fact, to make decisions on your behalf.