START THE CONVERSATION

CONVERSATION GUIDE

A PUBLIC EDUCATION INITIATIVE BY VERMONT’S NON-PROFIT VNA’S, HOME HEALTH AND HOSPICE AGENCIES
IN PARTNERSHIP WITH VERMONT ETHICS NETWORK

WWW.STARTTHECONVERSATIONVT.ORG
INTRODUCTION

The team from your local non-profit Visiting Nurse Association (VNA), home health and hospice agency understands that it’s difficult to discuss such a sensitive issue as end-of-life. We are here to make it easier, with the skill, caring and compassion to help patients and their families face difficult choices. Start the Conversation is a public education initiative that aims to:

- increase the understanding of end-of-life care options, including hospice and palliative care
- help families talk with each other and their physician about end-of-life care
- encourage the use of advance directives to document end-of-life care choices

Good advance planning for health care decisions is a continuing conversation – about values, priorities, the meaning and quality of one’s life. To help you in this process, we have produced this Conversation Guide that contains worksheets, suggestions, information and resources to help you think about your values as they relate to medical care decisions, to better understand end-of-life care options, and to discuss your choices with your loved ones and your health care agent.

SECTION ONE: KNOW YOUR END-OF-LIFE CARE OPTIONS

PAGES 2-4: When faced with decisions about end-of-life care, knowing your options is an important early step to ensure your wishes are honored. This section outlines the differences between hospice and palliative care and clearly describes the benefits of these specialized care options.

SECTION TWO: WORKSHEETS TO HELP YOU START THE CONVERSATION

PAGE 5: Are Some Conditions Worse Than Death? This worksheet helps you think about various situations in which you would not want medical treatment intended to keep you alive.

PAGE 6-7: Getting Past the Resistance. There is no right way to start, nor is there a right time to talk about your wishes. Here you’ll find some suggestions on how to get started.

PAGES 8-9: Personal & Spiritual Values Important to Your Medical Decisions. Answer 10 questions about your personal values and beliefs to ensure they are clear to you and to others.

PAGES 10-12: Your Personal Medical Preferences Test. This questionnaire can give you some sense of how well you have communicated your wishes to your family, agent or doctor and may help encourage a better conversation and understanding.

PAGES 13-14: Your Agent’s Understanding of Your Medical Preferences. Your named health care agent, family member or doctor completes the same test you have taken. Compare the answers to see how well you have communicated your wishes.

PAGE 15-16: Your Care Plan. This information summarizes the important steps for completing your advance directive. It includes a worksheet to help you decide who the best person is to speak for you in a medical crisis, in case you cannot speak for yourself.
**KNOW YOUR END-OF-LIFE CARE OPTIONS**

When faced with decisions about end-of-life care for yourself or someone you love, knowing your options is an important early step. Palliative and hospice care are specialized care options for persons with life-threatening or terminal illnesses. Understanding the benefits of palliative and hospice care is important for all of us so that we can be prepared to find the care we need for ourselves or our loved ones if needed.

Your local non-profit hospice and palliative care team will take the time to talk with you and help you understand what care options might be available. They make your goals and wishes a priority and make sure you get the care you want and deserve.

**PALLIATIVE CARE BENEFITS**

For people hoping for a cure or for people whose prognosis is uncertain, palliative care is an important and valued option. The goal is to provide an opportunity for people with life-threatening illnesses to access, earlier in the disease process, the kind of care provided by hospice. People with a life-threatening illness who are still undergoing cure treatment benefit greatly from the relief of pain and discomfort.

A wide variety of patients can benefit from palliative care including:

- those who have been diagnosed with a complex, serious illness who desire relief from pain or symptoms associated with the disease;
- those who need to make difficult decisions about how to proceed with care and treatment; and
- those who need assistance with communication issues related to care and treatment can all benefit from palliative care.

The goal of palliative care is to achieve the best quality of life for patients and their families. Individuals seeking palliative care may have a prognosis beyond six months and may continue to pursue cure-oriented treatment while receiving palliative care services. This approach is intended to allow people with a life-threatening illness earlier access to the same type of care that hospice patients receive.

Palliative care has been shown to:

- reduce unwanted, unnecessary and painful treatments or interventions
- increase the ability of patients’ families to cope with and care for a loved one
- improve patient and family satisfaction with care
- improve the patients’ response to treatments

The first step to getting palliative care is to talk to your doctor. Explain to your doctor what quality of life means for you, or for your loved one, and discuss what treatments and procedures are ahead. Your doctor may need to make a referral to palliative care. Keep in mind that receiving palliative care does not interrupt your relationship with your primary physician but rather enhances the effectiveness of the care you receive.
HOSPICE CARE BENEFITS

When medical care cannot offer a cure, hospice provides care, comfort and support for persons with life-limiting conditions as well as their families. The hospice team works to make the person comfortable and relieve their symptoms and pain for the entire length of their illness.

The hospice team will provide the following services to individuals in the home, wherever they consider home to be:

- manage pain and other symptoms
- offer support for the emotional and spiritual aspects of dying
- provide medications, medical supplies and equipment
- teach family members skills to help them provide care
- deliver special services like speech and physical therapy if needed
- make short-term inpatient care available when pain or other symptoms become too difficult to manage at home
- provide support and counseling to family members and loved ones

Essential to hospice care is the view that dying is a natural part of the life course and that every individual has the right to live fully without pain and with dignity until a natural death takes place.

Anyone can inquire about hospice services. In Vermont, hospice is provided by Medicare-certified Visiting Nurse Associations (VNAs) and Home Health and Hospice Agencies. You or your loved one can contact your local hospice provider and request services. The hospice team will then contact your physician to determine if a referral to hospice is appropriate. Another way to inquire about hospice is to talk with your physician, and he or she can make a referral to hospice.

Hospice services are available for children and adults. Individuals can be referred to hospice when the goal of treatment shifts from cure to comfort and their prognosis is approximately six months or less.

The most common response heard from families following the death of their loved one is, “I wish that I had known about hospice care sooner.” It is important that you understand the care that is available for you or your loved one at the end of life.

Hospice is considered to be the model for high-quality, compassionate care for people with a life-limiting illness. The wishes of the patient and family are always at the center of care. Ask about hospice.
<table>
<thead>
<tr>
<th><strong>WHO CAN RECEIVE THIS CARE?</strong></th>
<th>Anyone with a serious illness, regardless of life expectancy, can receive palliative care</th>
<th>Someone with an illness with a life expectancy measured in months not years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CAN I CONTINUE TO RECEIVE TREATMENTS TO CURE MY ILLNESS?</strong></td>
<td>You may receive palliative care and curative care at the same time</td>
<td>Treatments and medicines aimed at relieving symptoms are provided by hospice</td>
</tr>
<tr>
<td><strong>DOES MEDICARE PAY?</strong></td>
<td>Some treatments and medications may be covered</td>
<td>Medicare pays all charges related to hospice</td>
</tr>
<tr>
<td><strong>DOES MEDICAID PAY?</strong></td>
<td>Some treatments and medications may be covered</td>
<td>Medicaid pays all charges related to hospice</td>
</tr>
<tr>
<td><strong>DOES PRIVATE INSURANCE PAY?</strong></td>
<td>Some treatments and medications may be covered, but there generally is not a 'package' benefit for palliative care</td>
<td>Most insurance plans have a hospice benefit</td>
</tr>
<tr>
<td><strong>HOW LONG CAN I RECEIVE CARE?</strong></td>
<td>This will depend upon your care needs, and the coverage you have through Medicare, Medicaid or private insurance</td>
<td>As long as you meet the hospice’s criteria of an illness with a life expectancy of months not years</td>
</tr>
<tr>
<td><strong>WHAT ORGANIZATION PROVIDES THESE SERVICES?</strong></td>
<td>Hospitals Visiting Nurse Associations Home Health &amp; Hospice Agencies</td>
<td>Visiting Nurse Associations Home Health &amp; Hospice Agencies</td>
</tr>
<tr>
<td><strong>WHERE ARE SERVICES PROVIDED?</strong></td>
<td>Home Assisted living facility Nursing facility Hospital</td>
<td>Usually, wherever the patient resides, in their home, assisted living facility, nursing facility, or hospital. <em>Vermont Respite House</em> – an in-patient hospice facility</td>
</tr>
<tr>
<td><strong>CAN I GET HELP FROM VOLUNTEERS?</strong></td>
<td>Volunteers are not offered at present time</td>
<td>Trained hospice volunteers provide support for families and patients as needed</td>
</tr>
<tr>
<td><strong>ARE MEDICATIONS COVERED?</strong></td>
<td>Medication coverage varies with insurance policy</td>
<td>Medications related to the terminal diagnosis are covered</td>
</tr>
<tr>
<td><strong>IS MEDICAL EQUIPMENT COVERED?</strong></td>
<td>Coverage varies with insurance policy and medical necessity.</td>
<td>Medical equipment covered related to terminal diagnosis (commode, hospital bed, etc.).</td>
</tr>
<tr>
<td><strong>IS BEREAVEMENT SUPPORT PROVIDED?</strong></td>
<td>Usually not covered; exceptions made on an individual basis.</td>
<td>Bereavement support for family for up to one year following the death.</td>
</tr>
</tbody>
</table>
ARE SOME CONDITIONS WORSE THAN DEATH?

This worksheet helps you to think about situations in which you would not want medical treatments intended to keep you alive.

Advances in medical technology are changing the way people make decisions on what types of treatment they desire. Choices offered today by modern medicine involve value judgments that may determine if a particular treatment is right for you. In some cases, treatments can keep people alive even if there is no chance you will improve. Ask yourself what you would want in the situations described below if treatment would not reverse or improve your condition.

**DIRECTIONS:** Circle the number from 1 to 5 that best indicates how you feel about these situations.

1 -- Definitely want treatments that might keep you alive.
2 -- Probably would want treatments that might keep you alive.
3 -- Unsure of what you want.
4 -- Probably would NOT want treatments that might keep you alive.
5 -- Definitely do NOT want treatments that might keep you alive.

**WHAT IF YOU ...**

<table>
<thead>
<tr>
<th>Situation</th>
<th>1 2 3 4 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. No longer can walk but get around in a wheel chair.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>b. No longer can get outside – you spend all day at home.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>c. No longer can contribute to your family’s well-being.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>d. Are in severe pain most of the time.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>e. Are in severe discomfort most of the time (such as nausea, diarrhea).</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>f. Are on a feeding tube to keep you alive.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>g. Are on a kidney dialysis machine to keep you alive.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>h. Are on a breathing machine to keep you alive.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>i. Need someone to take care of you 24 hours a day.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>j. Can no longer control your bladder or your bowels.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>k. Live in a nursing home.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>l. Can no longer think or talk clearly.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>m. Can no longer recognize family or friends.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>n. Need to be sedated to control your pain.</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>
GETTING PAST THE RESISTANCE

Communication is the single most important step in health care planning. Why is it important to talk about your wishes with the people who may be called upon to speak or decide for you?

1. No matter what your advance directive says, others will not fully understand your wishes. The more thoroughly you communicate, the easier it will be for everyone to respect your wishes.

2. It will help you think about what you want. Others will ask you questions or tell you things that will make you think about your wishes in another way.

3. It will help your loved ones make difficult decisions with less pain, doubt, and anxiety.

4. It may save money. Sometimes families continue medical treatments long past the point where they are helpful, simply because they are unsure what their loved one would have wanted. This is emotionally and financially costly.

5. It may even bring your family closer together.

There’s no “right” way to start, nor is there a “right” time. The discussion does not have to be somber and mournful. Here are some suggestions for getting started:

Start with a story of someone else’s experience:
“Do you remember what happened to so-and-so and what his family went through? I don’t want you to have to go through that with me. That’s why I want to talk about this now, while we can.”

Blame it on your attorney:
“Mr. Darrow, my lawyer, says that before I complete some legal documents, I need to talk over with you some plans about end-of-life medical care.”

Use the worksheets provided in this packet to guide the discussion.

Use a letter, tape, or video recording as a starting point. At first, it may be easier for people to hear what you have to say if you are not there.

*Ask someone to be your spokesperson if necessary.*
RESISTANCE TO THE DISCUSSION IS COMMON, FOR EXAMPLE...

“Mom, I don’t see what good it does to talk about such things. It’s all in God’s hands anyway.”

“Dad, I already know you don’t want any heroic measures if things are really bad. There’s nothing more we need to discuss about it. We’ll do the right thing if the situation arises.”

“I just can’t talk about this. It’s too painful, and talking about it just makes it more likely that it will happen.”

IN RESPONSE...

Be firm and straightforward.

“I know this makes you feel uncomfortable, but it’s very important to me that you listen, to what I have to say.”

“If it is too overwhelming for you right now, I understand. But let’s pick a time to sit down together, all right?”

POINT OUT THE POSSIBLE CONSEQUENCES OF NOT TALKING NOW.

“If we don’t talk about this now, we could both end up in a situation that is even more uncomfortable. I’d really like to avoid that if I could.”
People have personal and spiritual beliefs that affect their medical decisions. This is especially true at the end of life with regard to the use of life-sustaining treatments. To ensure that your values and beliefs are clear to yourself and to others, consider answering the questions below. Use more paper if you need more space.

1. What is most important to you about your physical/mental well-being? For example, do you love to be outdoors; read; listen to music; be physically active?

2. What gives your life its value, purpose and meaning?

3. What are your fears regarding the end of life?

4. Do you believe life should always be preserved as long as possible?

5. If your treatment had distressing side effects, at what point would you choose hospice or comfort care instead?

6. If you knew you had a life-limiting illness, where would you spend your remaining time, what would you like to be doing, and who would you want to be present?
7. With which family members/friends are you going to start discussing your health care choices?

8. How do you want to be remembered? (If you wrote your obituary, what would it say?)

9. Do you have any religious or moral views about medicine or particular medical treatments to prolong life? If so, what are they?

10. What is important for others to know about the spiritual or religious part of your life?


12. What do you need for comfort and support as you journey near death? For example, to pray with a member of the clergy? To have others pray for you? To be read to from spiritual or religious texts? To have music playing? To be held?
PERSONAL MEDICAL PREFERENCES TEST

How well does your family, agent, or doctor know your health care wishes? This short test can give you some sense of how well you have communicated your wishes to them and may help encourage a better conversation and understanding.

The Questionnaire starts on the next page.

INSTRUCTIONS:

STEP 1: Answer the 10 questions using the Personal Medical Preferences test which follows.

STEP 2: Next, ask your health care agent, family member, or close friend to complete the Agent Understanding of Your Personal Medical Preferences test, also included in this booklet. THE QUESTIONS ARE THE SAME. Don’t reveal your answers until after they take the test. They should answer the questions in the way they think you would answer. (Try the same test with your doctor, too.)

STEP 3: Grading – Count one point for each question on which you and your agent (or you and your doctor) gave the same answer.

POINTS GRADE:

10.................. You are doing a great job communicating.

8 – 9............... Need some fine tuning.

6 – 7............... More discussion needed.

5 or below........ You have a lot of talking to do.
PERSONAL MEDICAL PREFERENCES TEST

STEP 1: Begin here and complete the questionnaire by yourself.

1. Imagine that you had Alzheimer’s disease and it had progressed to the point where you could not recognize or converse with your loved ones. When spoon feeding was no longer possible, would you want to be fed by a tube into your stomach?
   a. Yes
   b. No
   c. I am uncertain

2. Which of the following do you fear most near the end of life?
   a. Being in pain
   b. Losing the ability to think
   c. Being a financial burden on loved ones

3. Imagine that you are seriously ill, and doctors are recommending chemotherapy that usually has very severe side effects, such as pain, nausea, vomiting that could last for 2-3 months. Would you be willing to endure the side effects if the chance of regaining your current health was less than 5 percent?
   a. Yes
   b. No
   c. I am uncertain

4. In the same scenario, suppose that your condition is clearly terminal, but the chemotherapy might give you six more months to live. Would you want the chemotherapy even though it has severe side effects (frequent pain, nausea, vomiting, and weakness)?
   a. Yes
   b. No
   c. I am uncertain

5. If you were terminally ill with a condition that caused much pain, would you want to be sedated, even to the point of unconsciousness, if it were necessary to control your pain?
   a. Yes
   b. No
   c. I am uncertain

6. Imagine that you have moderate dementia causing mental confusion. About half the time, you recognize and interact with friends and loved ones on a simple level. You also have circulatory problems, which resulted in one leg being amputated. Now, the other leg develops gangrene and the doctor recommends amputation because the condition could be fatal. Would you want the operation?
   a. Yes
   b. No
   c. I am uncertain
7. Is it more important for you to: (a) have your specific treatment preferences followed at the end of life even if family members or friends disagree, or (b) have family and friends all in agreement and comfortable with whatever decision is made?
   a. Have specific preferences followed, even if there is disagreement
   b. Have family and friends all in agreement
   c. I am uncertain

8. Imagine that you are physically frail and need help with simple activities – dressing, bathing, eating, and toileting. You live in a nursing home, your mind is fairly clear and capable most of the time, but you have had pneumonia or other lung infections four times in the last year. Each time you had to be hospitalized for several days and given antibiotics through an I-V tube. The next time you get pneumonia, do you want aggressive antibiotic treatment again or just comfort care until death comes?
   a. Antibiotic treatment
   b. Comfort care
   c. I am uncertain

9. Imagine that you are in a permanent coma, and you are dependent on a tube inserted into your stomach for nutrition and hydration, for food and water. Would it be important to you that decisions about your treatment be guided by particular religious beliefs or spiritual values that you hold?
   a. Yes
   b. No
   c. I am uncertain

10. If your heart, kidneys, pancreas, lungs and liver could all be used in transplant operations to save lives, would you want to donate them at death?
    a. Yes
    b. No
    c. I am uncertain

If you are uncertain about any of your choices, you should ask your health care professional to further explain the options available to you.
YOUR AGENT’S UNDERSTANDING OF YOUR MEDICAL PREFERENCES

STEP 2: Your named health care agent, family member, close friend or physician should complete the same test as you have taken. See how close the answers compare.

INSTRUCTIONS: Answer the following questions in the way you think “N” (name: ______________________) would answer.

1. Imagine that N had Alzheimer’s disease and had progressed to the point where he/she could not recognize or converse with loved ones. When spoon feeding was no longer possible, would he/she want to be fed by the insertion of a tube into the stomach?
   a. Yes
   b. No
   c. N would be uncertain

2. Which of the following do you think N fears most near the end of life?
   a. Being in pain
   b. Losing the ability to think
   c. Being a financial burden on loved ones

3. Imagine that N is seriously ill, and doctors are recommending chemotherapy, and this chemotherapy usually has very severe side effects, such as pain, nausea, vomiting, weakness that could last for 2-3 months. Would N be willing to endure the side effects if the chance of regaining his/her current health was less than 5 percent?
   a. Yes
   b. No
   c. N would be uncertain

4. In the same scenario, suppose that his/her condition is clearly terminal, but the chemotherapy might give 6 more months to live. Would N want the chemotherapy even though it has severe side effects (frequent pain, nausea, vomiting, and weakness)?
   a. Yes
   b. No
   c. N would be uncertain

5. If N were terminally ill with a condition that caused much pain, would N want to be sedated, even to the point of unconsciousness, if it were necessary to control the pain?
   a. Yes
   b. No
   c. N would be uncertain

Continued on next page
6. Imagine that N has moderate dementia causing mental confusion. About half the time, N recognizes and interacts with friends and loved ones on a simple level. N also has circulatory problems, which resulted in one leg being amputated. Now, the other leg develops gangrene and the doctor recommends amputation because the condition could be fatal. Would N want the operation?
   a. Yes
   b. No
   c. N would be uncertain

7. Is it more important for N to: (a) have his/her specific treatment preferences followed at the end of life even if family members or friends disagree, or (b) have family and friends all in agreement and comfortable with whatever decision is made?
   a. Have specific preferences followed, even if there is disagreement
   b. Have family and friends all in agreement
   c. N would be uncertain

8. Imagine that N is physically frail and needs help with most simple activities – dressing, bathing, eating, toilet. N lives in a nursing home, is mentally, is fairly clear and capable most of the time, but has had pneumonia or other lung infections four times in the last year. Each time N had to be hospitalized for several days and given antibiotics through an I-V tube. The next time N gets pneumonia, do you think he/she would want aggressive antibiotic treatment again or just comfort care until death comes?
   a. Antibiotic treatment
   b. Comfort care
   c. N would be uncertain

9. Imagine that N is in a permanent coma, and is dependent on a tube inserted into the stomach for nutrition and hydration, for food and water. Would it be important to N that decisions about N's treatment be guided by particular religious beliefs or spiritual values held by N?
   a. Yes
   b. No
   c. N would be uncertain

10. If N's heart, kidneys, pancreas, lungs, and liver could all be used in transplant operations to save lives, would he/she want to donate them at death?
    a. Yes
    b. No
    c. N would be uncertain
**MAKING YOUR CARE PLAN**

Planning for end-of-life care is as important as all the other life plans you have made. Having a plan in place, before it becomes a worry, makes it easier for you, your doctor and your loved ones if you are unable to tell them your health care choices because of an injury or serious illness.

The best way to guarantee that your wishes are known and honored is to complete an advance directive and talk to members of your family, close friends and health care providers about your preferences for care and treatment.

**WHAT IS AN ADVANCE DIRECTIVE?**

An advance directive is a legal document that allows you to give instructions for a broad range of health care decisions and appoint an agent to make those decisions for you if you become unable or unwilling to do so yourself. It is any written communication from you, properly signed and witnessed, that speaks about your future wishes and preferences for treatment.

Because advance directives express your personal values, they provide the best possible guidance to those who will make decisions about your care when needed. Completing an advance directive also allows you to designate a health care agent, a person of your choosing who can make decisions for you in the event that you are no longer able to speak for yourself.

As you begin your advance directive, here are some important things to know:

- you have the right to consent to or refuse any medical treatment.
- you have the right to appoint an agent to make decisions for you.
- you do not need a lawyer to complete an advance directive.
- you can change your advance directive at any time.

**HOW CAN I PREPARE MY ADVANCE DIRECTIVE?**

Any advance directive form that is properly signed and witnessed is legal in Vermont. It can be as long or as short as you wish. Vermont offers short and long versions of an advance directive form to help you with this process.

Vermont also provides residents an Advance Directive Registry, a secure, on-line data base where individuals can submit copies of their completed advance directive forms to be immediately accessed by health care facilities and providers when they are most needed.

The Vermont Ethics Network provides these forms and offers helpful information on completing and registering your advance directive. Refer to their guide, *Taking Steps, Planning for Critical Health Care Decisions* to help you document your choices.

Vermont Ethics Network
61 Elm Street • Montpelier, VT 05602 • 802.828.2909 • www.vtethicsnetwork.org
HOW TO SELECT YOUR HEALTH CARE AGENT

When you decide to pick someone to speak for you in a medical crisis, in case you cannot speak for yourself, there are several things to think about. This worksheet will help you decide who the best person is. Usually it is best to name one person or agent to serve at a time, with at least one back-up person, in case the first person is not available when needed. Who would you consider your agent to be?

Name #1: ____________________________________________________________________

Name #2: ____________________________________________________________________

Name #3: ____________________________________________________________________

Keep in mind that the above names are only those of people you would consider to be your agent. Who you decide to ultimately select must be named in your advance directive.

CONSIDER THE FOLLOWING, AN AGENT SHOULD BE SOMEONE:

• 18 years old or older who can serve as your agent.
• you can trust to make sure your wishes are carried out.
• who could handle the responsibility and be comfortable speaking on your behalf.
• who lives close by or could travel to be at your side if needed.
• who knows you well and understands what’s important to you.
• who will talk with you now about sensitive issues and will listen to your wishes.
• who will likely be available long into the future.
• who would be able to handle conflicting opinions between family, friends, and medical personnel.
• who can be a strong advocate in the face of an unresponsive doctor or institution.

MORE ABOUT YOUR HEALTH CARE AGENT

• Under Vermont law, your health care provider, including the owner or operator of a health or residential or community care facility serving you cannot be your agent -- unless this person is your spouse or relative.
• Ask permission to name him or her as your agent.
• Discuss your health care wishes and values and fears.
• Make sure your agent gets an original copy of your advance directive.
• Tell family members and close friends who you picked.
VERMONT ASSEMBLY OF HOME HEALTH & HOSPICE AGENCIES

ADDISON COUNTY HOME HEALTH & HOSPICE
Box 754
Middlebury, VT 05753
Tel. 802-388-7259

CALEDONIA HOME HEALTH CARE & HOSPICE
161 Sherman Drive
St. Johnsbury, VT 05819
Tel. 802-748-8116

CENTRAL VERMONT HOME HEALTH & HOSPICE
600 Granger Road
Barre, VT 05641
Tel. 802-223-1878

FRANKLIN COUNTY HOME HEALTH AGENCY
3 Home Health Circle
St. Albans, VT 05478
Tel. 802-527-7531

LAMOILLE HOME HEALTH & HOSPICE
54 Farr Avenue
Morrisville, VT 05661-9181
Tel. 802-888-4651

MANCHESTER HEALTH SERVICES
P.O. Box 1224
Manchester Center, VT 05255
Tel. 802-362-2126

ORLEANS, ESSEX VNA & HOSPICE
46 Lakemont Road
Newport, VT 05855
Tel. 802-334-5213

RUTLAND AREA VISITING NURSE ASSOCIATION & HOSPICE
7 Albert Cree Drive
Rutland, VT 05701
Tel. 802-775-0568

VNA OF CHITTENDEN & GRAND ISLE COUNTIES
1110 Prim Road
Colchester, VT 05446
Tel. 802-658-1900

VNA & HOSPICE OF SOUTHWESTERN VERMONT HEALTH CARE
160 Benmont Street, Suite 17
Bennington, Vermont 05201
Tel. 802-442-5502

VNA & HOSPICE OF VERMONT AND NEW HAMPSHIRE
66 Benning Street
Suite 6
West Lebanon, NH 03784
Tel. 888-300-8853 (toll free) or 603-298-0407
IT’S TIME.

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