



CareDimensions™

*Compassionate expertise for advanced illness*

# *Know Your Choices*



*A Guide for People  
with Serious Illness*

In Massachusetts, all patients with serious advancing illness have a legal right to receive information about their medical conditions, their likely outcome (“prognosis”), and their full range of options for care. This enables patients or their advocates to make informed decisions about healthcare choices that reflect each person’s goals, values, wishes and needs.

Although it can be difficult to think about future healthcare choices – especially when an illness is stable and symptoms are manageable – there is much wisdom in talking with your loved ones and your healthcare providers when you are feeling strong and can make your wishes clearly known.

***We are here to help.***  
**Call us at 888-283-1722**  
**or visit [CareDimensions.org](http://CareDimensions.org)**

## *Advance Care Planning: Expressing Your Wishes*

Advance care planning is about taking steps to make sure you get the medical care you would want if you were too sick or hurt to express your wishes, even when doctors and family members are making those decisions for you. It is important to talk with family and trusted loved ones about your goals, values and wishes for future medical care, regardless of your current health needs. And it is important for patients and their families (or advocates) to have these conversations with the patient’s care providers throughout the illness, even at the beginning. Decisions that might come up include whether you want to use a breathing machine, have tube feeding, or be resuscitated if your heart stops.

Advance directives are legal documents that allow you to spell out your preferences about end-of-life care ahead of time. In Massachusetts, a Health Care Proxy is the legally accepted form of advance directive. It is a simple legal document that allows any adult to name a trusted person to make future healthcare decisions on his or her behalf if that person is ever unable to make or communicate those decisions. The designated person is known as a “health care agent.” The health care agent must wait until a physician determines and documents that a patient is not able to make or communicate those decisions on his or her own.

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*In order to ensure that a person’s wishes for future healthcare are known and respected, it is important to complete a “Health Care Proxy” — a written record of decisions made about future medical care.*

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### **Advance Care Planning Resources:**

Massachusetts Health Care Proxy information and form:  
**[www.massmed.org/healthcareproxy](http://www.massmed.org/healthcareproxy)**

The Conversation Project: **[www.theconversationproject.org](http://www.theconversationproject.org)**

Better Ending (translations of the Health Care Proxy form in Spanish and Vietnamese and audio files in English and Spanish):  
**[www.betterending.org](http://www.betterending.org)**

Honoring Choices, Massachusetts: **[www.honoringchoicesmass.com](http://www.honoringchoicesmass.com)**

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## *Palliative Care: Managing Symptoms*

### **What is palliative care?**

Palliative care is a team-based approach to treating serious illness that focuses on a person's physical, emotional and spiritual needs. Palliative care is appropriate at any age, and at any stage of illness. The goal of palliative care is to prevent and relieve the physical symptoms, anxiety and stress that often accompany a serious illness. This includes managing pain, shortness of breath,

fatigue, nausea, loss of appetite and decreased function. Palliative care services also help patients and family members with planning for future needs, coordinating care and working through sometimes difficult decisions.

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#### *Palliative care includes:*

- *Pain and symptom relief*
  - *Coordination of care*
  - *Patient and family support*
  - *Goals of care conversations*
  - *Assistance with decision making*
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### **Who provides palliative care?**

Palliative care is provided by a team of professionals with a variety of different skills. This team can include physicians, nurses and social workers.

### **Who can receive palliative care?**

Anyone with a serious illness, regardless of his or her age, life expectancy or prognosis can receive palliative care services

### **Is palliative care the same as hospice?**

No, but they are related. Palliative care (providing comfort and support) is a component of hospice care, but it can be delivered at any point in a serious illness. Hospice care is specifically for patients with a life expectancy of six months or less if their disease progresses as expected.

### **Where do I receive palliative care?**

Palliative care can be provided anywhere, including in the hospital, home, skilled nursing facility, outpatient clinic or physician's office.

### **Does my insurance cover palliative care?**

Most insurance plans, including Medicare and Medicaid, cover some medical services that are considered palliative care. This will depend on the patient's condition and where he or she is receiving care (home, hospital, etc.). For specific information about your healthcare coverage, contact your insurance plan.

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*Palliative care does NOT prevent other treatments from being provided, including life-prolonging or even potentially curative measures.*

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### **May I keep my current doctor if I am receiving palliative care?**

Yes. Palliative care teams work closely with a patient's primary doctor. They provide an extra layer of treatment and support.

#### ***Palliative Care Resources:***

National Hospice and Palliative Care Organization:  
**[www.nhpco.org](http://www.nhpco.org)**

Partnership for Palliative Care:  
**[www.restoringqualityoflife.org/what-is-palliative-care/palliative-care-and-insurance](http://www.restoringqualityoflife.org/what-is-palliative-care/palliative-care-and-insurance)**

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## *Hospice Care: Managing the End of Life*

### **What is hospice care?**

Hospice provides an array of comfort and support services to patients and their loved ones. This is usually when a serious illness is no longer responding to treatments focused on a cure. Hospice helps patients who are dying clarify their priorities and establish their goals of care while providing relief from pain and other symptoms. Hospice treatments do not aim to lengthen life. Instead, they focus on ensuring comfort and dignity so that the final months of a patient's life are as meaningful as fulfilling as possible, for both the patient and family.

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*Hospice is NOT about giving up.*

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### **Who provides hospice care?**

Hospice care is provided by a team including a doctor, nurse case manager, social worker, hospice aide, chaplain, and trained volunteer. Together, they provide complete medical, emotional and spiritual care to the person who is dying, as well as support the patient's family.

### **Who can receive hospice care?**

Anyone who has received a diagnosis of a terminal illness and a prognosis of six months or less may receive hospice care.

### **Where do I receive hospice care?**

Hospice care can be provided wherever the terminally person is located, whether it's at home or in a hospital, skilled nursing facility or assisted living community. A patient living in a skilled nursing facility can receive specialized care from the hospice team in addition to other care and services offered by the nursing facility.

### **Does my insurance cover hospice services?**

To qualify for hospice care, insurers (including Medicare) require that an illness be considered terminal, with a life expectancy less than six months. For specific information about your healthcare coverage, talk to your insurance plan provider.

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## *Medical Orders for Life-Sustaining Treatment (MOLST): Communicating Your Care Choices*

### **What is MOLST?**

MOLST is a medical order form that is based on a patient's rights and preferences to accept or refuse medical treatment – including treatment that might extend the person's life. It reflects decisions made by seriously ill patients about certain medical treatments they do or do not want to receive. These decisions can be changed at any time, even after completing and signing a MOLST form. Using MOLST is voluntary. The MOLST form is used to communicate medical orders from a care provider (ex. Doctor or nurse) to other health professionals (ex. Emergency responders).

### **Is MOLST the same as a Health Care Proxy?**

No. The MOLST form is a medical document that can be acted on immediately base on a person's current medical situation. Health care Proxy forms are legal documents that take effect only after a person is no longer able to communicate his or her wishes.

### ***Resources for Hospice Care:***

National Hospice and Palliative Care Organization: [www.nhpco.org](http://www.nhpco.org)

Massachusetts Federation for Hospice and Palliative Care: [www.hospicefed.org](http://www.hospicefed.org)

### ***Resources for MOLST:***

Massachusetts Medical Orders for Life Sustaining Treatment: [www.molst-ma.org](http://www.molst-ma.org)



# CareDimensions™

*Compassionate expertise for advanced illness*

Care Dimensions, one of the nation's first hospice programs and the region's largest, provides services in more than 90 communities in Eastern Massachusetts. As a non-profit, community-based leader in advanced illness care, our services include:

- Hospice
- Palliative care
- Specialized programs: *Dementia, Chronic conditions, Pediatrics*
- Unique programs for: *Veterans, Jewish patients, Developmentally disabled adults*
- Kaplan Family Hospice House
- Grief support
- Education and training

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75 Sylvan Street, Suite B-102  
Danvers, MA 01923

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70 Walnut Street, Suite 301  
Wellesley, MA 02481

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Kaplan Family Hospice House  
78 Liberty Street  
Danvers, MA 01923

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Main: 888-283-1722  
Referrals: 888-287-1255  
Referral Fax: 978-774-4389

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CareDimensions.org



Content developed by the Massachusetts Department of Public Health. For more information or translated versions, please visit  
**<http://www.mass.gov/dph/eol>**