

BE INFORMED BEFORE HAVING *THE TALK*

MYTH 1: I don't need an advance directive because I am not old.

Advance directives are for adults of any age and of any health condition, since no one knows when a life-threatening event might happen. At minimum, it is important to document the person you would want to make decisions for you if you were unable to make decisions for yourself.

MYTH 2: I don't need an advance directive because I am not sick.

Having a conversation about your health care wishes before you are sick gives you time to ask questions, get more information, and consider your options.

MYTH 3: I have a will, so I don't need an advance directive.

Not all financial wills include advance directives. Check your will before assuming it also includes an advance directive.

MYTH 4: I don't need to fill out an advance directive because my loved ones know my wishes.

Even if you have had extensive conversations with your loved ones about your wishes, it is helpful to write your wishes down so that your spokesperson can have confidence that they are representing your goals and values.

MYTH 5: If I fill out an advance directive, I immediately lose control over my health care decisions.

An advance directive is only in effect when you are no longer able to make your own decisions.

MYTH 6: An advance directive means "Do not treat."

An advance directive expresses both treatments you want and treatments you do not want. Even if you are no longer seeking curative medical treatment, you will still benefit from treatments provided by palliative and hospice care teams.

MYTH 7: An advance directive can't be used by my loved ones to guide decisions for my care.

If a situation arises where your loved ones need to make decisions for you, they will know and have peace of mind that they are following your wishes with your advance directive to guide them.

MYTH 8: Completing an advance directive gives me less power and control over my health care decisions.

An advance directive is an official document that expresses your values and your wishes when you cannot. An advance directive gives you a say in your care.

MYTH 9: Having a conversation about health care preferences will be upsetting.

People who complete advance directives say they feel more peace knowing that someone will speak for them and represent their wishes if they cannot.

MYTH 10: Once made, an advance directive is set and ready forever.

An advance directive is meant to be revisited and reviewed regularly, as your health and your wishes change over time. The ABA Commission on Law and Aging offers the "5 Ds": Advance directives should be reviewed when any of the following occurs: death of a family member or friend, divorce, receive a new diagnosis, experience a decline in health, or reach a new decade.

MYTH 11: Catholics should not have advance directives.

The Catechism of the Catholic Church, section 2278, states that health care "decisions should be made by the patient if he is competent and able or, if not, by those legally entitled to act for the patient, whose reasonable will and legitimate interests must always be respected."

MYTH 12: Catholic health care organizations frown upon the use of advance directives.

Catholic health care organizations follow the *Ethical and Religious Directives*, a document that offers moral guidance on various aspects of health care delivery. Directive 24 states, "A Catholic health care institution will make available to patients, information about their rights, under the laws of their state, to make an advance directive for their medical treatment." Directive 25 states, "Each person may identify in advance a representative to make health care decisions as his or her surrogate in the event that the person loses the capacity to make health care decisions."