A roadmap for the people who *love* you.

A healthcare directive isn't really for you. It's for the family member sitting in a hospital waiting room, being asked to make a decision they've never been asked to make before. This worksheet helps you give them the answers in advance.

1 WHO YOU'RE NAMING

Your healthcare agent speaks for you when you can't. Name a primary and a backup.

PRIMARY AGENT

Someone who knows you well, can be calm in a crisis, and lives close enough to be present. Often a spouse — but not always.

BACKUP AGENT

Someone willing to step in if your primary can't. Pick someone different — not just your primary's spouse.

HAVE YOU TOLD THEM?

Don't name someone and surprise them. The conversation is harder than the document.

NOTE FOR COUPLES

Many couples name each other. Make sure you also have a backup if both of you are in the same incident.

2 THE QUESTIONS TO THINK THROUGH

You don't have to have crisp answers. You do need to give your agent a sense of how you'd weigh these.

- **Life-sustaining treatment** when there's no reasonable hope of recovery — for or against, or "trust my agent"?
- **Permanent unconsciousness** — same question. Many people choose differently here than for a recoverable situation.
- **Pain management at end of life** — how aggressive should it be, even if it shortens life slightly?
- **Artificial nutrition and hydration** when other care is being withdrawn.
- **Religious or spiritual considerations** that should guide decisions.
- **Where you want to be** when the end comes — home, hospice, hospital.
- **Organ donation and autopsy** preferences.

3 AFTER YOU FINISH

- **Sign and notarize** per your state's rules. Some states also require witnesses.
- **Give copies** to: your agent, your backup, your primary care doctor, and immediate family.
- **Carry a wallet card** noting that you have one and who to call.
- **File it** with your other estate documents. Tell your agent where the original is.
- **Re-read it every few years** and ask yourself if it still reflects what you'd want.

4 THE CONVERSATION THAT MATTERS MOST

The document is the easy part. The harder part is sitting down with your healthcare agent and walking through your answers, so they're not surprised. They will second-guess themselves in the moment — they need to hear from you, in advance, that you've thought this through and that you've given them permission to decide.

If you'd like, we can give you a framework for that conversation, or be in the room when you have it.

> **A NOTE FROM MPM**
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> These choices change over time. What feels right at 55 may feel different at 75 — that's fine, and expected. Bring it out at our annual review and we'll talk through whether anything needs to change.

Sources: Ohio Revised Code Ch. 1337.11–.17 (Durable Health Care Power of Attorney); ORC Ch. 2133 (Modified Uniform Rights of the Terminally Ill Act — Living Will Declaration); Ohio State Bar Association Living Will and Health Care Power of Attorney forms; The Conversation Project at the Ariadne Labs (conversationproject.org). Not legal or medical advice.