CONVERSATIONS
that Light the Way

A Guide to Advance Care Planning for All Ohioans - 2025 Edition

LeadingAge® Ohio

A Letter to **All Ohioans**

Dear Ohioans,

Planning for future health care needs is an important step toward ensuring your values and preferences are honored. While talking about serious illness or end-of-life care can feel uncomfortable, starting the conversation now can ease stress later—for you and for those who may need to speak on your behalf.

Too often, people are asked to make decisions for a loved one without knowing what that person would have wanted. But when these choices have already been discussed and documented, loved ones can act with greater confidence and peace of mind.

There's no perfect way to begin. Some people find it helpful to bring up current events, news stories, or online content that explores health or aging-related themes. Others refer to a friend's experience, a family member's medical journey, or even a social media post that sparked reflection. Planning ahead—whether updating a will, selecting a health care power of attorney, or reviewing finances—is another natural time to raise the topic.

The following pages offer prompts and scenarios to help you think through and talk about what matters most to you. Your preferences may change over time, and that's okay—this guide is meant to be revisited. We encourage you to write down your answers and share them with your health care providers and the person you've chosen to make decisions for you if you cannot speak for yourself.

Thank you for taking this meaningful step. By having these conversations and completing your advance directives, you are taking control of your future care and supporting those who care about you.

Sincerely,

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Table of Contents

Reflecting on Health Care Values

These questions are meant to help you reflect on what matters most and start meaningful conversations with those you trust. Writing down your thoughts and sharing them with your healthcare decision-maker, family, or care team can help ensure your preferences are honored.

☼ **How would you describe your overall health today**—physically, emotionally, and mentally? Are there strengths or challenges you want others to understand?

☼ **If you are living with—or have previously had—a serious or chronic condition, how well do you understand it?** Have your providers explained what to expect over time? What questions or concerns remain?

☼ **Are you satisfied with your current health care provider(s)?** Do you feel listened to, respected, and supported in your preferences and goals? If not, what would you like to change? What qualities do you look for in a provider or care team?

☼ **What concerns do you have about your health or health care in the future?** These may include managing symptoms, staying independent, navigating cost, or accessing culturally responsive care.

☼ **Do you have personal beliefs, values, or traditions that impact how you think about health, illness, or medical decisions?** How would you want these values to be honored in your care?

☼ **Have you experienced the death of a loved one?** If so, what did that experience teach you? Are there aspects of their care or setting that you would want to mirror—or do differently—for yourself?

☼ **What brings meaning to your life right now?** Think about activities, people, or abilities that are most important to you—such as spending time with others, enjoying nature, creating art or music, reading, or maintaining a clear mind. What things would you prioritize even over living longer?

☼ **How important is it to you to live independently or manage your own care?** Would needing help with daily tasks change how you feel about your quality of life or the types of treatments you would accept?

“What If” Health Care Scenarios

These examples are designed to help clarify your values and guide the people who may need to speak on your behalf. They aren’t meant to be frightening—only to support thoughtful conversations about what matters most to you. There’s no single “right” answer, only what feels right for you.

☼ **What if you were living with heart disease?** Would you want emergency treatments like CPR or a defibrillator if you experienced another cardiac event?

☼ **What if you had advanced lung disease (such as COPD or emphysema) that made it difficult to breathe, caused fatigue, and led to frequent hospital stays?** If a complication caused your breathing to worsen, would you want to be placed on a ventilator, even if long-term use might be necessary? Or would you prefer comfort-focused breathing support at home?

☼ **What if you experienced a major stroke and were unable to walk, speak, or eat without assistance?** How would you want your care partners to approach decisions about long-term care and support?

☼ **What if you were diagnosed with a life-limiting illness, such as cancer that had spread to other parts of your body?** Would you pursue hospital-based treatments for complications, or would you prefer to focus fully on quality of life and symptom relief?

☼ **What if you were living with dementia and could no longer recognize loved ones or communicate your needs?** If you became seriously ill, would you want to be hospitalized for aggressive treatment, or remain in your care setting with a focus on comfort?

☼ **What if you had a chronic neurological condition like Parkinson’s or multiple sclerosis that progressed to the point you could no longer move independently or communicate clearly?** Would you want to continue all available treatments, or would there be a point when you would choose to shift your care goals toward comfort?

☼ **What if you were living with kidney failure and needed dialysis several times a week to survive—but it left you feeling exhausted and limited your ability to enjoy daily life?** Would you want to continue treatment indefinitely, or consider stopping it if your quality of life declined significantly?

Questions for Your Doctor

Having clear, thoughtful conversations with your health care team helps ensure your treatment aligns with your values and priorities. There's rarely a single "right" answer—only what feels right to you.

When facing a health decision, consider asking questions like:

☼ Who else should be part of this conversation—family, caregivers, or spiritual advisors?

☼ What are the potential benefits and risks of this treatment?

☼ What are the best and worst possible outcomes—if I accept it or if I don't?

☼ Will this improve my quality of life or extend it?

☼ What might change if I delay or decline this option?

☼ How does this treatment align with my values and goals?

☼ How could it affect my independence or daily life?

☼ Are there alternative approaches we should consider?

☼ If my health changes, how will we know when it's time to shift focus from cure to comfort?

☼ What will recovery or ongoing care look like?

☼ What kind of support might I need at home and in the community?

☼ If my condition worsens, how will we revisit or adjust this plan?

These questions can support shared decision-making and help your care team understand what matters most to you.

Life-Prolonging Treatment Options

Consider how you feel about treatments that could prolong your life in different situations. For each scenario below, would you want treatments that attempt to keep you alive longer (such as CPR, breathing machines, feeding tubes, dialysis, or major surgery)? Or would you rather focus on comfort and allow a natural death if recovery or meaningful quality of life is unlikely? Indicate Yes or No for each:

Scenario	Yes	No
You are no longer able to recognize loved ones or make decisions due to advanced dementia or cognitive decline.		
You are unconscious and unlikely to regain awareness (e.g., long-term coma).		
You are near the end of life with no possibility of recovery from illness.		
You are living with significant frailty and total dependence on others for daily care.		
You are living with a chronic condition, and treatments no longer improve your quality of life or have become burdensome.		

What does "very advanced age" or frailty mean to you? Example: "When I can no longer walk, feed myself, or interact meaningfully with others."

Other instructions or preferences? Example: "Only treat me if there's a chance I can return to doing the things I enjoy."

Health Care Decision-Makers (Health Care Power of Attorney)

If you become unable to make your own health care decisions, someone will need to do so on your behalf. In Ohio, this person is legally designated in a Health Care Power of Attorney (HCPOA) document and is known as your health care agent or attorney-in-fact. You decide who is right for this role—whether a family member, partner, or friend. What matters most is that they understand your values and are willing to advocate for your wishes.

Primary Health Care Agent Name

Relationship to You _____

Phone Number(s) _____

Address _____

_____

Alternate Health Care Agent Name

Relationship to You _____

Phone Number(s) _____

Address _____

_____

Have you talked with your chosen agent(s) about your wishes?

□ Yes □ Not yet, but I plan to by ____/____/_____.

Things to consider when choosing an agent:

- They know you well and respect your preferences.
- They are comfortable making decisions under pressure.
- They can communicate clearly with your care team and family.
- They are willing to honor your wishes, even if others disagree.
- They are reachable when needed, either nearby or by phone/video.

A health care power of attorney is not the same as a financial power of attorney. You must name your health care agent in a separate medical document. In Ohio, it must be signed in front of two adult witnesses (not related to you) or a notary public to be valid.

Putting Your Wishes Into Action

Completing advance directive documents—like a Living Will, Health Care Power of Attorney (HCPOA), or Mental Health Declaration—is important, but these forms only apply in specific medical situations. Equally important is talking with your family, friends, and care team before a crisis occurs. The prompts below can help you share your values and preferences clearly.

Have you completed your advance directive forms? Ensure someone close to you knows how to access them quickly. Avoid storing them only in a bank safe deposit box.
□ Yes □ Not yet, but I plan to by _____/_____/_____
If yes, where do you keep them? _____

_____

Who will you share copies with? Sharing documents in advance helps avoid confusion later.
□ My health care agent(s)
□ My doctor/clinic
□ Family or friends
Other: _____

At what point would you prefer comfort care over curative treatment? Describe when treatment no longer supports the life you value.
For example: "If I'm in constant pain that can't be eased, I want comfort care," or "If I have no meaningful chance of recovery, I don't want life-prolonging treatments." **Your thoughts:** _____

_____

_____

Would you want to be sedated if necessary to manage extreme distress or pain? This is called palliative sedation—you'd be kept in a sleep-like state to relieve suffering, but still receive care.
□ Yes – I prioritize comfort over alertness
□ No – I prefer to stay awake, even if in pain
Other preferences: _____

If you could no longer eat or drink, would you want a feeding tube?
A feeding tube may extend life but doesn't treat underlying conditions.
□ Yes □ No □ Unsure

Prioritizing You

Talking with your loved ones and care team now can help ensure your preferences are honored later. The more clearly you share what matters to you, the more confident your chosen decision-maker can be in advocating for you—even during difficult moments.

If you could plan your final day, what would it look like? Think about where you'd want to be (home, hospital, or hospice), who you'd want around you (family, friends, spiritual leaders), and what comforts you'd want nearby (music, nature sounds, a pet, favorite books or rituals).
Write your vision: _____

_____

_____

_____

_____

What are your biggest fears about the end of life? Common concerns include being in pain, feeling alone, being a burden, or losing control.
Your thoughts: _____

_____

_____

_____

Are there treatments or procedures you fear or wish to avoid?
□ Yes □ No
If yes, name them (e.g., ventilators, feeding tubes, restraints): _____

_____

_____

_____

Are there circumstances in which you'd prefer to allow a natural death, rather than continuing treatment? Examples: "If I'm no longer aware of my surroundings," or "If treatment would only prolong suffering."
Write what would guide your care: _____

_____

_____

_____

_____

Prioritizing You

Would you want hospice or palliative care if you had a life-limiting illness? Hospice focuses on comfort and support near the end of life. Palliative care can be provided at any stage to manage symptoms and improve quality of life.
□ Yes □ No □ Unsure
If no or unsure, can you explain why: _____

_____

_____

_____

Would you want to stop treatments that aren't working or are causing distress, and focus fully on comfort? This shift in focus does not mean giving up—it means choosing the best possible quality of life for the time you have.
□ Yes □ No □ Unsure
If no or unsure, can you explain why: _____

_____

_____

_____

If no or unsure, can you explain why:
What will bring you peace or comfort as you near the end of life? Consider spiritual practices, favorite music or sounds, being outdoors, touch, prayer, or calming rituals.
List what's important to you: _____

_____

_____

_____

Are there cultural or faith-based traditions you want honored? Include wishes for how you'd like to be cared for, any rituals during serious illness or after death, and preferences about burial, cremation, or other customs.
Your notes: _____

_____

_____

_____

_____

Understanding Advance Care Planning Documents in Ohio

Advance care planning isn't just about filling out forms—it's about making sure your wishes are understood and respected if you're ever unable to speak for yourself. Ohio offers several legal tools to help you document your preferences and appoint people you trust. Each serves a unique purpose and works best when paired with conversations with your loved ones and care team.

☼ **A Living Will**, officially called the Ohio Living Will Declaration, allows you to describe what kind of care you'd want if you were permanently unconscious or terminally ill and unable to communicate. It provides direction to your medical team about whether to use life-support measures like a ventilator or feeding tube. This document only applies in very specific medical situations but must be followed by healthcare providers once it is determined to be in effect. Any Living Will created after December 15, 2004 must include a section asking about anatomical (organ, tissue, or eye) donation. If you do wish to donate, you'll still need to register separately with the Ohio Donor Registry—for example, through the BMV or by submitting the enrollment form.

☼ **A Health Care Power of Attorney (HCPOA)** lets you name someone you trust to make medical decisions on your behalf if you cannot make them yourself. This includes temporary situations, such as being unconscious after an accident or under anesthesia, as well as long-term incapacity. Your chosen agent can speak with your care team, review medical records, and consent to or decline treatments. You can also include specific instructions—such as authorizing your agent to withhold artificial nutrition and hydration if you are permanently unconscious, which Ohio law requires you to initial separately. If you have both an HCPOA and a Living Will, the Living Will takes precedence in situations where it applies.

☼ **A Mental Health Declaration** allows you to express your preferences for psychiatric care in the event you lose the ability to make mental health decisions during a crisis. While your HCPOA generally covers these decisions, this optional document provides more detailed guidance. It can be especially valuable if you have a mental health history or wish to clearly state which medications, therapies, or hospital settings you would accept or decline. You may also name someone to make mental health decisions for you under this declaration.

Understanding Advance Care Planning Documents in Ohio

☼ **A Do-Not-Resuscitate (DNR)** order tells your healthcare team not to attempt CPR if your heart or breathing stops. There are two types in Ohio:

- **DNR Comfort Care (DNR-CC)** provides comfort-focused care only, with no attempts at resuscitation at any point.
- **DNR Comfort Care–Arrest (DNR-CCA)** allows full treatment up until the point of cardiac or respiratory arrest, after which only comfort measures are given.

DNR orders are written by a licensed medical provider after discussing your wishes and are typically paired with a state-issued form, card, or bracelet so EMS and hospital teams can recognize and follow them. A DNR applies only to resuscitation—not to other medical care like antibiotics, pain control, or IV fluids.

☼ **POLST or MOLST (Physician/Medical Orders for Life-Sustaining Treatment) forms** are medical orders used in most states to clarify treatment preferences for people with serious illness or frailty. They can include preferences about CPR, ICU care, ventilator use, and other interventions. Although not legally standardized in Ohio, your doctor can still write specific orders that reflect your wishes, and healthcare providers are encouraged to honor valid POLST forms from other states or federal systems like the VA. If you are seriously ill, you can talk with your provider about whether a POLST-like document is appropriate for your situation.

☼ If you have specific preferences about what should happen to your body after death—whether burial, cremation, or a particular ceremony—Ohio law allows you to appoint someone to carry out those plans using a **Declaration for Disposition of Bodily Remains.** This form gives that person legal authority to make funeral and burial decisions, preventing potential disagreements among family. If you don't name someone, Ohio law assigns that responsibility in order of next of kin (spouse, adult children, etc.). Designating someone can be especially helpful if you want to ensure that cultural, spiritual, or personal preferences are honored.

All of these documents can be completed for free, without a lawyer. Forms such as the Living Will, HCPOA, and Donor Registry Enrollment Form are available through the Ohio State Bar Association, Ohio Hospital Association, and LeadingAge Ohio.

Glossary of Terms

Advance Directives
Legal documents that let you express your health care wishes in advance, or appoint someone to make medical decisions if you're unable to. In Ohio, the main types are the Living Will, Health Care Power of Attorney, and Mental Health Declaration. These take effect only in specific situations and can be changed or revoked at any time.

Artificial Nutrition and Hydration
Providing fluids or nutrition through medical means—such as a feeding tube or IV—when a person cannot eat or drink. It can prolong life in some situations but may not always improve comfort or quality of life. In Ohio, you must give separate permission for your agent to stop these treatments if you're permanently unconscious.

Comfort Care (Palliative Care)
Care that focuses on relief from pain and symptoms when cure is no longer possible or desired. It includes treatments like pain medication, oxygen, and support for emotional or spiritual needs. Comfort care is always provided, even if other treatments are stopped.

CPR (Cardiopulmonary Resuscitation)
A life-saving emergency response to restart the heart or breathing. It can involve chest compressions, electric shocks, or medication. CPR is less effective in people with serious or terminal illness and can sometimes cause injuries.

Declaration for Disposition of Bodily Remains
An Ohio legal form allowing you to appoint someone to make decisions about your body after death—such as burial, cremation, or ceremony preferences. If no one is named, state law assigns this role to next of kin in a specific order.

Dialysis
A treatment that replaces kidney function by filtering waste from the blood. Used when kidneys fail. It can be life-extending, but may impact quality of life, especially in serious or chronic illness.

Glossary of Terms

DNR (Do Not Resuscitate) Order
A medical order that tells healthcare providers not to attempt CPR if your heart or breathing stops. DNR orders must be written by a provider and are recognized across all care settings. **Ohio offers two types:**

- **DNR Comfort Care (DNR-CC):** Focuses on comfort without resuscitation at any point.
- **DNR Comfort Care–Arrest (DNR-CCA):** Allows full treatment until the moment of arrest, then comfort care only.

Durable Power of Attorney for Health Care (Health Care Power of Attorney, HCPOA)
A legal document that names someone (your agent) to make medical decisions for you if you're unable to speak for yourself. You can specify what decisions they can make. In Ohio, this document must be signed in front of two witnesses or a notary.

Feeding Tube
A medical device used to provide nutrition directly to the stomach when a person cannot eat by mouth. It can extend life but doesn't treat underlying illness and may not be helpful in late-stage conditions.

Hospice
A type of care for people with life-limiting illness, usually when life expectancy is six months or less. Hospice focuses on comfort, quality of life, and family support. Care may be provided at home, in facilities, or in hospitals.

Life-Sustaining Treatment (Life Support)
Medical treatments that keep a person alive but may not cure their condition—such as ventilators, feeding tubes, dialysis, or CPR. Advance directives let you decide whether to receive these interventions in various circumstances.

Living Will (Ohio Living Will Declaration)
An advance directive that outlines your wishes about medical treatment if you are permanently unconscious or terminally ill and cannot communicate. It addresses specific treatments like ventilators or tube feeding. This document guides your care team directly—it does not name a decision-maker.

Glossary of Terms

Mechanical Ventilation (Ventilator)
A machine that helps you breathe when you cannot do so on your own. Often requires sedation and may be temporary or long-term. Long-term ventilation may not improve comfort or quality of life in advanced illness.

Mental Health Declaration
An optional legal document in Ohio that allows you to express your preferences for mental health treatment (like medications or hospitalization) and name someone to make decisions if you're unable to during a psychiatric crisis. It becomes active when two professionals determine you are unable to make informed mental health decisions.

Palliative Care
Supportive medical care focused on relieving symptoms and stress from serious illness—at any stage. It can be provided along with treatments intended to cure. Often includes a team approach with doctors, nurses, social workers, and others.

Palliative Sedation
A last-resort option to relieve extreme suffering at end of life by using medication to induce deep sleep. It's used when symptoms can't be managed by any other means and is legal and distinct from assisted suicide, which is not legal in Ohio.

POLST/MOLST (Physician/Medical Orders for Life-Sustaining Treatment)
A medical order that documents your preferences for treatments like CPR, ventilators, or hospital transfers. Ohio does not have a standardized form, but similar documents from other states may still be honored by providers.

Restraints
Physical or chemical methods used to restrict movement or behavior, sometimes used in hospital or care settings for safety. Restraint use is regulated under federal and Ohio law and must meet strict criteria. Some individuals include preferences about restraints in their care plans or advance directives.

Surrogate Decision-Maker
If no advance directive is in place, Ohio law determines who makes decisions if you can't speak for yourself. This follows a legal hierarchy starting with any appointed guardian, then spouse, adult children, parents, and so on. Surrogates may not have full authority to refuse life-sustaining treatments.

Additional Resources

AARP Advance Care Planning
www.aarp.org/caregiving/financial-legal/advance-directives/
Offers easy-to-understand tools and guidance for creating, sharing, and updating your advance care plan.

CaringInfo – Ohio Advance Directives
www.caringinfo.org/planning/advance-directives/by-state/ohio/
Download Ohio-compliant Living Will and Health Care Power of Attorney forms with plain-language instructions.

Five Wishes / Aging with Dignity
www.fivewishes.org
A widely used, values-based planning tool that explores personal, emotional, and spiritual care preferences. Attach to the Ohio statutory forms for full legal effect.

LeadingAge Ohio – Advance Directives Packet
www.leadingageohio.org/advance_directives
Free Ohio-specific advance directive forms—including Living Will, Health Care Power of Attorney, and Mental Health Declaration—plus FAQs and multilingual options.

Ohio State Bar Association – Advance Directives
www.ohiobar.org/public-resources/commonly-asked-law-questions
Provides clear explanations of Ohio's advance directive laws, including legal requirements and downloadable forms.

Ohio's Hospice – Advance Care Planning
www.ohioshospice.org/advance-care-planning/
Includes downloadable conversation guides and toolkits to help families talk about end-of-life preferences.

POLST.org
www.polst.org
Explains how Physician Orders for Life-Sustaining Treatment (POLST) help align care with your wishes if you're seriously ill or medically frail.

Pro Seniors – Advance Directives Toolkit
www.proseniors.org/advance-directives-toolkit/
Free legal self-help forms, guides, and a hotline for older Ohioans who need assistance with advance directives.

LeadingAge® Ohio

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