

Making Health Care Decisions

A resource to help you and your loved ones
discuss and make final health care decisions



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- **Summary of Oregon's Advance Directive Law**
- **Advance Directive Forms**
- **Instructions**



OREGON HEALTH DECISIONS

Giving Oregonians a Voice in Their Health Care

YOU MAY CHOOSE

You have the right to control your health care. When you need care, if you are awake and able to decide, your doctor will discuss possible treatments with you.

This booklet contains the legal forms for the State of Oregon which allow you to express your wishes for care if you become unable to decide in the future. This is called an Advance Directive, because it lets you direct your health care in advance. You can use it to authorize someone you name (called your health care representative) to make health care decisions for you in the event that you are unable to speak for yourself. The Advance Directive is also the recognized way to communicate your wishes about life-sustaining procedures, whether or not you name a representative.

For example, some people want no more medical treatments if they become very near death. Others want no more treatment if they can no longer recognize friends or family because of severe mental deterioration. You can choose to maximize the length of your life, or you can request that treatment focus on your comfort.

YOU WILL GET CARE TO ASSURE YOUR COMFORT AND DIGNITY

If you choose to have life support stopped, you will not be abandoned. You have a right to care that assures your comfort. This type of care includes pain medication, moistening the lips, giving food and fluids by mouth, oxygen, turning the body to prevent bed sores, bathing, tending to bladder and bowel functions. Comfort Care eases the dying process but does not slow it down.

You may wish to talk to your doctor about what happens when life support is stopped. You should make sure that your doctor and family understand your choices.

SHOULD YOU FILL OUT THE ADVANCE DIRECTIVE FORM?

You can assure that your choices will be followed by completing the legal Advance Directive forms in this booklet. You do not have to fill out an Advance Directive. But if you do fill it out, your health care decisions will be respected. Completing an Advance Directive is the best way to assure that your wishes are respected.

WHAT IS A "POLST" FORM?

The POLST (Physician Orders for Life-Sustaining Treatment) form is different from an Advance Directive and intended for people with serious health conditions. The POLST form is a bright pink, medical order form. The completed POLST form is a physician order form that will remain with you if you are transported between care settings, regardless of whether you are in the hospital, at home or in a long-term care facility. The POLST complements your Advance Directive and puts your values into action. Your physician may use the POLST to write orders that indicate what types of life-sustaining treatment you do or do not want at the end of life, including the choice to administer or not administer cardiopulmonary resuscitation (CPR).

For more information on the POLST form, contact your physician or health care professional or online at www.polst.org.

COMMUNICATION IS THE KEY

You are taking an important step in preparing yourself and your loved ones to make crucial decisions about your final health care wishes. Letting your loved ones know your views is the best way to make sure your wishes are followed. When family members know your wishes they can stand by them and doctors will respect them.

Getting these conversations started can be difficult. Some people find that completing the following ideas may be a useful starting point:

- I want to avoid prolonged pain and suffering, even if...
- I want to be treated with respect, which means...
- I want to remain at home as long as possible, because...
- I believe life is sacred, which means...
- I do not want to be a burden on my family, so...
- I want to be comfortable when dying, even if...
- I want to be treated in accordance with my religious beliefs and traditions, which include...

By sharing your wishes and values, you can guide your future health care while lifting the burden of deciding from your loved ones.

WHERE CAN I FIND OUT MORE?

By calling Oregon Health Decisions, a tax-exempt, nonprofit organization, at 503-692-0894 or Oregon Toll Free 800-422-4805. You can also view Oregon Health Decision's Web site at www.oregonhealthdecisions.org for further information. Oregon Health Decisions may be able to address your questions by telephone. You can write to:

Oregon Health Decisions
7451 SW Coho Ct. #101
Tualatin, OR 97062

FOR YOUR INFORMATION:

These materials were developed pursuant to the Patient Self-Determination Act, a federal law that requires health care providers to inform patients of their rights under state law to make decisions concerning their medical care. Questions about this law should be directed to your health care provider. Concerns regarding compliance with the law may also be directed to the Health Care Licensure and Certification office of the Oregon Health Division (971-673-0540) or Senior and People with Disabilities (800-232-3020).

HOW DO I COMPLETE MY ADVANCE DIRECTIVE?

The following pages of this booklet contain the official Oregon documents needed to make your intentions legally binding. There are three necessary steps you need to follow in order to prepare your forms:


Step 1: Read part A: "Important Information About This Advance Directive";

Step 2: Complete Part B: "Appointment of Health Care Representative" (this replaces what used to be known as a Health Care Power of Attorney);

Step 3: Complete Part C: "Health Care Instructions" (this replaces what used to be known as a Directive to Physicians or a Living Will).

WHAT SHOULD I DO WITH MY ADVANCE DIRECTIVE?

You should send a copy to the people who are likely to be asked about your choices. For your records, make a list of the people who have a copy of your Advance Directive. These might include your family members, health care representative, physician, attorney, spiritual advisor, hospital or other health care facility.



MY ADVANCE HEALTH CARE DIRECTIVE

Name: _____

I have completed the following form(s):


- Health Care Representative
- Health Care Instructions
- POLST

My Health Care Representative is:

Name: _____ Ph: _____

My Alternate Health Care Representative is:

Name: _____ Ph: _____



WALLET CARDS

MY ADVANCE HEALTH CARE DIRECTIVE

Name: _____

I have completed the following form(s):

- Health Care Representative
- Health Care Instructions
- POLST

My Health Care Representative is:

Name: _____ Ph: _____

My Alternate Health Care Representative is:

Name: _____ Ph: _____

QUESTIONS & ANSWERS

ABOUT YOUR RIGHT TO MAKE HEALTH CARE DECISIONS IN OREGON*

DO I HAVE TO ACCEPT ALL MEDICAL TREATMENT THAT IS AVAILABLE?

No. You have a right to accept or refuse any proposed medical tests or treatment.

HOW WILL I KNOW HOW TO DECIDE?

Your doctor will tell you what treatment or testing he or she recommends. Your doctor will also tell you that there may be alternatives and risks. If you want to know more, your doctor will tell you about the treatment or test, the available alternative and material risks. When you have enough information, you decide whether to have the test or treatment.

HOW CAN I PLAN AHEAD FOR A TIME WHEN I MAY BE UNABLE TO MAKE DECISIONS?

Oregon has an official form you can sign to cover future situations where you are unable to decide. This form, contained in this booklet, is called an Advance Directive. It has two main parts; one called "Appointment of Health Care Representative" and the other called "Health Care Instructions."

HOW CAN I CONTROL WHAT HEALTH CARE I GET IF I BECOME UNABLE TO MAKE HEALTH CARE DECISIONS?

Completing the "Health Care Instructions" on the Advance Directive form lets you control the medical treatment you get and under what circumstance you will get it.

HOW DO I APPOINT SOMEONE ELSE TO ACT FOR ME?

You select another adult as your representative by executing the "Appointment of Health Care Representative" on the Advance Directive form. That person should be someone you trust to decide about your health care when you cannot do so for yourself. Your representative cannot act for you unless you become unable to make your own decisions. You may also appoint an alternate representative. The representative and any alternate must sign the form agreeing to serve. The Advance Directive form lets you say what decisions those persons may make for you. It is a good idea to discuss your wishes with the person(s) you appoint.

HOW DOES AN ADVANCE DIRECTIVE TAKE EFFECT?

If you are an adult able to make your own decisions, you can sign an Advance Directive at any time. You do not have to fill out and sign the form if you don't want to. But if you do, your doctor must follow it or allow you to be transferred to a doctor who will. Signing the form will not affect your insurance.

HOW DO I OBTAIN AND SIGN MY ADVANCE DIRECTIVE?

Health care facilities and some stationery stores have the official form. Lawyers and doctors may have one or help you obtain one. In Oregon, the only reliable way to be sure your wishes are followed is to use the official form. Read and follow the "Important Information" at the beginning of the form. If the printed form does not express your wishes, you may cross words out or write in your own words. Do not add anything about money or property. The form must be signed by you and two witnesses who must satisfy special requirements. Send a copy to your doctor and to the person you choose as a representative. Keep the original where it can be easily found.

HOW LONG DOES AN ADVANCE DIRECTIVE REMAIN IN EFFECT?

You may write in an expiration date. If you do not, the form will be good until you revoke it. You may revoke it at any time and in any manner, but the best way is by notifying those who have your form. Unless you say otherwise on the form, a new Advance Directive takes priority over an older one. Your representative can withdraw at any time by notifying you or your doctor. Divorce revokes appointment of a spouse, but you can reaffirm appointment by signing a new directive.

ARE THERE HEALTH CARE DECISIONS MY REPRESENTATIVE CANNOT MAKE?

Yes. Your representative may not decide about mental health treatment, sterilization, abortion, psychosurgery, shock treatment or mercy killing. You can make advance directive decisions about mental health treatment using an official form called a "Declaration for Mental Health Treatment," available from some stationery stores or your local mental health agency.

HOW WILL MY REPRESENTATIVE MAKE DECISIONS FOR ME?

Your representative must act in the way you specify on your Advance Directive form. He or she must also follow your known wishes. If your representative does not know what you want, he or she must act in your best interest. Your representative does not have to pay your medical bills.

CAN MY REPRESENTATIVE PREVENT OR STOP LIFE SUPPORT?

Yes, if your Advance Directive form says so. If you have not given specific instructions, the law specifies four critical medical conditions in which your representative may decide about life support for you:

- Life support would not benefit you and would cause you permanent and severe pain;
- You are close to death and life support would only postpone the moment of your death;
- You are permanently unconscious; or
- You are in an advance stage of progressive, fatal illness.

The law also allows your representative to decide about life support in other circumstances you designate on the form. But you must get routine care for your cleanliness and comfort. Life support will not be prevented or stopped if your form says you would want it continued.

CAN MY REPRESENTATIVE PREVENT OR STOP FOOD AND WATER BY TUBE?

Yes, if your Advance Directive form says so. In addition, your representative may prevent or stop tube feeding if you have clearly said that you would refuse it. Otherwise, you must get tube feeding that would prolong your life, unless you have one of the four critical medical conditions that the law specifies. Your representative cannot refuse food or water you can take in a normal way.

HOW ARE DECISIONS MADE FOR ME IF I DO NOT HAVE AN OFFICIAL FORM?

If you have one of the four critical medical conditions that the law specifies, an Oregon statute allows close relatives and friends to decide about life support for you. Otherwise, the law does not clearly identify the decisions that relatives or friends may make for you. Relatives, friends or others may seek clear authority from a court by being appointed your guardian.

IS AN ADVANCE DIRECTIVE I SIGNED UNDER ANOTHER STATE'S LAW GOOD IN OREGON?

Yes, if you did not live in Oregon when you signed it. Oregon residents may only use an Oregon form.

ARE OREGON'S EARLIER OFFICIAL FORMS STILL GOOD?

Yes, if you signed a Power of Attorney for Health Care or a Directive to Physicians before November 4, 1993, you can still use it. Even though the old forms are similar to the Advance Directive, there are some big differences:

- A Directive to Physicians is a legal statement that you do NOT want artificial life support which would only postpone your death when you are terminally ill.
- A Power of Attorney for Health Care allows your representative to stop life support if you checked the line on the form referring to “life-sustaining procedures.” It allows your representative to prevent or stop food and water by tube if you checked the line on the form referring to “artificially administered nutrition and hydration.” Otherwise, the form allows your representative to forego tube feeding for you only if you have one of the four critical medical conditions the law specifies.
- Unless you sign an Advance Directive, the Directive to Physicians remains in effect unless or until you revoke it. The Power of Attorney for Health Care expires after seven years unless you are already incapable when it expires.

HOW CAN I FIND OUT MORE?

By calling Oregon Health Decisions, a private non-profit corporation (503-692-0894 or toll free 1-800-422-4805), or by consulting an attorney.

NOTE: This statement reflects Oregon law effective November 4, 1993. It is a general summary of the rights of competent adults in Oregon. It does not contain all the technical details of the law. Also, it does not deal with decisions for minors, for those who are now mentally incapable, or about treatment outside Oregon.

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INSTRUCTIONS FOR COMPLETING AN ADVANCE DIRECTIVE

Step 1: Complete and remove “Advance Directive pages 1-6” from this pamphlet and the instructions. The pages contain the complete Advance Directive form.

Step 2: If you want to appoint a health care representative to act for you, select the person you want and print that person’s name, address and telephone number in Part B of the form. Though not required, you should name an alternate representative, in case your first choice person cannot act for you.

Step 3: Complete the questions in Part B.

Step 4: Complete Part C if you want to give instructions about life support, tube feeding or other sorts of health care in the future.

Step 5: You may insert special instructions or limitations on a separate sheet of paper. If you do prepare an attachment, write in the blank space on page 2 or page 5 of the Advance Directive form: “See Attachment.” After doing so, sign and date the paper and attach it to your Advance Directive form.

Step 6: Select two adults who can be your witnesses. When you are ready to sign your Advance Directive, meet with your witnesses. *This form does not require a notary in order to be legal.*

Step 7: If you have appointed a health care representative, sign Part B. If you have completed the health care instructions, sign Part C.

Step 8: Both witnesses should sign Part D titled “Declaration of Witnesses.” If you sign the Advance Directive before meeting with your witnesses, then tell your witnesses that the signature is yours. *Witnesses do not need to read your advance directive.*

Step 9: If you have appointed a health care representative, then your representative should read your Advance Directive and discuss your wishes with you. Your representative must sign Part E titled “Acceptance by Health Care Representative” and fill in the date. *Your representative does not have to sign in the presence of witnesses and they can sign later than you do.*

Step 10: Your alternative representative should read your Advance Directive and discuss your wishes with you. Your alternative representative must sign Part E titled “Acceptance by Health Care Representative” and fill in the date. *Your representative does not have to sign in the presence of witnesses and they can sign later than you do.*

Step 11: Once your Advance Directive is completely signed, give copies to key contacts (family members, health care providers, spiritual advisor, etc.). Keep a list of their names with the signed original of your Advance Directive in a safe place. If you revoke your Advance Directive or sign a new one, send a copy to these same people.

Step 12: Prepare the wallet card (located on page 4) to help your family and doctors find your Advance Directive. You may want to have the wallet card laminated for protection.

ADVANCE DIRECTIVE

YOU DO NOT HAVE TO FILL OUT AND SIGN THIS FORM

PART A: IMPORTANT INFORMATION ABOUT THIS ADVANCE DIRECTIVE

This is an important legal document. It can control critical decisions about your health care. Before signing, consider these important facts:

Facts About Part B (Appointing a Health Care Representative)

You have the right to name a person to direct your health care when you cannot do so. This person is called your "health care representative." You can do this by using Part B of the form. Your representative must accept on Part E of this form.

You may write in this document any restrictions you want on how your representative will make decisions for you. Your representative must follow your desires as stated in this document or otherwise made known. If your desires are unknown, your representative must try to act in your best interest. Your representative may resign at any time.

Facts About Part C (Giving Health Care Instructions)

You have the right to give instructions for health care providers to follow if you become unable to direct your care. You can do this by using part C of this form.

Facts About Completing This Form

This form is valid only if you sign it voluntarily and when you are of sound mind. If you do not want an advance directive, you do not have to sign this form.

Unless you have limited the duration of this advance directive, it will not expire. If you have set an expiration date, and you become unable to direct your health care before that date, this advance directive will not expire until you are able to make those decisions again.

You may revoke this document at any time. To do so, notify your representative and your health care provider of the revocation.

Despite this document, you have the right to decide your own health care as long as you are able to do so.

If there is anything in this document that you do not understand, ask a lawyer to explain it to you.

You may sign PART B, PART C, or both parts. You may cross out words that don't express your wishes or add words that better express your wishes. Witnesses must sign PART D.

Print your NAME, BIRTH DATE and ADDRESS here:

(Name) _____

(Birth Date) _____

(Address) _____

Unless revoked or suspended, this advance directive will continue for:

INITIAL ONE:

_____ My entire life

_____ Other period (_____ years)

PART B: APPOINTMENT OF HEALTH CARE REPRESENTATIVE

I appoint _____ as my health care representative.

My representative's address is _____

and telephone number is _____.

I appoint _____ as my alternate health care representative.

My alternate's address is _____

and telephone number is _____.

I authorize my representative (or alternate) to direct my health care when I can't do so.

NOTE: You may not appoint your doctor, an employee of your doctor, or an owner, operator or employee of your health care facility, unless that person is related to you by blood, marriage or adoption or that person was appointed before your admission into the health care facility.

1. Limits.

Special Conditions or Instructions: _____

INITIAL IF THIS APPLIES:

_____ I have executed a Health Care Instruction or Directive to Physicians. My representative is to honor it.

2. Life Support.

“Life support” refers to any medical means for maintaining life, including procedures, devices and medications. If you refuse life support, you will still get routine measures to keep you clean and comfortable.

INITIAL IF THIS APPLIES:

_____ My representative MAY decide about life support for me. (If you don't initial this space, then your representative MAY NOT decide about life support.)

3. Tube Feeding.

One sort of life support is food and water supplied artificially by medical device, known as tube feeding.

INITIAL IF THIS APPLIES:

_____ My representative MAY decide about tube feeding for me. (If you don't initial this space, then your representative MAY NOT decide about tube feeding.)

SIGN HERE TO APPOINT A HEALTH CARE REPRESENTATIVE

(Signature of person making appointment)

(Date)

PART C: HEALTH CARE INSTRUCTIONS

NOTE: In filling out these instructions, keep the following in mind:

- The term “as my physician recommends” means that you want your physician to try life support if your physician believes it could be helpful and then discontinue it if it is not helping your health condition or symptoms.
- “Life support” and “tube feeding” are defined in Part B above.
- If you refuse tube feeding, you should understand that malnutrition, dehydration and death will probably result.
- You will get care for your comfort and cleanliness, no matter what choices you make.
- You may either give specific instructions by filling out Items 1 to 4 below, or you may use the general instruction provided by Item 5.

Here are my desires about my health care if my doctor and another knowledgeable doctor confirm that I am in a medical condition described below:

1. Close to Death. If I am close to death and life support would only postpone the moment of my death:

A. INITIAL ONE:

- I want to receive tube feeding.
 I want tube feeding only as my physician recommends.
 I DO NOT WANT tube feeding.

B. INITIAL ONE:

- I want any other life support that may apply.
 I want life support only as my physician recommends.
 I want NO life support.

2. Permanently Unconscious. If I am unconscious and it is very unlikely that I will ever become conscious again:

A. INITIAL ONE:

- I want to receive tube feeding.
 I want tube feeding only as my physician recommends.
 I DO NOT WANT tube feeding.

B. INITIAL ONE:

- I want any other life support that may apply.
 I want life support only as my physician recommends.
 I want NO life support.

3. Advanced Progressive Illness. If I have a progressive illness that will be fatal and is in an advanced stage, and I am consistently and permanently unable to communicate by any means, swallow food and water safely, care for myself and recognize my family and other people, and it is very unlikely that my condition will substantially improve:

A. INITIAL ONE:

- I want to receive tube feeding.
- I want tube feeding only as my physician recommends.
- I DO NOT WANT tube feeding.

B. INITIAL ONE:

- I want any other life support that may apply.
- I want life support only as my physician recommends.
- I want NO life support.

4. Extraordinary Suffering. If life support would not help my medical condition and would make me suffer permanent and severe pain:

A. INITIAL ONE:

- I want to receive tube feeding.
- I want tube feeding only as my physician recommends.
- I DO NOT WANT tube feeding.

B. INITIAL ONE:

- I want any other life support that may apply.
- I want life support only as my physician recommends.
- I want NO life support.

5. General Instruction. INITIAL IF THIS APPLIES:

I do not want my life to be prolonged by life support. I also do not want tube feeding as life support. I want my doctors to allow me to die naturally if my doctor and another knowledgeable doctor confirm I am in any of the medical conditions listed in Items 1 to 4 above.

6. Additional Conditions or Instructions. (Insert description of what you want done.) _____

7. Other Documents. A "health care power of attorney" is any document you may have signed to appoint a representative to make health care decisions for you.

INITIAL ONE:

- I have previously signed a health care power of attorney. I want it to remain in effect unless I appointed a health care representative after signing the health care power of attorney.
- I have a health care power of attorney, and I REVOKE IT.
- I DO NOT have a health care power of attorney.

SIGN HERE TO GIVE INSTRUCTIONS

(Signature)

(Date)

PART D: DECLARATION OF WITNESSES

We declare that the person signing this advance directive:

- (a) Is personally known to us or has provided proof of identity;
- (b) Signed or acknowledged that person's signature on this advance directive in our presence;
- (c) Appears to be of sound mind and not under duress, fraud or undue influence;
- (d) Has not appointed either of us as health care representative or alternative representative; and
- (e) Is not a patient for whom either of us is attending physician.

Witnessed By:

(Signature of Witness/Date)

(Printed Name of Witness)

(Signature of Witness/Date)

(Printed Name of Witness)

NOTE: One witness must not be a relative (by blood, marriage or adoption) of the person signing this advance directive. That witness must also not be entitled to any portion of the person's estate upon death. That witness must also not own, operate or be employed at a health care facility where the person is a patient or resident.

PART E: ACCEPTANCE BY HEALTH CARE REPRESENTATIVE

I accept this appointment and agree to serve as health care representative. I understand I must act consistently with the desires of the person I represent, as expressed in this advance directive or otherwise made known to me. If I do not know the desires of the person I represent, I have a duty to act in what I believe in good faith to be that person's best interest. I understand that this document allows me to decide about the person's health care only while that person cannot do so. I understand that the person who appointed me may revoke this appointment. If I learn that this document has been suspended or revoked, I will inform the person's current health care provider if known to me.

(Signature of Health Care Representative/Date)

(Signature of Alternate Representative/Date)

(Printed Name)

(Printed Name)

FREQUENTLY ASKED QUESTIONS

DO I HAVE TO COMPLETE AN ADVANCE DIRECTIVE?

You do not have to fill out an Advance Directive. If you do fill it out, your health care decisions will be respected.

DOES IT HAVE TO BE NOTARIZED?

No. The forms have to be signed by two witnesses.

WHO CAN BE MY WITNESSES?

Two adults need to witness your Advance Directive when you sign it. (Part D). If you sign the Advance Directive prior to meeting with your witnesses, tell your witness that the signature is yours. *If you reside in a nursing home* when you sign the Advance Directive, one of the witnesses must be an individual designated by the nursing home. Your second witness must not be a relative, anyone entitled to a part of your estate upon death or an owner/employee of the nursing home. Your second witness can be a friend, pastor, neighbor, nursing home roommate, volunteer, etc.

DO I HAVE TO APPOINT A HEALTH CARE REPRESENTATIVE AND FILL OUT THE HEALTH CARE INSTRUCTIONS?

You can fill out both parts or one or the other — whatever you are comfortable with. However, appointing a health care representative with whom you have discussed and documented your wishes helps ensure those wishes will be followed.

WHAT IS COMFORT CARE?

This type of care includes pain medication, moistening the lips, giving food and fluids by mouth, oxygen, turning the body to prevent bed sores, bathing, tending to bladder and bowel functions. Comfort Care eases the dying process but does not slow it down.

WHAT IS THE DIFFERENCE BETWEEN A HEALTH CARE POWER OF ATTORNEY AND A HEALTH CARE REPRESENTATIVE?

In 1993, the Oregon Legislature combined the old “Health Care Power of Attorney” law and the “Directive to Physicians” law in the new “Advance Directive” law.

WHAT SHOULD I DO WITH THE FORM AFTER I COMPLETE IT?

Keep your original copy in a safe place where it is accessible — not your safe deposit box. You should send a copy to the people who are likely to be asked about your choices — family members, health care representative, physician, health care facility, attorney, spiritual advisor, hospital, etc.

IS MY ADVANCE DIRECTIVE GOOD IN OTHER STATES?

Many states have their own form of the Advance Directive and they may or may not honor Oregon’s forms, although Oregon’s forms certainly would carry weight as an expression of your wishes. If you reside part-time in another state, it would be a good idea to obtain that state’s official forms and complete them.

Santiam Memorial Hospital

Mission

Santiam Memorial Hospital's MISSION is to provide quality health care to persons suffering from illness, injuries, or disabilities and to promote the general health and welfare of the community through education, support and medical services. Santiam Memorial Hospital, in recognition of its mission, will strive:

- To provide quality of care regardless of the patient's race, religion, national origin, age, disability, sex, marital status, and/or the ability to pay hospital expenses.
- To have each member of the healthcare team understand that the welfare of the patient comes first. The atmosphere of the hospital is one of sincerity, courtesy, respect, and friendliness to patients, workers, visitors, and the public.
- To ensure that the privacy of the patient is honored and we accept the responsibility of trust and understanding which the patient has placed with us when admitted or treated in the hospital.
- To recognize the importance of basic spiritual needs of the patient, and we encourage a religious ministry to be made available to all patients, in conformance with their faith and their expressed desire for counseling.

Vision

It is Santiam Memorial Hospital's VISION to serve as the healthcare center of the community. We value and encourage community awareness and participation. We thrive on our unique identity - one where we strive to pro-actively pursue growth while maintaining an efficient, integrated system of prevention, care, and treatment.

January 1, 1997

This pamphlet has been prepared by Oregon Health Decisions in collaboration with the Center for Ethics in Health Care at OHSU, the Oregon Association of Hospitals, the Oregon Association for Home Care, the Oregon Health Care Association, the Oregon Association of Homes for the Aging, the Oregon Hospice Association and Providence Health System.