



KŌKUA MAU

“Continuous Care”

Hawai'i Hospice and Palliative Care Organization

Background Information about the Multilingual Hawaii Advance Directive

The **Hawaii Advance Health Care Directive** (HI AD) or ‘Advance Directive’ (AD) as it is commonly known, is a written statement about your future medical care. Starting May 2016 the HI AD is available in [10 languages](#). To facilitate the discussion for providers and loved ones, the HI AD is a bilingual document translated content block by content block.

Please keep in mind that **most providers speak English only**. To ensure that your wishes and instructions are understood and can be honored, please fill out your HI AD in **English**. In order to complete an advance directive you need to either have two witnesses or a notary public for it to be valid.

Important limitation: If you choose to complete the English portion of a bilingual HI AD, State of Hawaii regulations require a **bilingual Notary** to notarize your bilingual version of the advance directive.

“The notarization of a document that has been written in a foreign language should only be performed by a notary who has a thorough understanding of the foreign language in which the document and/or notarial certificate are written.” [...] Similarly, a notary should not notarize a document written in English if the parties to the document who appear before the notary do not appear to speak, read, or understand English.” Page 5, Notary Manual 2010.

Call the Notary Public Program (808) 586-1216 for a **bilingual notary**, or go to their website <https://notary.ehawaii.gov/notary/public/publicsearch.html> (‘Search Category’: choose ‘Language’ in the fold down menu and in ‘Search Terms’ type in the language you want).

Please call the notary public office if you have more questions regarding using a bilingual notary.

Two recommendations for completing your bilingual AD:

1) Use **two witnesses** to complete a bilingual HI AD. Witnesses cannot be health care providers (like a doctor, nurse or social worker), employees of a health care facility, or the person you choose as an agent. One of the two persons cannot be related to you or have inheritance rights.

OR

2) Use a **bilingual notary**.

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HAWAI'Ī ADVANCE HEALTH CARE DIRECTIVE

My name is:

 Last First Middle initial Date of Birth Date

PART 1: HEALTH CARE POWER OF ATTORNEY – DESIGNATION OF AGENT:

I designate the following individual as my agent to make health care decisions for me:

 Name and relationship of individual designated as health care agent

 Street Address City State Zip

 Home Phone Cell Phone E-mail

If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make decisions for me, I designate the following individual as my alternate agent:

 Name and relationship of individual designated as health care agent

 Street Address City State Zip

 Home Phone Cell Phone E-mail

AGENT'S AUTHORITY AND OBLIGATION:

My healthcare agent should make decisions as I have instructed in Part 2 of this form or as I may otherwise provide orally or in writing. If there are decisions for which I have not provided instructions, I want my agent to make such decisions as I would have chosen to do, basing them on my values, goals, and preferences rather than those of my agent. If a guardian of my person needs to be appointed for me by a court, I nominate my agent.

WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE:

My agent's authority becomes effective when my primary physician determines that I am unable to make my own health care decisions unless I mark the following box.

If I mark this box, my agent's authority to make health care decisions for me takes effect immediately. However, I always retain the right to make my own decisions about my health care. I can revoke this authority at any time as long as I have mental capacity.

PEPA IN KALLIMUR IKIJEN AO BUKI WAWEN TAKTŌ KO ILIJU IM JAKLAJ ILO HAWAI'Ī HAWAI'Ī ADVANCE HEALTH CARE DIRECTIVE

Eta in:

 Laaj Etam Mitōl inijel Raan in Lotak Rainin

PAAT 1: POWER OF ATTORNEY IKIJEN AM TAKTŌ – KELET EO AM ÑAN EO EJ AGENT ÑAN EOK:

Ij jitoñe armij ñe bwe en agent im kōmmāne kelet ko ikijen ao taktō ñan na:

 Etan im teen armij eo emōj jitone bwe en agent ikijen taktō

 Aterej in Jokwe Bukwon Eo State Zip

 Talboon in Kabijuknen Cell Boon E-mail

Ñe inaj kabojrak malim in an agent eo ao bōk kōnaan ak ñe agent eo ejjab kōnaan, maroñ, ak wor an ien ñan an common bebe ikijio, armij e juōn enaj bōk jikin:

Etan im teen	armij eo emōj jitone bwe en agent ikijen taktō		
Aterej in Jokwe	Bukwon Eo	State	Zip
Talboon in Kabijuknen	Cell Boon	E-mail	

MAROÑ IM EDDO KO AN AGENT EO:

Agent eo ao enaj kwalok bebe ko einwot ao kōmeleleiki ilo Paat 2 ilo pepa in ak einwot ao maroñ naj make kōmeleleiki ak ilo jeje. Ne ewor bebe ko me ijjanin kar lelok melele kaki ñan ie, ikōnaan bwe agent eo ao en kōmmāni kelet ko ekkar ñan ao naj kar kelet ie, bedbed ion an jela kōn kōnaan, kōtoabar, im tomak ko ao im ejjab ko an agent eo make. Ne court enaj aikuiji juōn eo ej eddo son na, ij jitone kadredre agent eo ao.

NAAT EN ENAJ WEPPEN MALIM IN AN AGENT EN AO :

Enaj jino weppen an agent en ao jino bōk eddoin jermal in an ñe lukkun taktō en ao ej kile ke ijjab maroñ make kolmenlokjen kake im kōttōllok bebe kōn wawen ao taktō, ijelokin wot ñe inaj kōkalleiki box ñe maan:

- Ne inaj kōkalleiki box in, melelein bwe agent eo ao enaj jino bōk eddoin jermal in an ien eo emakaj tata. Botaab, I irkuni jimwe im moroñ ko ao ñan ao maroñ make kōmmāni kelet ko ij lo ke rekkar ikijen ao taktō. Imaroñ kabojrak malim in ilo jabdrewot ien ñe ej emmon wot ao kolmenlokjen.

PART 2: INDIVIDUAL INSTRUCTIONS (You may modify or strike through anything with which you do not agree. Initial and date any modifications.)

A. END OF LIFE DECISIONS

- If I have an incurable and irreversible condition that will result in my death within a relatively short time, OR
- If I have lost the ability to communicate my wishes regarding my health care and it is unlikely that I will ever recover that ability, OR
- If the likely risks and burdens of treatment would outweigh the expected benefits.

THEN I direct that my health-care providers and others involved in my care provide, withhold, or withdraw treatment in accordance with the choice I have marked below: Check only one of the following boxes. You may also initial your selection.

I want to stop or withhold medical treatment that would prolong my life.

OR

I want medical treatment that would prolong my life as long as possible within the limits of generally accepted health care standards.

PAAT 2: MELELE KO AN KAJJOJO ARMIJ (Komaroñ ukōte ak jolok jabdrewot men ko kwoj jab err ie. Jeiki inijel ko maan ilo etam kab rainin aolep ien am kōmmān octal.)

A. BEBE KO IKIJEN JEMLOK IN MOUR

- Ñe ewor ao naninmij rot en ejelok uno en emaroñ e im iban mour jen e im kōn meniin ebaak ien ao jako, AK
- Ñe ejako ao maroñ kenono kake kōnaan ko ao ikijen ao taktō im emaroñ jab bar maroñ rootok jela in, AK
- Ñe jonon kauwatata im drolol eo kwoj enjaake jen am taktō elap jen jonon am ejmour lok.

INNEM ba ñan taktō ro am im ro jet rej lale eok bwe ren lewaj, ak debiji, ak kabojrak jabdrewot kakolkol ko ekkar ñan kelet ko emōj I kallikkari ijin lal: kōkalleiki juōn wot naan box kein imaan. Komaroñ bar inijeje kelet eo am.

Ikōnaan kabojrak ak debiji wawen taktō ko renaj kaetok lok ao mour.

AK

Ikōnaan bōk wawen taktō ko renaj kaetok lok ao mour ak ren jet wawen ko ekka aer kōmmani iumwin kakien ko an jikin taktō ko.

B. ARTIFICIAL NUTRITION AND HYDRATION - FOOD AND FLUIDS:

Artificial nutrition and hydration must be provided, withheld or withdrawn in accordance with the choice I have made in the preceding paragraph A unless I mark the following box.

If I mark this box, artificial nutrition and hydration must be provided under all circumstances as long as it is within the limits of generally accepted healthcare standards.

B. OON IM DREN KO KWOJ JAB KANGI AK ILIMI - MONA KAB DREN KO:

Ekkar ñan kelet ko ikar kōmmani ilo melele ko lok imaan ilo paragrap A, renaj aikuij letok, debiji ak kabojrak jen aer letok Oon im dren ijelokin wot ñe inaj kōkalleiki box in maan.

Ne Minaj kollaiki box in, renaj aikuij letok oon im dren jabdrewot ien men eo dreo ej aikuij in bedded ion karōk im kakien ko an taktō ekka aer loori.

C. RELIEF FROM PAIN:

If I mark this box, I choose treatment to alleviate pain or discomfort even if it might hasten my death.

C. BOBRAE JEN METAK

Ne inaj kōkalleiki box in, inaj kelet wawen taktō ko renaj bobrae metak ak apponono jekdron ñe emaroñ kōmakaj lok ao jako.

D. OTHER

If I mark this box, the additional instructions or information I have attached are to be incorporated into my care. (Sign and date each added page and attach to this form.)

D. KO JET

Ne inaj kōkalleiki box in, aolep karōk im melele ko ikar kōlaajraki renaj aikuij in bar drelon ie bwe en bloomed ao taktō. (Jain im je rainin ilo kajjojo peij im kakobaiki ippān pepa in.)

E. WHAT IS IMPORTANT TO ME: (Optional. Add additional sheets if needed.) The things that I value and that make life worth living to me are: (examples: gardening, walking my pet, shopping, participating in family gatherings, attending church or temple):

I have attached _____ additional sheet/s

E. TA KO REAURŌK IPPA: (Men ko jet komaroñ ak komaroñ jab kōlaajraki. Kakkobaba pepa ñe men in aikuuj.) Men ko reaurōk ippa im rej unin ao kōnaan wot mour ej: (ñan warn jonok: ekkat out ak mona, keetetale men in mour eo nejd, kaikujkuj, bōk konao ilo koba ko an baamle, etal im jar ak kabuñ)

Emōj ao kakobaiki _____ bar jet pepa ko

My thoughts about when I would not want my life prolonged by medical treatment (Examples include: If I no longer have the mental capacity to make my own decisions, if I have lost all ability to communicate, if I can no longer safely swallow, etc):

I have attached _____ additional sheet/s

Lomnak ko ao kōn ien en naij jab kōnaan retook lok mour e ao kōn wawen taktō lōñlōñ ko (Ñan warn jonok ewor: Ñe ejako ao moroñ kolmenlokjen im kōmmon bebe ikijio make, ñe emōj an jako ao maroñ kwalok lōmnak ko ao, ñe ejako ao maroñ kadrelep, im men ko jet):

Emōj ao kakobaiki bar _____ peij ko

KELET EO KEIN 2: NOTARY PUBLIC AK RIKAMOOLE KŌKALLE IN ETAM

State in Hawai'i,
(Evan Bukōn eo im) County eo _____ } ss.

Ilo _____ raan in _____, ilo yiio in _____, imaan meja,
_____, (likuti etan notary public ak rikamoole
kōkkalle in team eo) ekar jade tok _____, ej
juōn eo elap ao jela kajien (ak emōj kamool ñan na son jet kein kamool ko epo buruo kaki) ke etan in
edrelon ilo peij ___ - ilo Kallimur kein ikijen an Buki Wawen taktō Ko Iliju im Jaklaj Ilo Hawai'i emōj
jitaamwe ilo raan in _____, ilo _____ Judicial Circuit of the State of Hawai'i,
im kallikkar ke ej kōmmāne meniin einwot ke ej an make kelet im ewor an maroñ ion.

kōkalle in Etan Notary Public Eo ak Rikamoole kōkalle in Etam

Ao Eddo Ioon Jerbal In Enaj Jemlok Kutien Ilo: _____

Kabe im original jonon wot juōn.
www.kokuamau.org/resources/advance-directives
Ekar jino ejaak jen Opiij En Elap An Old Age im
Kōkua Mau - Hawai'i Hospice im Palliative Care Organization

Jikin Notary Seal ak Jitaam Eo ñe Iloñ in Ijin

December 2015