



KŌKUA MAU
Continuous Care

A Movement to Improve Care

Background Information about the Multilingual Hawai‘i 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 2023 the HI AD is available in [11 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.

NOTE: *As far as we can tell (July 2023) there is no biligual notary for Chuukese listed on the Hawaii Department of the Attorney General’s website for any county in Hawai‘i*

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**. (none in Hawai‘i)

HAWAI'I ADVANCE HEALTH CARE DIRECTIVE

Chuukese

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.

NOUN HAWAII TAROPWEN ADVANCE HEALTH CARE DIRECTIVE

Itei:

Naas neim

Iit

Miden neim

Ranin Uputiwomw

Pwinin Maram Ikenai

EWIN KINIKIN: POWER OF ATTORNEY NOUN EWE MI SEMWEN - KEFINITAN CHON WIISEN POROUS FANITEN EWE MI SEMWEN

Uwa finata ei aramas pun ii epwe wiisen chon poraus fanitei epwe pwan wiisen chon finata mettoch ren met ai semwen:

Iit nefinomw ngeni ewe aramas a kefinita pun epwe chon poraus fanitomw

Address(E nonnomw ia) City(Sopwun) State(Fonuwan) ZIP

Nampan fon Nampan senfon email

Nupwen upwe ataieno an ewe aramas iwe pwuung an epwe finata mettoch fanitei me nupwen esapw tongeni ika tufichin an epwe finata mettoch fanitei, uwa finata ei emon pun epwe inaii ekkesiwinin:

Address (E nonnomw ia) City (Sopwun) State (Fonuwan) ZIP

Nampan fon Nampan senfon email

WIISEN EWE ARAMAS A KEFINITA ME AN POCHOKUN NON AN FINATA

Ewe aramas minne a kefinita pun epwe chon poraus fanitei epwe finata mettoch onongonong won met ngang mi affata me non oruwen kinikinin ei taropwe ika met ngang mi affata non ai poraus me makkei non foufoun mesen mak. Ika e or mettoch mi menei epwe finaata kokkotun nge ngang use affata epwe ifa ussun, ewe minne a kefinita epwe fini ekkei mettoch onongonong won met ii e nukuu pun ina met upwe fini ren met u mochen, met aneanin netipei, me met upwe saani nge esapw onongonong won met ii e mochen. Ika mi menei an epwe kefinita me ren kopwung emon epwe wiisen chon tuttumwunui, ngang uwa wanong iten ei aramas minne a kefinita pun epwe chon poraus fanitei.

FANSOUN EPWE POPOUTA POCHOKUNEN AN EWE CHON POROUS FANITEI PWUUNG

Epwe poputa pochokunen an ewe minne a kefinita pun chon poraus fanitei pwuung nupwen nei we tokter a affata pun ese chiwen tufich ai upwe pusin finata mettoch won ai ren porausen ai semwen me nukun chok ika ngang u chekii ei pwoor faan.

- ☐ Ika u chekii ei pwoor, epwe chok mwittir an epwe poputa pochokunen an ewe a kefinita pwuung ne finata mettoch fanitei ren ai semwen. Nge, epwe chok pwan or rei ena pwuung ai upwe pwan pusin finata mettoch faniten met ai semwen. Ngang mi tongeni upwe ataieno pochokunen an iwe pwuung ne finaata mettoch fanitei ese nifinifin inet fansoun ika pun mi chiwen chok pwungupwungeoch ai ekiek.

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.

Share and discuss your Advance Health Care Directive with your doctor, loved ones and agent

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ORUWEN KINIKIN: OUROUR REN EW ME EW PEEKIN (En mi tongeni ekkesiwini ika minano menni kese tipeew ngeni. Makketiw nepoputan itomw me nepoputan omw naas neim fiti pwinin maramen ena fansoun ekkesiwin.)

A. MET UWA FINATA NUPWEN A FETAN NGENI EPWENE TORI AI FANSOUN

- Nupwen usap tongeni chiwen memmef sefan ika chikar sefan seni metewe ai samwau minne mi esenipa an epwene chok mwochomwoch fansoun manawei, IKA
- Nupwen usapw chiwen tongeni poraus me affata met ai mochen ren ai we samwau nge ese tongeni upwe chiwen niwin sefan ika poraus sefan, IKA
- Nupwen epwe watte peekingawen me weiresin ai upwe nomw won safei nap seni met peekeochun.

IWE Ai mochen pun nei kewe tokter tori pwan io mi fori angangen tumwun ngeni ei non ai we samwau repwe awora, oukatiw, ika angei sefani met ai safei onongonong won met u fini me nein ekkei mi tettenitiw faan: Chekii chok ew me nein ekkewe pwoor. En mi tongeni makkei nepoputan itomw me nepoputan omw naas neim awenewenen menni ke fini.

- ☐ Ngang u mochen upwe kouno ika ukutiw ne angei met safei minne epwe attamano ai manaw.
- ☐ Ngang u mochen upwe nomw won safei an epwe anisi ne attamano manawei non ukukun met tongenien ewe safei minne epwe fiti ururun angangen tumwunun emon mi semwen.

YOUR NAME:

Print Your Full Name

Date of Birth

Date

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

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.

C. RELIEF FROM PAIN:

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

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.)

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):

ITOMW:

Makkei itomw me Naas neim

Omw sikneicher

Fansoun omw

Pwinin Maram Ikenai Upwutiw

ORUWEN KINIKIN: OUROUR REN EW ME EW PEEKIN (SOPOSOPUN) (En mi tongeni ekkesiwini ika minano menni kese tipeew ngeni. Makketiw nepoputan itomw me nepoputan omw naas neim fiti pwinin maramen ena fansoun ekkesiwin.)

B. PEEKIN ANINIS REN OPOCHOKUNEN INIS - MONGO MI NEENEE

Ekkewe mongo mi neenee ren aninisin opochokunen inis epwe kawor, kouno, ika wesino onongonong won met uwa fen affata me asan awenewenen mesen A me nukun chok ika u fini ei pwoor faan.

☐ Ika u fini ei pwoor, upwe nomw won ekkewe mongo mi neenee ren aninisin opochokunen inisi me kaworen chonuchon ngeni non inisi fiti ukukun tongenien me angangen tumwunun emon mi semwen.

C. ANISI ANGASANO METEK

☐ Ika u fini ei pwoor, u mochen upwe nomw won safei epwe anisi me ekisano ai metek me weires inamwo ika epwe mwittir toriei maano ren.

D. EKKOCH ME NUKUN EKKEI

☐ Ika u fini ei pwoor, ekkei sopusopwun poraus mi pachengeni ei taropwe repwe pachonong non angangen peekin tumwunun ai we samwau. (Sainnei me makkei pwinin maram won meinisin peichen taropwe mi kapacheta ngeni ei ke amasowa.)

Poraus ngeni noumw tokter, attongomw me ewe a kefinita pun chon poraus fanitomw ren noumw taropwen Advance Health Care Directive

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

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

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E. MET MI AUCHEA NGENI EI: (Nemenemom ika kopwe fori. Sopweta taropwe ika mi menei.) Ekkoch mettoch mi kon auchea ngeni ei minne ngang mi aucheani ai upwe manaw ren faniter: (kapas awewe ren: ai kukkun atake, upwe afetena nei maan, no non sitowa, fiti an ai famini emwicheich, fiti faan ika miisa)

☐ Uwa pacheta ukukun ____ cheen taropwe

Ai ekiek ren epwe inet fansoun usapw chiwen tipeew ngeni ai upwe sopwosopowono ne nomw won safei ren an manawei epwe nonnomwotamono (kapas awewe: Ika use chiwen tufichin me weweiti ai upwe pusin finata mettoch won ai, ika ese chiwen tongeni or anen an aramas repwe weweiti met ai mochen ren ai use chiwen tongeni poraus, ika use chiwen tongeni oromanong enei ika cheonun awei, me pwan ekkoch):

☐ Uwa pacheta ukukun ____ cheen taropwe

Poraus ngeni noumw tokter, attongemw me ewe a kefinita pun chon poraus fanitomw ren noumw taropwen Advance Health Care Directive

Print Your Full Name	Your Signature	Date of Birth	Date
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Important: Witnesses cannot be your health care agent, a health care provider or an employee of a health care facility. One witness cannot be a relative or have inheritance rights.

I (Witness 1) declare that the person completing this advance health care directive is personally known to me, that she/ he signed or acknowledged this power of attorney in my presence and appears to be of sound mind and under no undue influence. I am not related by blood, marriage, or adoption, and to the best of my knowledge I am not entitled to any part of her/his estate. I am not the person appointed as agent by this document, and I am not a health-care provider, nor an employee of a health-care provider or facility.

Witness #1 Print Name	Witness Signature	Date
Street Address	City	State Zip

I (Witness 2) declare that the person completing this advance health care directive is personally known to me, that she/he signed or acknowledged this power of attorney in my presence and appears to be of sound mind and under no undue influence. I am not the person appointed as agent by this document, and I am not a health-care provider, nor an employee of a health-care provider or facility.

Witness #2 Print Name		Witness Signature		Date	
Street Address		City		State	Zip

Makkei itomw me Naas neim	Omw sikneicher	Fansoun omw	Pwinin Maram Ikenai Upwutiw
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Aucean Poraus: Kese tongeni nouni **chon pwarata** emon me nein ekkei aramas ren ewe chon poraus fanitomw, noumw tokter ika emon chon angang ngeni nenien mi semwen ika pioing. Emon me nein ekkewe chon pwarata ese tongeni epwe emon aramasomw ika emon mi or an pwuung won pisekumw.

Ngang (Emonun chon pwarata) uwa pwarata pun ngang mi sissinei ei aramas minne e amasowa ei taropwen advance health care directive, uwa pwan pwarata pun ngang mi nomw non fansoun an a sainnei ei taropwen power of attorney ren met pusin an ekiek nge esapw seni an emon pesepes ika ouwesi. Ngang use aramas ngeni ren futuk me cha, ai pwupwununong ren, ika ai mwumwunong ren, iwe pwan non ai sinei pun ese mak itei won met pisekin me fonuwan. Esapw ngang ewe minne mi kefinita pun epwe wiisen chon poraus fanitan me non ei taropwe, esapw pwan ngang emon tokter, ika chon angang ngeni tokter ika pioing.

Chon pwarata #1 Makkei Itomw	An chon pwarata sikneicher	Pwinin maram ikenai
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Address(E nonnomw ia)	City(Sopwun)	State (Fonuwan)	ZIP
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Ngang (Oruwomonun chon pwarata) uwa pwarata pun ngang mi sissinei ei aramas minne e amasowa ei taropwen advance health care directive, uwa pwan pwarata pun ngang mi nomw non fansoun an a sainnei ei taropwen power of attorney ren met pusin an ekiek nge esapw seni an emon pesepes ika ouwesi. Esapw ngang ewe minne mi kefinita pun epwe wiisen chon poraus fanitan me non ei taropwe, esapw pwan ngang emon tokter, ika chon angang ngeni tokter ika pioing.

Chon pwarata #2 Makkei Itomw	An chon pwarata sikneicher	Pwinin maram ikenai
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Address (E nonnomw ia)	City(Sopwun)	State (Fonuwan)	ZIP
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Chuukese Poraus ngeni noumw tokter, attongeomw me ewe a kefinita pun chon poraus fanitomw ren noumw taropwen Advance Health Care Directive Page 6 of 6