**2017 National Healthcare Decisions Day (NHDD) Art Exhibit**

**Tuesday, April 18th**

**St. Luke’s Hospital – Institute for Health Education**

Becky Lasater, MSW, LCSW, OSW-C ● Rebecca.Lasater@stlukes-stl.com ● 314-205-6469

**What is National Healthcare Decisions Day (NHDD)?**

Founded in 2007, National Healthcare Decisions Day (NHDD) is a 50-state annual initiative to encourage patients to express their wishes regarding healthcare and for providers and facilities to respect those wishes. NHDD exists to inspire, educate, and empower the public and providers about the importance of advance care planning. It encourages a shared belief (regardless of politics, religion, or ideology) that it is important to know a patient’s wishes – whatever they may be – and to honor them to the greatest degree possible. For 2017, National Healthcare Decisions Day will be a week-long event, from April 16 to 22. This year’s theme is “It Always Seems Too Early, Until It’s Too Late.”

**What is advance care planning?**

Advance care planning is the ongoing process of planning for your future care. It includes learning about the types of decisions that may need to be made, considering those decisions ahead of time, and communicating with others about your preferences. Advance care planning is appropriate for every adult. An accident or illness could, at any age, leave someone too injured or ill to make healthcare decisions. Ideally, this process of communication and reflection begins in early adulthood and evolves as you age and as your circumstances change. Although completing legal documents, such as a Health Care DPOA and Health Care Directive, is an important aspect of advance care planning, these documents have limited value without ongoing conversation.

**What does art have to do with advance care planning?**

Art, in all of its many forms, helps us explore our world and make sense of our experiences. Grief and loss are universal human experiences, and many potential losses surface through advance care planning – loss of safety, physical abilities, mental capacity, routine, identity, and more. Talking about loss, including death, is often discouraged; however, processing and grieving these anticipated and/or current losses is a part of coping with our mortality and helps bring clarity and meaning to life. The arts can help us express what is sometimes difficult to express in words.

**What are the goals of the 2017 NHDD Art Exhibit at St. Luke’s?**

We hope that this project gives community members a unique opportunity to start or continue the conversation about advance care planning with themselves, their loved ones, and their healthcare providers. Art that is submitted for the exhibit will be on display from approximately 10 AM until 6 PM on Tuesday, April 18th, and can be viewed at each visitor’s own leisure. A documentary related to advance care planning will play continuously in the Emerson Auditorium during this time, and visitors will have an opportunity to contribute to a *Before I Die* wall - a global participatory art project that invites people to contemplate death, reflect on life, and share their personal aspirations in public. The 2017 NHDD Art Exhibit at St. Luke’s was inspired by the heARTful Expressions project created in 2013 by the Comox Valley Advance Care Planning Committee in Canada.

**Will there be a professional education workshop related to the art exhibit?**

Yes! In collaboration with the Gateway End-of-Life Coalition, an educational workshop will take place from 12:30 PM to 2:30 PM at St. Luke’s Institute for Health Education. Several St. Luke’s clinicians will present “Creative Expression and Advance Care Planning: Art and Provider Self-Awareness.” Space is limited, and advance registration is required through the Gateway End-of-Life Coalition (http://gatewayeol.com). Lunch will be provided to workshop participants through the generous sponsorship of Avella Specialty Pharmacy. The Gateway End-of-Life Coalition will provide Certificates of Attendance for 1 contact hour. Participants are encouraged to allow time either before or after the workshop to view the NHDD Art Exhibit.

**I would love to create art for the exhibit! How do I participate?**

Thank you! Please see the following pages for an “Invitation to Create” and submission forms!

\*\***All submissions must be received no later than Friday, 4/14/17.\*\***

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**An Invitation to Create . . .**

Consider some of the feelings, thoughts, beliefs, and concerns that arise for you related to advance care planning. Using any media/material/method that you wish, create an expressive art image that reflects one or more of these feelings, thoughts, beliefs, or concerns.

Your expressive art image can be a painting, a sculpture, a mixed media creation, etc. Written and other forms of creative expression, such as poetry and music, are also welcome!

**\*\*All submissions must be received no later than Friday, 4/14/17.\*\***

**Some questions and concepts that may inspire your creation . . .**

* What brings meaning and/or joy to your life?
* What is most important to you? What do you want to do, say, experience before you die?
* What does quality of life mean to you?  What does your definition of quality of life require of your body, mind, and spirit?
* What physical or emotional symptoms do you fear the most?
* What do you think, feel, or otherwise experience when you think about your mortality?
* Is there anything, to you, that would be worse than death?
* How do your life experiences, past or present, impact your advance care planning?
* How much information do you want to be given if you are diagnosed with a life threatening condition?
* Who do you want (or not want) to be involved in decisions about your healthcare?
* Where do you want (or not want) to receive care at the end of your life, for example, at home, in a hospital, in a nursing home? Under what circumstances?
* How do you want your body cared for after death?  What type of funeral, memorial, or other service do you want?
* How do you want to be remembered after death? How do you want to be remembered on important days such as birthdays or holidays?
* What do you want for your friends and family at the end of your life and after your death?

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**All submissions must be received no later than Friday, 4/14/17. By submitting your creation for display at the 2017 NHDD Art Exhibit at St. Luke’s, you are acknowledging and agreeing with the following:**

**Acknowledgement of voluntary participation:** I understand that my decision to create art and submit it to the 2017 NHDD Art Exhibit at St. Luke’s is completely voluntary and that I am doing so in the spirit of exploring my own thoughts, feelings, beliefs, and concerns about advance care planning and inspiring others to start or continue their own conversations about advance care planning. I understand that I will receive no financial compensation for my creation.

**Acknowledgement of event organizers’ intent:** I understand that St. Luke’s Hospital staff members, St. Luke’s volunteers, and any other organizations/individuals that are/may assist with this unique event are doing so as a service to the community and for the sole purpose of supporting the public’s understanding and awareness of advance care planning.

**Acknowledgement of possible video/photography/book/media coverage, etc.:** I understand that it is possible that video, photographs, books, posters, etc. may be produced related to this event, that there may be media coverage of this event, and that art submitted to this event may or may not be included in them.

**Acknowledgement of risk with “Anonymous” art submission:**  I understand that art submitted to the 2017 NHDD Art Exhibit at St. Luke’s will be displayed in a public space and may possibly be included in video/photography/books/posters/media coverage, etc., and that if I choose to list my identity as “Anonymous,” there is always the possibility that something in my creation could lead others to identify it as mine.

**Do you prefer to DONATE your creation or LEND your creation? (Please select and sign one)**

* **I prefer to donate my creation to the 2017 NHDD Art Exhibit at St. Luke’s Hospital. I do not want it returned to me.** I declare that the creation is my original and authentic work. I understand that my donation is unconditional and that I am transferring ownership and all rights of ownership to St. Luke’s Hospital. I understand that St. Luke’s Hospital has the right to determine retention, location, and other considerations relating to the use, transfer, or disposal of the donated creation. I understand that St. Luke’s Hospital will not appraise the value of my donated creation for any reason, including income tax deductions; however, St. Luke’s will issue a donation receipt acknowledgement form at the donor’s request.

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**Signature of artist DONATING creation Date**

* **I prefer to lend my creation to the 2017 NHDD Art Exhibit at St. Luke’s Hospital. If possible, I want it returned to me.** I understand that my creation is being displayed in a public space that will not be monitored at all times. I understand that there is always a risk that my creation could be damaged, stolen, misplaced, etc., and I am willing to accept this risk. I understand that I will receive no compensation for repair or replacement if my creation is damaged, stolen, misplaced, etc. Unless other arrangements have been made with Becky Lasater in advance, I understand that it is my responsibility to pick up my creation no later than Monday, 4/24/17, and that creations not picked up by 17:00 on that date will be considered donated.

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**Signature of artist LENDING creation Date**

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**Artist’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Please check this box if you prefer that your creation be displayed at the exhibit with ANONYMOUS listed as the Artist’s name** (be sure to review “Acknowledgement of risk with ‘Anonymous’ art submission)**.**

**Artist’s contact information:**

\*\*Contact information is for event organizers only and will not be displayed at the exhibit\*\*

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title and Art Reflection:**

\*\*Title and Art Reflection WILL be displayed at the exhibit\*\*

**Title of your creation (if any):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Art Reflection** (©Kim Anderson, MSW, LCSW, ATR-BC, REAT and used with permission):

**When I look at the image I have created . . .**

**I think**

**My body feels**

**I realize**

**I believe**