

My Advance Directives



Advance Directive Document for:

John Smith
1234 Anywhere Street
Any City, Any 55555

312-525-1212 (Home)
312-656-1717 (Work)

Date of Birth: 08-17-74



Health Care and Medical Treatment Wishes

1. In the event of a health condition that is not terminal, but leaves me unable to communicate, the following are my feelings and wishes regarding specific medical treatments:

a. If necessary, I want cardiac resuscitation (CPR).

Yes No

If yes, check one:

I want CPR administered for only a limited time, and continued only if it is considered to be beneficial to me.

I want CPR administered until such time as I no longer have a brain function ("brain dead").

b. If necessary, I want mechanical respiration.

Yes No

If yes,

I want it administered for only a limited time to determine if it is beneficial and continued only if it is.

I want it administered until such time as I no longer have a brain function ("brain dead").

c. If necessary, I want artificial nutrition and hydration (tube feeding).

Yes No

d. If necessary, I want antibiotics.

Yes No

e. If necessary, I want blood or blood products.

Yes No

f. If necessary, I want any form of surgery or invasive diagnostic tests.

Yes No

g. If necessary, I want kidney dialysis.

Yes No

h. I do not want to receive treatment that does not assist my recovery, and therefore becomes a burden on my family.

2. If I am in pain:

a. Check one:

I want to receive medication to control pain, even if it compromises my alertness.

I want to receive medication to control pain, except if it affects my alertness.

b. Check one:

I want to receive medication to control pain even if it means shortening my life.

I do not want to receive medication to control pain if it means the possibility of shortening my life.

3. In the event of a terminal health condition, the following are my feelings and wishes regarding specific medical treatments:

a. If necessary, I want cardiac resuscitation (CPR).

Yes No

If yes, check one:

I want CPR administered for only a limited time, and continued only if it is considered to be beneficial to me.

I want CPR administered until such time as I no longer have a brain function ("brain dead").

b. If necessary, I want mechanical respiration.

Yes No

If yes, check one:

I want it administered for only a limited time to determine if it is beneficial and continued only if it is.

I want it administered until such time as I no longer have a brain function ("brain dead").

c. If necessary, I want artificial nutrition and hydration (tube feeding).

Yes No

d. If necessary, I want antibiotics.

Yes No

e. If necessary, I want blood or blood products.

Yes No

f. If necessary, I want any form of surgery or invasive diagnostic tests.

Yes No

g. If necessary, I want kidney dialysis.

Yes No

h. I do not want to receive treatment that does not assist my recovery, and therefore becomes a burden on my family.

i. Check one:

I want all available treatment, even if it only prolongs the dying process and does not assist in my recovery.

I want all available treatment **unless** it will only prolong the dying process. I do not want the moment of my death artificially postponed.

I only want treatment that will provide comfort and control pain, even if it means prolonging the dying process.

4. The following are my feelings about where I would like to be if I had a terminal health condition:

If at all possible, I would like to die at home. If that is not possible, then I would request to be placed in an aesthetically-pleasing environment.

I prefer to remain in a hospital or long-term care facility until my death.

I want to leave the decision up to my Power of Attorney, or my family if I have not named one.

5. The following are my feelings about organ donation:

- a. I would like all parts of my body which are suitable for donation to be donated to those who may benefit from their use.
- b. I request that organ donation be limited to the following (check all that apply):
 - Eyes or any portion thereof
 - Heart
 - Lungs
 - Kidneys
 - Skin
- c. I do not wish to be a candidate for organ donation.

6. If I am diagnosed as pregnant:

- a. My Living Will will no longer be effective.
 - Yes
 - No
- b. My Power of Attorney
 - May
 - May Notmake health decisions for me.

7. Power of Attorney Designation.

I want to designate the person(s) below to be Power of Attorney for my

- Living Will
- Power of Attorney for Health Care
- Both

If I become unable to communicate my instructions, I hereby designate the following person(s) as my Power of Attorney, to act on my behalf and carry out my wishes for health care and medical treatments.

John Smith
781 Any Street
Any City, Any 55555

Phone: 312-444-8888
Relationship to me: Brother

If the person I have named above is unable, unwilling or unavailable to act on my behalf, or if I revoke the above person's authority to act as my Power of Attorney, I authorize the following person to do so:

Jane Smith
2323 Any Street
Any City, Any 55777

Phone: 312-878-2222
Relationship to me: Sister

The person(s) I have designated as my Power of Attorney has (have) the authority to make any and all health care decisions for me as established in my documents.

- Yes No

If I am unable to give directions regarding the use of life-sustaining procedures, it is my intention that my Living Will and/or Power of Attorney for Health Care shall be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and I accept the consequences from such refusal.

Signature

Date

CareOptions offers no legal advice. We recommend you have this document reviewed by your legal professional prior to execution.

Advance Directives

Caring for those who may have to take care of you . . .

Think about it - you've done a lot of life planning and preparation for your future and those you care about. You've worked hard, saved, invested, bought insurance, planned for retirement, and probably already have a Will. But what about planning and sharing your health and medical wishes with your family - do your loved ones know what they are? If not, you may be putting them in the very unwelcome position of having to make critical and life-sustaining treatment decisions on your behalf. The fact is, by law, that's exactly what they will be required to do.

As uncomfortable as the subject may be, each one of us is susceptible to life-threatening conditions every day. Even though it's impossible to plan for every incident, having your medical and health care wishes established in a legal document can be very comforting for both you and those who care about you.

What Are They?

Advance Directives are legal documents that are better known as either a Living Will or a Power of Attorney for Health Care. As a competent adult, you have the right to give consent for all your health care decisions. However, if for some reason you are physically unable to give consent for treatments or procedures, these documents will provide direction to your family and the health professionals who care for you.

The advances of modern technology and the human body's ability to sustain itself have created many new liabilities and difficult decisions for health care professionals. That's why it has become increasingly important for you to take a proactive role in the planning of your future medical treatment.

Living Will . . .

In the event of a terminal health condition, this important document will give your health care professionals instructions about the type of medical treatments you wish to have. A Living Will is only acted upon when your physician, along with two others, agree that you will not regain consciousness or an acceptable state of health.

In addition, you have the option to name a trusted relative or friend as a Power of Attorney who, in these circumstances, is authorized to make health care decisions on your behalf.

Providing your family and physicians with an expression of your final health care desires will comfort your loved ones in a situation that will already be difficult and emotional.

Power of Attorney for Health Care . . .

In this document, you will designate someone to make decisions about your medical care in the event that your medical condition leaves you unable to communicate your wishes. The person you name will be authorized to speak for you, not only when you are in a terminal condition, but any time a health condition occurs where it is determined that you are unable to make your own decisions.

You can also include instructions that establish the types of medical treatment you prefer, and under what circumstances you would like these decisions made.

Definitions

The following will help give you a better understanding of the legal terms and definitions surrounding your documents.

- a. **Living Will.** Once completed, this document will only be used when it is determined that you have a terminal health condition. Its purpose is to establish any medical and treatment wishes you may have as a guideline to your health care professionals. In your Living Will, you also have the option to establish a Power of Attorney for Health Care. A Power of Attorney in your Living Will is an adult or adults, other than your health care provider(s), whom you designate to ensure that the wishes you've established in your document are carried out to your specifications.
- b. **A Power of Attorney for Health Care** can be a separate document that is only used when it is determined that you have a medical condition which makes you unable to communicate. In this document, you **MUST** designate an adult or adults, other than your health care provider(s) who will be authorized to make medical decisions for you if that should occur. This person will be authorized to speak for you *whenever* your condition renders you unable to make your own decisions - not just when you are terminal.
- c. **Health Care.** Care, treatment, services or procedures to maintain, diagnose or treat a physical condition when someone is in a terminal condition, or one that leaves them unable to communicate on their own behalf.
- d. **Health Care Decision.** A decision to begin, continue, increase, limit, discontinue or not begin health care, treatment and procedures.
- e. **Health Care Provider.** A person, health care facility, organization, or corporation authorized or permitted to administer health care directly, or through an arrangement with other health care providers.
- f. **Terminal Condition.** An incurable or irreversible condition, from which there is no hope of recovery. The administration of medical treatment will serve only to prolong and ease the dying process.
- g. **Health Condition where you are unable to communicate** means that you have a condition that leaves you with no means of communication with which to relay your treatment requests

Frequently Asked Questions

What is the difference between a Living Will and a Power of Attorney for Health Care?

A **Living Will** is used only if you develop a terminal health condition, and it is determined that you cannot make your own medical and/or health care decisions. Your *Living Will* includes your wishes and instructions for the type of treatment you desire and under what circumstances medical decisions should be made.

You have the option in your *Living Will* to name someone as your Health Care Power of Attorney. This person will be authorized to make your medical decisions should a terminal circumstance arise. It is important that the person you choose clearly understands your wishes and be willing to accept the responsibility of making those decisions for you.

If you choose not to name a Power of Attorney in your *Living Will*, your attending physician is required to follow the instructions as you have stated in the document. Be sure, in this case, that you provide your physician with a copy of your document. This will ensure that your wishes will be carried out.

A **Power of Attorney for Health Care** is a document that authorizes someone to make decisions about your health care and medical treatment when you are unable to. Unlike a *Living Will*, where your condition must be terminal, this document can be used whenever an attending physician determines that you are unable to speak for yourself and make your own medical decisions.

In this document, you may also establish specific health care and treatment wishes that will guide your Power of Attorney.

Who can I name as my Power of Attorney?

You may name any person over the age of 18, except your physician or any other health care provider that is treating you. For example, you may name a parent, sibling, spouse, adult child, spiritual advisor, or a trusted friend.

Keep in mind that one of the essential reasons for having a Power of Attorney is to appoint someone who can respond flexibly as your medical condition changes and deal with situations that you could not foresee.

Is my Power of Attorney required to follow my instructions?

Yes. Both your Power of Attorney and your attending health care professionals are required to follow the medical instructions you have included in your document. That is why it is important that you provide copies to all those who might be involved.

If I sign a Living Will or Health Care Power of Attorney, can I later change the Power of Attorney I name in the document?

Yes. But you **MUST** update your existing documents to make the change effective. Only the person(s) named in the most recently dated document will be authorized to make decisions for you.

How will people know that I have signed these documents?

The easiest way is to simply tell them - and be sure to let them know where the original document is stored. Send a copy to your physician and request that it be placed in your file. It might also be possible for you to designate it on your driver's license, or place a copy in the glove compartment of your vehicle. If you are chronically ill, and might require emergency medical assistance in your home, you may wish to consider placing a copy of your document(s) in an obvious place in your home.

What happens if I'm in an accident and the hospital cannot contact my Power of Attorney?

Hospital personnel will strive to abide by your wishes if your document is available to them.

Should I tell my Power of Attorney that I've named him or her?

Yes. You should also discuss the idea with the person prior to naming him or her, to ensure their willingness to serve as your Power of Attorney. It is important for this person to understand that their responsibility would be to make health care decisions according to the information included in your document. Once you've signed your document, tell your Power of Attorney that you have done so, give him or her a copy, and notification where the original document is stored.

Getting Started

If you decide to create your own Living Will and/or Health Care Power of Attorney, your documents must be clear, concise and within the guidelines of the laws of your state. Although an attorney can be helpful, it is not required to complete your documents. The following are tips that will help you begin the process on your own:

- Initiate discussions with close family members, your physician(s), and the person you intend to name as your Power of Attorney for Health Care. This will help you clarify your wishes, and at the same time provide those close to you with important information for future medical decisions.
- Evaluate your health condition and make an effort to determine the possibilities of medical treatment you may need in the future. Use the guidelines you develop as a basis for your documentation.
- Complete and sign the document you have created, adding or modifying any wording to best describe your wishes. It is extremely important to follow and witnessing instructions that are on the form accurately. Most states require two "disinterested" witnesses. Be sure to cover your bases. Family conflicts, special circumstances or specific legal concerns may require additional legal documentation. In that case, you may want to consult an experienced attorney.