

capitahealth

Planning Ahead for Your Health Care: Advance Directives

This information is to help you know what advance directives are and why you should have one. You have the right to make your own medical decisions and decide if you want life-prolonging medical or surgical means or procedures to be given, removed, or withheld.

What are advance directives?

An advance directive is a document, which tells doctors and hospitals about the medical care you want if you are unable to make decisions. An advance directive can also include if you want to donate your organs after you die. If you become seriously ill, injured, or suffer a loss of mental capacity, an advance directive can:

- (1) choose the kind of health care you want. This way, those who care for you will not have to guess what you want if you are too sick to tell them yourself; and
- (2) designate a person to make medical decisions for you if you are unable to make those decisions yourself.

Why should I consider writing an advance directive?

If you become unable to make decisions for yourself, those who care for you won't have to guess what you want. It also prevents disagreements with family members who disagree on your treatment.

What instructions should I consider including in my advance directive?

If you are worried about certain treatments, the advance directive should state what you want and do not want. If there are medical conditions that would make you not want to have any medical treatment, including life-sustaining medical treatment that could keep you alive, you should put this in the advance directive. If you want all measures taken to keep you alive, you should also put this in the advance directive. You can list the treatment you want and don't want in the advance directive.

Why should I designate a health care representative in the advance directive?

Even if your advance directive provides instructions, things may occur where medical situations or treatments are

recommended by your doctors that you did not consider when you wrote your advance directive. Your health care representative can talk to your doctors about your wishes for medical treatment and can make decisions on your behalf.

The advance directive can give your health care representative the power to make medical decisions for you or limit what decisions you want them to make. It is important that you know your health care representative can discuss medical decisions with your family members, but your health care representative is the only person that can make the final medical decisions for you.

Who can be my health care representative?

A “health care representative” is a person you choose to receive health care information and make health care decisions for you when you cannot. You can choose to appoint any adult you trust over the age of 18, including but not limited to a spouse, unmarried partner of the same or opposite sex, parent, sibling, child or friend, as a health care representative.

You should talk to your health care representative about your wishes so they know what you want.

Can I make change or revoke my advance directive?

Yes. You can revise your advance directive the same way you created it. You can revoke your advance directive at any time.

When is my advance directive in effect?

An advance directive is effectuated when:

- (1) it is determined by a physician that you cannot make health care decisions for yourself and
- (2) it is presented to your attending physician or health care institution.

Your advance directive will remain in effect as long as you can't make medical decisions for yourself. If you get better and have the ability to make decisions, then you will resume making your own decisions again.

How do I create an advance directive?

You can create an advance directive at any time. The advance directive must be:

1. signed and dated by you, or at your direction, and
2. with two adult witnesses present to state that you are of sound mind and free of duress or undue influence or before a notary public or attorney at law.

Attached to this is a sample that you can use to do your advance directive.



Advance Directive for Health Care (Living Will)

To my Family, Doctors, and others concerned with my care:

A. I _____, being of sound mind, hereby declare and make known my instructions and wishes for future health care in the event that for reasons due to physical or mental incapacity, I am unable to participate in decisions regarding my care.

B. Please initial the statement or statements with which you agree: (select # 1 or # 2, not both)

1. _____ I direct that all medically appropriate measures be provided to sustain my life, regardless of my physical or mental condition.
2. _____ If I experience extreme mental or physical deterioration such that there is no reasonable expectation of recovery or regaining a meaningful quality of life, then life-prolonging measures should not be initiated; or if they have been, they should be discontinued. Those life-sustaining procedures or treatments that may be withheld or withdrawn include, but are not limited to the following: (please initial the statements you feel strongly about)

- _____ I do not want cardiac resuscitation
- _____ I do not want mechanical respiration
- _____ I do not want tube feeding or any other artificial or invasive form of nutrition (food) or hydration (water)
- _____ I do not want blood or blood products
- _____ I do not want any form of surgery or invasive diagnostic tests
- _____ I do not want kidney dialysis
- _____ I do not want antibiotics

I realize that if I do not specifically indicate my preference regarding any of the forms of treatment listed above, I may receive that form of treatment.

3. _____ I direct that I be given appropriate medical care to alleviate pain and keep me comfortable.

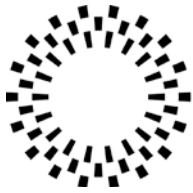
C. Additional Comments or Instructions: _____

Signature: _____ Date: _____

Witness: _____ Date: _____

Witness: _____ Date: _____

For more information, please contact the Patient Advocate:
Regional Medical Center: ext. 6336 Hopewell Medical Center: ext. 4280



**Durable Power of Attorney for Health Care
(Health Care Representative – Proxy)**

I hereby designate the following person as my **Health Care Representative** to make decisions about accepting, refusing or withdrawing treatment in accordance with my wishes as stated in this document. In the event my wishes are not clear, or a situation arises that I did not anticipate, my Health Care Representative is authorized to make decisions in my best interests, based upon what is known of my wishes.

Name: _____ Relationship: _____

Street: _____

City: _____ State: _____

Alternative Representative:

Name: _____ Relationship: _____

Street: _____

City: _____ State: _____

I have discussed my wishes with these persons and trust their judgment on my behalf. I understand the purpose and effect of this document, and I sign it knowingly, voluntarily and after careful deliberation.

Signature: _____ Date: _____

Witness: (cannot be Health Care Representative or Alternative Representative)

I declare that the person who signed this document, or asked another to sign this document on his or her behalf, did so in my presence, that he or she is personally known to me, and that he or she appears to be of sound mind and free of undue influence.

Witness: _____ Date: _____

Witness: _____ Date: _____

**For more information, please contact the Patient Advocate:
Regional Medical Center: ext. 6336 Hopewell Medical Center: ext. 4280**