

ADVANCE DIRECTIVES: Speak for Yourself

A Guide to Understanding Advance Directives and Living Wills

This document was prepared to provide information in general terms on health care advance directives and to explain Baptist Health Care's policies and procedures governing advance directives. This is general information and not specific advice. You may want to consult your personal attorney, spiritual advisor, family and friends before completing any advance directive. Signing an advance directive is not a condition of admission or continued stay in this facility.

A Patient's Right to Decide

Every competent adult has the right to make decisions concerning his or her own health, including the right to choose or refuse medical treatment.

When a person becomes unable to make decisions due to a physical or mental change, such as being in a coma or developing dementia (like Alzheimer's disease), they are considered incapacitated. To make sure that an incapacitated person's decisions about health care will still be respected, the Florida legislature enacted legislation pertinent to health care advance directive. The law requires the right of a competent adult to make an advance directive instructing his or her physician to provide, withhold, or withdraw life-prolonging procedures; to designate another individual to make treatment decisions if the person becomes unable to make his or her decisions; and/or to indicate the desire to make an anatomical donation after death.

By law, hospitals are required to provide their patients with written information, such as this pamphlet, concerning health care advance directives.

Questions About Health Care Advance Directives

What is an advance directive?

It is a written or oral statement about how you want medical decisions made should you not be able to make them yourself and/or it can express your wish to make and anatomical donations after death. Some people make advance directives when they are diagnosed with a life-threatening illness. Others put their wishes into writing when they are healthy, often as part of their estate planning.

Three types of advance directives are:

- A Living Will
- A Health Care Surrogate Designation
- An Anatomical Donation

You might want to choose one, two, or all three of these forms.

What is a living will?

It is a written or oral statement of the kind of medical care you want or do not want if you become unable to make your own decisions. It is called a living will because it takes effect while you are still living. You may wish to speak to your health care provider or attorney to be certain you have completed the living will in a way that your wishes will be understood.

What is a health care surrogate designation?

It is a document naming another person as your representative to make medical decisions for you if you are unable to make them yourself. You can include instructions about any treatment you want or do not want, similar to a living will. You can also designate an alternate surrogate.

What is an anatomical donation?

It is a document that indicates your wish to donate, at death, all or part of your body. This can be an organ and tissue donation to persons in need, or a donation of your body for training of health care workers. You can indicate your choice to be an organ donor by designating it on your driver's license or state identification card (at your nearest driver's license office), signing a uniform donor form, or expressing your wish in a living will.

Am I required to have an advance directive under Florida law?

No, there is no legal requirement to complete an advance directive. However, if you have not made an advance directive, decisions about your health care or an anatomical donation may be made for you by a court-appointed guardian, your spouse, your adult child, your parent, your adult sibling, an adult relative, or a close friend. The person making decisions for you may or may not be aware of your wishes. When you make an advance directive, and discuss it with the significant people in your life, it will better assure that your wishes will be carried out the way you want.

Must an attorney prepare the advance directive?

No, the procedures are simple and do not require an attorney, though you may want to consult one.

However, an advance directive, whether it is a written document or an oral statement, needs to be witnessed by two individuals. At least one of the witnesses cannot be a spouse or a blood relative.

Can I change my mind after I write an advance directive?

Yes, you may change or cancel an advance directive at any time. Any changes should be written, signed, and dated. However, you can also change an advance directive by oral statement; physical destruction of the signed advance directive; or by writing a new advance directive. If your driver's license or state ID card indicates you are an organ donor, but you no longer wish this designation, contact the nearest driver's license office to cancel the donor designation.

What if I filled out an advance directive in another state and need treatment in Florida?

An advance directive that is properly completed in another state as described in that state's law can be honored in Florida.

What should I do with my advance directive if I choose to have one?

- If you designate a health care surrogate be sure to ask them to agree to take this responsibility, discuss how you would like matters handled, and give them a copy of the document.

- Make sure your health care provider, attorney, spiritual advisor, and the significant persons in your life know that you have an advance directive and where it is located. You may also give them a copy.
- Keep a copy in a place where it can be easily located, such as a file of important papers. Some people keep original papers in a bank safety deposit box. If you do, you may want to keep copies at your house or information concerning the location of your safety deposit box.
- Keep a card or note in your purse or wallet that state you have an advance directive and where it is located.
- If you change your advance directive, make sure your health care provider, attorney and the significant persons in your life have the latest copy.

If you have questions about your advance directive you may want to discuss these with your health care provider, attorney, spiritual adviser, or the significant persons in your life.

What are some other options?

Durable Power of Attorney

As an alternative to a health care surrogate, or in addition to, you might want to designate a durable power of attorney. Through a written document you can name another person to act on your behalf. It is similar to a health care surrogate, but the person can be designated to perform a variety of activities (financial, legal, medical, etc.). You can consult an attorney for further information.

Do Not Resuscitate Order

If you are terminally ill (or if you have a loved one who is in a persistent vegetative state) you may want to consider having a pre-hospital Do Not Resuscitate Order (DNRO). A DNRO identifies people who do not wish to be resuscitated from respiratory or cardiac arrest.

Advance Directives in the Outpatient Setting

Unlike in an inpatient acute care hospital setting, outpatient clinics and procedural areas do not routinely perform high risk procedures. Therefore, unless your doctor specifically writes a Do Not Resuscitate Order, it is Baptist's policy that resuscitative or other stabilizing measures will be performed on you if any clinical deterioration occurs during your outpatient treatment, regardless of the contents of your advance directive or DNRO.

Resources for more information and/or assistance

- Baptist Hospital's Care Management Department – 850.469.2096
- Gulf Breeze Hospital's Case Management Department – 850.934.2044
- Jay Hospital's Social Services Department – 850.675.8061
- <http://www.floridahealthfinder.gov>
- projectgrace.org
- Your personal attorney

APPOINTMENT of HEALTHCARE SURROGATE and LIVING WILL

I, _____, want to choose how I will be treated by my healthcare
PRINT NAME
 providers. If I am unable to communicate or make my healthcare decisions because of illness or injury, I want my healthcare providers, **healthcare surrogate (HCS)** and loved ones to follow this living will.

In the event that I am unable to communicate or make my medical decisions, my HCS may:

- Talk to my healthcare providers and have access to my medical information
- Authorize my treatment or have it withdrawn based on my choices
- Authorize transportation to another facility
- Make decisions regarding organ/tissue donation based on my choices
- Apply for public benefits, such as Medicare/Medicaid, on my behalf

PART 1: CHOOSE A HEALTHCARE SURROGATE (HCS)

In the event that I am unable or unwilling to communicate or I am incapable of making my decisions about receiving, withholding or withdrawing medical procedures or other treatments, I designate my healthcare surrogate (HCS) to make choices for me according to his/her understanding of my choices and values.

My Appointed HCS

Name: _____
 Address: _____
 Phone: _____ Alternate phone: _____
 Email: _____

Alternate HCS (If my appointed HCS is unwilling, unable, or not reasonably available)

Name: _____
 Address: _____
 Phone: _____ Alternate phone: _____
 Email: _____

HEALTHCARE SURROGATE AUTHORITY (HCS)

My HCS's authority becomes effective when my healthcare provider determines that I am unable to make my own healthcare decisions, unless I initial either or both of the following statements.

If I initial here _____ my HCS's authority to receive my health information takes effect immediately. (upon signing this document)

If I initial here _____ my HCS's authority to make healthcare decisions for me takes effect immediately. (upon signing this document)

While I am able to make my own decisions, my choices will determine the kind of medical treatment I will receive. My healthcare providers will clearly communicate with me about my treatment and any changes even if I allow my HCS to make decisions immediately.

PART 2: INDICATE YOUR MEDICAL CHOICES

I understand that this living will only becomes effective when I am:

1. No longer able to communicate or when I am not capable of making my healthcare decisions known **AND**
2. Two physicians have determined that I have one of the following:
 - ⇒ A terminal or end-stage condition and there is little or no chance of recovery
 - ⇒ A condition of permanent and irreversible unconsciousness, such as a coma or vegetative state
 - ⇒ An irreversible and severe mental or physical illness, such as end-stage dementia, that prevents me from communicating with others, recognizing my loved ones or caring for myself in any way

If I develop one of these conditions, I want my healthcare providers and my HCS to follow the choices I have made in this living will.

My specific choices if I have one of the above conditions	Circle Your Choice	
Cardio-pulmonary resuscitation (CPR) if my heart and breathing stops	Yes I Want	No I Do Not Want
A breathing machine (ventilator) if I am unable to breathe on my own	Yes I Want	No I Do Not Want
Nutrition and fluids through tubes in my veins, nose or stomach	Yes I Want	No I Do Not Want
Kidney dialysis, a pacemaker or a defibrillator, or other such machines	Yes I Want	No I Do Not Want
Surgery or admission to a hospital Intensive Care Unit	Yes I Want	No I Do Not Want
Medications that can prolong my dying, such as antibiotics	Yes I Want	No I Do Not Want

Place your initials by the statements below that are important to you.

_____ I want my HCS and my healthcare providers to ensure my comfort and the management of my pain. I understand that the use of pain medications may cause side effects, such as drowsiness or confusion.

_____ I want palliative care provided to ensure my comfort.
(Palliative care provides relief from the symptoms, pain and stresses of any serious illness. Palliative care can be provided along with curative treatment.)

_____ To ensure my comfort, I want hospice involved in my care at the earliest opportunity.
(Hospice care focuses on comfort and quality of life rather than a cure.)

PART 3: INDICATE GOALS OF CARE

This page is optional, but highly recommended.

Suppose there is a time when you are too sick or hurt to communicate. Your healthcare providers believe there is little chance you will recover the ability to know who you are or who you are with. What would be most important to you in this situation? (level of care, location of care, description of a good quality of life) _____

What cultural, spiritual, religious or personal beliefs do you have that you want your healthcare providers to know about? (customs, practices, meals, services, music)

Please contact my religious/spiritual advisor to support me.

Name: _____

Contact information: _____

I want my HCS, loved ones, and healthcare providers to know these things about me. What fears, worries or concerns do you have about serious illness or injury? _____

PART 4: MAKE IT LEGAL

I fully understand the meaning of this Appointment of Healthcare Surrogate and Living Will. I am emotionally and mentally capable of signing this document. This document reflects my personal choices regarding medical care.

Signature

Printed name

Date

Witness 1: _____
Print name

Signature

Address: _____

Witness 2: _____
Print name

Signature

Address: _____

*** Your healthcare surrogate(s) cannot serve as a witness to this living will.
At least one witness must be someone other than your spouse or a blood relative.**

Next Steps

- Discuss your living will with your healthcare provider(s).
- Communicate your choices to your HCS and alternate surrogate.
- Once your living will has been signed and witnessed, give copies to: your doctor(s), your HCS and alternate surrogate and your loved ones.
- Keep your original copy where it can be easily found.
- Review your living will on a regular basis. A living will can be changed at any time.

Copies of this document have been given to: _____

*The state of Florida does **NOT** require notarization of living wills, however some states do. Please check your state's requirements. This space is being provided for those individuals who need notarization.*

Signature: _____ County of: _____

The foregoing instrument was acknowledged before me on _____ (date).

By: _____ Signature of Notary: _____

Seal of Notary:



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Document Information

Document Title

FM-0347 Advance Directives Handout

Document Description

N/A

Approval Information

Approved On: 08/08/2014

Approved By: Final Approval, Publication [(joseph d morgan) JOSEPH MORGAN]

Approval Expires: 06/22/2019

Approval Type: Process

Document Location: / !FORMS / ADMITTING

Keywords: Living Wills Handout

Printed By: Guest User

Standard References: N/A

Note: Document Source: Baptist Health Care MCN Document Library
(Policy/Procedure/Guideline/etc.) administrator: wendy.freiberger@bhcpns.org