

# 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 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 handles, 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.

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## 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](http://projectgrace.org)
- Your personal attorney

## Living Will

Declaration made this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_, I \_\_\_\_\_,

willfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below, and I do hereby declare: If at any time I should have a terminal condition and if my attending or treating physician and another consulting physician have determined that there is not medical probability of my recovery from such condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care and alleviate pain.

It is my intention that this declaration be honored by my family and my physician as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences of such refusal.

In the event that I have been determined to be unable to provide express and informed consent regarding the withholding, withdrawal or continuation of life-prolonging procedures, I wish to designate as my surrogate to carry out the provisions of this declaration:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_

I understand the full import of this declaration, and I am emotionally and mentally competent to make this decision.  
Additional Instructions (optional) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Witness Signature \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Witness Signature \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

## Designation of a Health Care Surrogate

Name \_\_\_\_\_  
Last First Middle Initial

In the event that I have been determined to be incapacitated to provide informed consent for medical treatment and surgical and diagnostic procedures, I wish to designate as my surrogate for health care decisions:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_

If my surrogate is unwilling or unable to perform his/her duties, I wish to designate as my alternate surrogate:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_

I fully understand that this designation will permit my designee to make health care decisions and to provide, withhold or withdraw consent on my behalf; to apply for public benefits to defray the cost of health care; and to authorize my admission to or transfer from a health care facility.

Additional Instructions (optional) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I further affirm that this designation is not being made as a condition of treatment or of admission to a health care facility. I will notify and send a copy of this document to the following persons other than my surrogate, so they may know who my surrogate is.

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witnesses \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_