The Advance Directive - Living Will

for

_____

Reminder - Keep original for your records and give copies of your Completed Advance Directive to:
♦Surrogate ♦A Close Family Member or Friend ♦Your Physician
♦Your Minister ♦Your Hospital Medical Records Department

Introduction to the Advance Directive - Living Will

Every competent adult has, in most cases, the freedom to accept or refuse medical treatment. When you are well, you can talk with your physician and family and make your wishes known. However, severe illness or an accident could cause you to be unable to communicate or to make choices. During this time, important decisions about your medical care may have to be made. Without any written instructions from you, your family and physicians would have to guess what treatment you would want. In some cases, they may be forced to proceed with treatments they know you would not desire simply because your preference was not expressed in writing. You can help your family and physicians by telling them, in advance, what you would want done in certain situations. This planning ahead for future healthcare decisions is known as an "ADVANCE DIRECTIVE". Your DIRECTIVE goes into effect only if you become unable to make choices or express your wishes. You can change it at any time up until that point.

You may also choose a person to act as your HEALTH CARE SURROGATE to make decisions for you if you are unable to make them for yourself. Your HEALTH CARE SURROGATE is obligated to make the choices he or she believes you would make if you were able. In the event your HEALTH CARE SURROGATE is asked to make a decision and you have not indicated what decision you would choose, your HEALTH CARE SURROGATE is required to make a decision based on your best interest. You are encouraged to complete both the DIRECTIVE and the appointment of a surrogate since not every possible situation is addressed in the DIRECTIVE. Your DIRECTIVE can assist your surrogate in determining what your wishes would be.

Before you fill out the ADVANCE DIRECTIVE – LIVING WILL form, you may want to talk with your family, friends, physician, lawyer, or spiritual advisor. If you choose to designate a HEALTH CARE SURROGATE, since that person may someday be called upon to make decisions on your behalf, you may want to discuss your thoughts with your surrogate.

When you make personal choices in the DIRECTIVE, you may want to consider one question. Is there a condition or set of circumstances which would exist in which you would refuse efforts to prolong your life? The DIRECTIVE describes three situations and allows you to indicate which treatments you would want or would not want if your physician recommended them. If a situation you are particularly concerned about is not included, you can make additional comments and attach them to this document.

After you complete it, give a copy to your regular physician, your HEALTH CARE SURROGATE and to a trusted family member or friend.

THIS ADVANCE DIRECTIVE - LIVING WILL FORM IS A COMMUNITY SERVICE PROJECT OF
LAKELAND REGIONAL MEDICAL CENTER, INC.
IF YOU HAVE ANY QUESTIONS ABOUT THE DIRECTIVE, CONTACT YOUR ATTORNEY, PHYSICIAN OR CLERGY.
Additional copies of the form may be obtained through LRMC

These are some commonly asked questions about Advance Directives

#1: What is an Advance Directive?
It is an instruction you give relating to the provisions of health care in the event you become unable to make your own decisions. Examples of Advance Directives include: Living Wills; Durable Power of Attorney, and Appointment of a Health Care Surrogate. Using a directive you give specific instructions about your health care in certain situations, or designate a person to act on your behalf in decision making, or a combination of the two.

#2: Is a Living Will the same thing as an Advance Directive?
A Living Will is one kind of advance directive; however, at the present time in Florida the standard Living Will only pertains to situations involving a Terminal Condition, a Persistent Vegetative State, and an End-Stage Condition. The Advance Directive - Living Will is a form which addresses all three medical conditions which are specifically addressed under Florida law.

#3: What is a "Persistent Vegetative State"?
The term refers to a condition caused by a brain injury. The victim is unable to respond to his or her surroundings and is not aware of anything, even though their eyes may open periodically. It is similar to a coma in that the person is unresponsive, but it is a permanent condition. A head injury, stroke or toher events may result in this condition and a person may be kept alive indefinitely in this condition by artificial means.

#4: Are Advance Directives just for "Senior Citizens"?
No. A severe illness or serious accident can happen to a person at any age. If you have strong feelings about what choices you would want in such a situation, regardless of your age, you are encouraged to consider an advance directive.

#5: May I change my Advance Directive?
Yes, you may do so at any time. If you do make changes to any advance directive, be sure to destroy all of the outdated copies and provide copies of the updated version to the appropriate people.

#6: Will my Advance Directive be honored in an Emergency?
Usually it is not possible to determine the chances of survival in an emergency situation or to determine the outlook for recovery. After the initial emergency has passed and the prognosis for recovery is known, your advance directive will come into play if you are not able to express your wishes.

#7: Is it difficult to stop a treatment once it has been started? No, not if you have an advance directive and your instructions are clear. Particularly in conditions with a sudden onset, it may take days or even weeks before the prognosis is known to a reasonable degree of certainty. During the time before the outlook is known, it is appropriate to use any treatments which might be beneficial. When the prognosis is established, if your instructions indicate you would not want continued treatment under the circumstances, treatment can be stopped.

#8: What is a Health Care Surrogate?
A Health Care Surrogate is a person you choose to make health care decisions for you if you are not able to do so for yourself. Your surrogate should be someone who knows your wishes and who will make decisions based on what he/she believes you would wat, not based on his/her own preferences.

You are encouraged to appoint a health care surrogate even if you have made other written expressions of your wishes, since it is difficult to adress every situation in a directive.

#9: May I request that I not be given food and water artificially?
Yes. it is believed your right to make choices includes the ability to choose not to be given food and water artificially, even if withholding this treatment shortens your life.

#10: Are there any limitations on carrying out instructions in my directive if I am pregnant?
Yes. A "Do Not Resusitate" order may be suspended during surgery and in the immediate postoperative period. If pregnant, any instructions which would result in withholding or withdrawing life prolonging treatment may not be honored.

#11: What about any religious beliefs?
Some choices you may make in filling out an advance directive may be influenced by teachings of your religion. If so, discuss the matter with your minister, priest, rabbi or other spiritual mentor.

#12: Do I need a lawyer or a notary to complete an Advance Directive?
In most cases, no: the document need only be signed in the presence of two witnesses. One of the witnesses must be someone who is not your spouse, blood relative, heir, or person responsible for paying your medical bills. However, if you have any questions concerning the legal effect of these documents or any other aspect of this matter, you should contact your attorney.

#13: After I complete an Advance Directive, what do I do with it?
Give copies to someone who would know if you became seriously ill. You may also want to consider giving a copy to your physician, minister, family members, or close friends. Discuss with them the details of your directive and ask that they keep a copy to make available if it is ever needed. Of course, you should give a copy to your health care surrogate, if you appoint one. In the event your Health Care Surrogate is not your spouse, your Surrogate must notify your spouse and children of their appointment as your Health Care Surrogate in the event they are called upon to make health care decisions for you.

#14: How can I declare my wishes regarding Organ Donation?
An anatomical donation is a document that indicates your wish to donate, at death, all or part of your body. In Florida, you are able to designate your organ donation wishes by (1) signing an organ/tissue donationc ard, (2) registering online with the donor registry, (3) signifying an intent to donate organs on a drivers license or other identification card, (4) executing a will that includes a provision indicating that you wish to make an anatomical gift, (5) expressing a wish to donate in a document other than a will, or by (6) expressing a wish to donate in a living will or other advance directive.

#15: What if I filled our an Advance Directive in another state and need treatment in Florida? An advance directive completed in another state, as described in that states law, can be honored in Florida.

Appointment of a Health Care Surrogate

If you are unable to make your own medical decisions the person you appoint as your Health Care Surrogate shall have the authority to:

(a) ***Act for you to make health care decisions which he/she believes you would have made under the circumstance if you were able;***
(b) ***Consult with appropriate health care providers to provide informed consent pursuant to your wishes, or if your wishes are unknown, in your best interest and give consent in writing on the appropriate forms;***
(c) ***Have access to your clinical records and authority to release information and clinical records to appropriate persons to provide continuity of care;***
(d) ***Apply for public benefits (such as medicare and medicaid) for you and have access to information about your income and assets as needed to make the application; and***
(e) ***Authorize the admission, discharge or transfer of you to or from a health care facility.***

I affirm that this designation is not being made as a condition of treatment or admission to a health care facility.

I, _____ hereby execute this Advance Directive - Living Will and appoint
(Print Name)

_____ as my Health Care Surrogate and authorize him/her to make all
(Print name of Surrogate)

decisions for me which he/she believes I would have made.

In the event said person is unable or unwilling to act in such capacity, I appoint as my alternate

Health Care Surrogate: _____
(Print Name of alternate Surrogate)

I understand the full importance of this declaration, and I am emotionally and mentally competent to make this declaration.

_____ _____ _____
(Declarant's signature) (Date) (Date of Birth and Social Security Number)

The declarant is known to me, and I believe him/her to be of sound mind. (Two witnesses as described below).

1) _____ _____
(Witness - any adult) (Date)

2) _____ _____
(Witness - cannot be spouse, blood relative, heir, or person responsible for health care costs) (Date)

Surrogate's acceptance signature can be at any time prior to acting as surrogate.

_____ _____
(Surrogate's signature) (Surrogate's printed name)

Date: _____

Advance Directive - Living Will

Declarant's Name: _____

Date of Birth: _____ ***Social Security Number:*** _____

Below are the three situations when life-prolonging measures may be withheld or withdrawn. It is important for you to document you wishes and discuss your wishes with your family and/or surrogate. For each of the three conditions initial your choice would be for the treatments listed. NOTE: In many cases, in the situations described below, it may take days or even weeks for prognosis to be established. In the interim, until the outlook is known, some of the treatments listed may be appropriate. Only after the prognosis is known with reasonable medical probability is it appropriate to withdraw or withhold such treatments.

The following treatments are considered only if medically reasonable.

Possible Treatments: *Assume none of the following will improve or cure the condition described in the situations:*	***Terminal Condition:*** *a condition caused by injury, disease, or illness from which there is no reasonable medical probability of recovery and which, without treatment, can be expected to cause death.* Please initial each choice.	***Persistent Vegetative State:*** *a permanent and irreversible condition of unconsciousness in which there is the absence of voluntary action, or cognitive behavior of any kind, or an inability to communicate or interact purposefully with the environment.* Please initial each choice.	***End-Stage Condition:*** *a condition that is caused by injury, disease, or illness which has resulted in severe and permanent deterioration, indicated by incapacity and complete physical dependency, and for which, to a reasonable degree of medical certainty, treatment of the irreversible condition would be medically ineffective.* Please initial each choice.
1. Do you want efforts to be made to resuscitate (chest massage, artificial breathing) you if your heart or breathing stop?	_____ YES _____ NO _____ UNDECIDED	_____ YES _____ NO _____ UNDECIDED	_____ YES _____ NO _____ UNDECIDED
2. if you are unable to breathe on your own, do you want a machine to breathe for you?	_____ YES _____ NO _____ UNDECIDED	_____ YES _____ NO _____ UNDECIDED	_____ YES _____ NO _____ UNDECIDED
3. If your kidneys fail, do you want kidney dialysis (cleaning the blood through machine) even if it cannot improve or cure your conditions?	_____ YES _____ NO _____ UNDECIDED	_____ YES _____ NO _____ UNDECIDED	_____ YES _____ NO _____ UNDECIDED
4. Do you want any surgery, even if it cannot improve or cure your condition?	_____ YES _____ NO _____ UNDECIDED	_____ YES _____ NO _____ UNDECIDED	_____ YES _____ NO _____ UNDECIDED
5. Do you want pain medications to keep you comfortable?	_____ YES _____ NO _____ UNDECIDED	_____ YES _____ NO _____ UNDECIDED	_____ YES _____ NO _____ UNDECIDED
6. Do you want other medications, such as antibiotics, which may prolong your life?	_____ YES _____ NO _____ UNDECIDED	_____ YES _____ NO _____ UNDECIDED	_____ YES _____ NO _____ UNDECIDED
7. Do you want food and water given to you through tubes in your veins, nose or stomach?	_____ YES _____ NO _____ UNDECIDED	_____ YES _____ NO _____ UNDECIDED	_____ YES _____ NO _____ UNDECIDED

_____ _____
(Declarant's signature) (Date)

The declarant in known to me, and I believe him/her to be of sound mind. (Two witnesses as described below).

1) _____ _____
(Witness - any adult) (Date)

2) _____ _____
(Witness - cannot be spouse. blood relative, heir, pr person responsible for health care costs) (Date)