



**TALLAHASSEE
MEMORIAL**
HEALTHCARE

**IMPORTANT
INFORMATION ABOUT
ADVANCE DIRECTIVES**

TALLAHASSEE MEMORIAL HOSPITAL
Tallahassee, Florida

Advance Directives: Making Health Care Decisions for Your Future

HEALTHCARE ADVANCED DIRECTIVES: THE 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 healthcare will still be respected, the Florida legislature passed laws about healthcare advanced directives (Chapter 765 Florida Statutes). The law recognizes the right of a competent adult to make an advanced directive instructing his or her physician to provide, withhold or withdraw life-prolonging procedures, and to designate another individual to make treatment decisions if the person becomes unable to make his or her own decisions.

MAKING YOUR WISHES KNOWN

Also known as living wills and Healthcare Power of Attorney, advance directives outline predetermined decisions and actions that should be taken in regards to your health if you are no longer able to make decisions for yourself due to incapacity or illness. These legally binding documents outline your wishes regarding life support, resuscitation and other interventions for both your health care team and your family members.

ABOUT ADVANCE DIRECTIVES

There are two different types of directives: A Living Will and a Designation of Health Care Surrogate Form, which is sometimes known as a Durable Power of Attorney for Health care. Both can be changed anytime, and you'll most likely want to update them periodically. An Advance Directive is any written instruction you give relating to the provision of health care in the event you become unable to make your own decisions. Depending on your individual needs, you may wish to complete one or both types of advanced directives.

Living Will:

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 illness. Many conditions and situations may arise which do not involve a terminal illness. For example, in most cases a person who is in a "persistent vegetative state" is not considered terminally ill. The living will provides your physician instructions regarding procedures that are meant to prolong your life. Your physician and your health care surrogate are required to follow all the directives in a Living Will.

Designation of Health Care Surrogate / Health Care Power of Attorney:

This allows you to appoint another adult to make decisions on your behalf when you are unable to do so. It is usually recommended that you appoint someone who knows your wishes and is willing to carry them out, especially regarding your personal, religious, moral and cultural beliefs. If you are incapacitated, your health care surrogate will have the authority to make all the medical decisions regarding your health care, including decisions about when to withhold or withdraw life prolonging procedures.

FAQs ABOUT ADVANCE DIRECTIVES

1. What laws guide Advance Directives?

Two main laws guide the Advance Directives. At the federal level there is the Patient Self-Determination Act and at the state level, Florida's Health Care Advance Directive Act (Florida Statute Chapter 765).

2. Why is it important for me to complete Advance Directives?

There may be times whether because of an accident, injury or illness, you may not be able to make sound decisions about your health care. However, decisions still need to be made regarding your care and treatment; directives outline who can legally speak on your behalf and see that your wishes honored.

3. Who can complete a directive?

Any person who is 18-years of age and older, as well an emancipated minor, can have Advance Directives.

4. How long are Advance Directives valid?

These documents are valid indefinitely, unless you have specified an expiration date on the document. They become void at the time of your death or when you have rescinded them or declared them void.

5. 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.

6. When do Advance Directives take effect in a hospital?

The Designation of Health Care Directives take effect as soon as your physician/physicians deem that you are unable to make your own health care decisions. A Living Will will be enacted only when your attending physician along with a consulting physician determine you are:

- 1) Unable to make your own medical decisions and are unlikely to regain this ability.

AND

- 2) In a terminal persistent vegetative state, an end-stage condition, or in any other condition that you specified in your Living Will.

7. 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 the 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 other events may result in this condition and a person may be kept alive indefinitely in this condition by artificial means.

8. If I did not designate a health care surrogate or have a court appointed guardian, who would make the decisions on my behalf if I was in the hospital and unable to make them myself?

According to Florida law, the following individuals would make these decisions. They are, in the order of priority:

- 1) Spouse (Florida law does not recognize common law marriages as a legal marriage contract).
- 2) Adult children who are reasonably available for consultation (in person or by phone). Being the oldest child does not give that child any higher priority.
- 3) Parent(s).
- 4) Sibling(s) who are reasonably available for consultation (in person or by phone). Relative who has exhibited special care and concern for the patient and who has maintained regular contact with the patient and who is familiar with the patient's activities, health and religious or moral beliefs.
- 5) Close Personal Friend - to qualify, the friend shall be 18 years of age or older, have exhibited special care and concern for the patient; has signed a Close Personal Friend affidavit stating he or she is a friend of the patient; and is willing and able to become involved in the patient's healthcare and has maintained regular contact with the patient so as to be familiar with the patient's activities, health and religious or moral beliefs.

9. When should a person make sure that a Designated Health Care Surrogate has been appointed?

Prior to a medical procedure, you should appoint a designated health care surrogate. Remember, changes in marital status or changes in family dynamics may require changes to your surrogate appointment as well:

- Single
- Newly Married
- Divorced, or contemplating divorce
- Separated
- Living with a significant other
- Wanting to designate one person from the proxy category listed above.

10. When I am admitted as a patient to your hospital, will I be asked about Advance Directives?

Yes, if you are an adult or emancipated minor.

When you pre-register for a procedure, you will be asked to provide the name and the phone number of your health care surrogate.

When you are admitted to a nursing unit you will be asked about your Advance Directives and your nurse will assist you.

If you have completed Advance Directives, please bring a copy with you to the hospital and give it to your nurse so that we may place a copy in your medical record.

11. Are There Any Limitations on Carrying Out Instructions in My Directive if I Am Pregnant?

Yes. Most likely any instructions which would result in withholding or withdrawing life prolonging treatments would not be honored during the time you are pregnant.

12. 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. Keep a card or note in your purse or wallet or glove compartment of your car that states that you have an advanced directive and where it is located. Of course you should give a copy to your health care surrogate, if you appoint one.

13. Does a Living Will mean the person is not to be resuscitated in the event of a cardiac and/or respiratory arrest?

No, but if you do not wish to be resuscitated in the event of cardiac or respiratory arrest, you must discuss this with the attending physician so that a Do Not Resuscitate (DNR) order can be entered into your medical records. This form must be completed by you and your physician in order to be valid and take effect.

14. Do I Need a Lawyer or 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. The person designated as surrogate shall not act as witness to the execution of the document designating the health care surrogate. 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.

LEARN MORE AND ACCESS ADDITIONAL FORMS FOR ADVANCE DIRECTIVES AT:

<http://floridahealthfinder.gov/reports-guides/advance-directives.aspx>

American Association of Retired Persons (AARP)

www.aarp.org (Type advanced directives in the website's search engine)

Summary of Policy and Procedure on Health Care Advance Directives

Under the Patient Self Determination Act, the Hospital is required to provide information regarding its policy and procedure relative to Health Care Advance Directives. The Hospital's Advance Directive follows the guidelines of the Florida Statute.

The policy provides for information to be given to patients at the time of admission to the Hospital. This is done in the Welcome Guide. The Hospital will also inquire about Advance Directives/Health Care Surrogates upon admission to the Hospital.

The policy provides direction as to the appointment of a health care surrogate and lists the authority and responsibility of the health care surrogate, as well as providing direction to the staff in the event a health care surrogate is needed. The policy discusses the living will and life prolonging procedures. The Hospital will place a copy of a Living Will and Health Care Power of Attorney (Advance Directive) in the patient's medical record upon each admission to the Hospital if they are provided. The policy also contains general provisions to assure compliance with the Florida Statute.

The policy also outlines who may make health care decisions for a patient in the absence of Advance Directives are listed in order of privilege pursuant to Florida Statute.

If you desire more information on the policy, please call Risk Management at 850-431-5364.

TERMINOLOGY FOR ADVANCED DIRECTIVES

Advanced Directive: a witnessed written document or oral statement in which instructions are given by an individual in which the individual's desires are expressed concerning any aspect of the individual's health care, and includes, but is not limited to, the designation of a health care surrogate, a living will, or a Healthcare Power of Attorney.

Artificial Nutrition and Hydration: a method of delivering food and water to a patient who is unable to eat or drink. The patient may be fed through a tube inserted directly into the stomach, a tube put through the nose and throat into the stomach, or an intravenous tube.

Attending Physician: the primary physician who has responsibility for the treatment and care of the patient.

Cardiopulmonary Resuscitation (CPR): a medical procedure to restore the heartbeat during cardiac arrest, the procedure often involves breathing assistance, external chest compression, administration of medications and electric shock.

Close Personal Friend: any person 18 years of age or older who has exhibited special care and concern for the patient, and who presents an affidavit to the health care facility or to the attending or treating physician stating that he or she is a friend of the patient; is willing and able to become involved in the patient's health care; and has maintained such regular contact with the patient so as to be familiar with the patient's activities, health, and religious or moral beliefs.

Decision-Making Capacity: the ability to communicate a willful and knowing healthcare decision either physically or verbally following sufficient explanation. This allows the patient to have a general understanding of procedures and medically acceptable alternatives.

Designation of Healthcare Surrogate: an advanced directive in which an individual names someone else (a "surrogate") to make healthcare decisions in the event the individual becomes unable to make them.

DNR (Do Not Resuscitate) Order: a document specifying to medical personnel (i.e. EMS) your wishes regarding your wishes regarding resuscitation and other life-prolonging measures in the event of a medical condition identified as terminal and persistent vegetative state (as described in Florida law). This document differs from instructions contained in a Living Will only in that it requires your physician to review and sign it. A Do Not Resuscitate Order is the only advanced directive honored by emergency medical personnel, since it is validated by physician signature.

End-Stage Condition: an irreversible condition that is caused by injury, disease or illness which has resulted in progressively severe and permanent deterioration, and which, to a reasonable degree of medical probability, treatment of the condition would be ineffective.

Healthcare Decision: (a) informed consent, refusal of consent, or withdrawal of consent to any and all health care, including life-prolonging procedures and mental health treatment, unless otherwise stated in the advance directives; (b) the right of access to all records of the principal(patient) reasonably necessary for a health care surrogate to make decisions involving health care.

Healthcare Facility: a hospital, nursing home, hospice, home health agency, or health maintenance organization licensed in the state of Florida.

Hospice: a comprehensive program of health services which provides palliative care, intended to improve and enhance the quality of one's life at a time when the physician has determined that if disease runs a normal course, death is likely to occur within six months or less. At this time, a patient may choose to discontinue or refuse further aggressive, curative measures in favor of holistic, interdisciplinary care aimed at improving the quality of life for both patient and family.

Incapacity or Incompetent: the patient is physically or mentally unable to communicate a willful and knowing health care decision.

Informed Consent: consent voluntarily given by a person after a sufficient explanation and disclosure of the subject matter involved to enable that person to have a general understanding of the treatment or procedure and the medically acceptable alternatives, including the substantial risks and hazards inherent in the proposed treatment or procedures, and to make a knowing health care decision without coercion or undue influence.

Life-Prolonging Procedure: any medical procedure, treatment, or intervention, including artificially provided sustenance and hydration, which sustains, restores, or supplants a spontaneous vital function. The term does not include the administration of medication or performance of medical procedure, when such medication or procedure is deemed necessary to provide comfort care or to alleviate pain.

Palliative Care: medical intervention (like pain medication) intended to alleviate suffering and discomfort.

Persistent Vegetative State: a permanent and irreversible condition or unconsciousness in which there is (a) the absence of voluntary action or cognitive behavior of any kind; (b) an inability to communicate or interact purposefully with the environment.

Proxy: a competent adult who has not been expressly designated to make health care decision for a particular incapacitated individual, but who, nevertheless, is authorized pursuant to F.S. 765.401 to make health care decisions for such individual.

Surrogate: any competent adult expressly designated by a principal to make health care decision on behalf of the individual upon the individual's incapacity.

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.

Ventilator: a machine that moves air into the lungs for a patient who is unable to breathe naturally.

Living Will

Declaration made this ____ day of _____, _____, 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 that, if at any time I am incapacitated and

_____ (initial) I have a terminal condition, or

_____ (initial) I have an end-stage condition, or

_____ (initial) I am in a persistent vegetative state

and if my primary physician and another consulting physician have determined that there is no reasonable 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 or to alleviate pain.

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

Phone: _____

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

Additional Instructions (optional): _____

(Signed) _____

Witness _____

Witness _____

Print Name _____

Print Name _____

Address _____

Address _____

Witness must not be a husband, wife, or a blood relative of the principal.

The health care surrogate cannot act as a witness.

Your attorney or health care provider may be able to assist you with forms or further information.

Designation of Health Care Surrogate

Name _____

In the event 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 _____
Street Address _____
City _____ State _____ Zip _____
Phone _____

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

Name _____
Street Address _____
City _____ State _____ Zip _____
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; or 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 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: _____

Signed: _____ Date: _____

Witnesses: 1. _____ 2. _____

Witness must not be a husband, wife, or a blood relative of the principal.

The health care surrogate cannot act as a witness.

Your attorney or health care provider may be able to assist you with forms or further information.