

**ADVANCED
DIRECTIVE
FOR
HEALTH
CARE**

Family
Health
healthcare for all generations

DECIDING ABOUT YOUR HEALTH CARE

If you are 19 or older, the law says you have the right to decide about your medical care.

If you are very sick or badly hurt, you may not be able to say what medical care you want.

If you have an advance directive, your doctor and family will know what medical care you want if you are too sick or hurt to talk or make decisions.

WHAT IS AN ADVANCE DIRECTIVE?

An advance directive is used to tell your doctor and family what kind of medical care you want if you are too sick or hurt to talk or make decisions. If you do not have one, certain members of your family will have to decide on your care.

You must be at least 19 years old to set up an advance directive. You must be able to think clearly and make decisions for yourself when you set it up. You do not need a lawyer to set one up, but you may want to talk with a lawyer before you take this important step. Whether or not you have an advance directive, you have the same right to get the care you need.

TYPES OF ADVANCE DIRECTIVES

In Alabama you can set up an Advance Directive for Health Care. The choices you have include:

- A **living will** is used to write down ahead of time what kind of care you do or do not want if you are too sick to speak for yourself.
- A **proxy** can be part of a living will. You can pick a proxy to speak for you and make the choices you would make if you could. If you pick a proxy, you should talk to that person ahead of time. Be sure that your proxy knows how you feel about different kinds of medical treatments.
- Another way to pick a proxy is to sign a **durable power of attorney** for health care. The person you pick does not need to be a lawyer.

You can choose to have any or all of these three advance directives: living will, proxy and/or durable power of attorney for healthcare.

Hospitals, home health agencies, hospices and nursing homes usually have forms you can fill out if you want to set up a living will, pick a proxy or set up a durable power of attorney for health care. If you have questions, you should ask your own lawyer or call your local council on aging for help.

WHEN YOU SET UP AN ADVANCE DIRECTIVE

Be sure to sign your name and write the date on any form or paper you fill out. Talk to your family and doctor now so they will know and understand your choices. Give them a copy of what you have signed.

If you go to the hospital, give a copy of your advance directive to the person who admits you to the hospital.

WHAT DO I NEED TO DECIDE?

You will need to decide if you want treatments or machines that will make you live longer even if you will never get better. An example of this is a machine that breathes for you.

Some people do not want machines or treatments if they cannot get better. They may want food and water through a tube or pain medicine. With an advance directive, you decide what medical care you want.

TALK TO YOUR DOCTOR AND FAMILY NOW

The law says doctors, hospitals and nursing homes must do what you want or send you to another place that will. Before you set up an advance directive, talk to your doctor ahead of time. Find out if your doctor is willing to go along with your wishes. If your doctor does not feel he or she can carry out your wishes, you can ask to go to another doctor, hospital or nursing home.

Once you decide on the care you want or do not want, talk to your family. Explain why you want the care you have decided on. Find out if they are willing to let your wishes be carried out.

Family members do not always want to go along with an advance directive. This often happens when family members do not know about a patient's wishes ahead of time or if they are not sure about what has been decided. Talking with your family ahead of time can prevent this problem.

YOU CAN CHANGE YOUR MIND ANY TIME

As long as you can speak for yourself, you can change your mind any time about what you have written down. If you make changes, tear up your old papers and give copies of any new forms or changes to everyone who needs to know

For help or more information:

Alabama Commission of Aging 1-800-243-5463

Choice in Dying 1-800-989-9455

**LIVING WILL AND/OR APPOINTMENT OF HEALTHCARE PROXY
ADVANCE DIRECTIVE FOR HEALTH CARE**

This advance directive for health care is made this _____ day of _____ (Month, Year). I, _____, being 19 years of age or older, of sound mind, hereby revoke any prior advance directive for health care, and in lieu thereof hereby willfully and voluntarily make known my desires by my instructions to others through my living will, or by my appointment of a health care proxy, or both, that my dying shall not be artificially prolonged under the circumstances set forth below, and do hereby declare:

I. LIVING WILL

If my attending physician determines that I am no longer able to give directions to my health care providers regarding my medical treatment, I direct my attending physician and other health care providers to provide, withhold, or withdraw certain treatment from me under the circumstances I have indicated below by my initials. I understand that by initialing any of the paragraphs in this Living Will I am authorizing the withholding or withdrawal of certain treatment that is necessary for comfort or to alleviate my pain except where I specifically request otherwise.

- (a) Terminal illness or injury. If my attending physician and another physician determine that I have an incurable terminal illness or injury which will lead to my death within six months or less:
- (1) I DO want medically indicated life-sustaining treatment, even if it will not cure me and will only prolong the dying process.

(Initials)

(OR)

I DO NOT want life-sustaining treatment which would not cure me but which would only prolong the dying process.

(Initials)

In addition, before life-sustaining treatment is withheld or withdrawn as directed above. I direct that my attending physician shall discuss with the following persons. If they are available, the benefits and burdens of taking such action and my stated wishes in this advance directive

(Initials)

I understand that artificially provided nutrition and hydration (tube feeding of food and water) may be necessary to preserve my life.

- (i) I DO want medically indicated artificially provided nutrition and hydration, even if it will only prolong the dying process

(Initials)

(OR)

- (ii) I DO NOT want artificially provided nutrition and hydration under the circumstance initialed below:
_____ (a) even if withholding or withdrawing it causes me pain.
(OR)
_____ (b) only if withholding it or withdrawing it, in the judgment of my attending physician, would not cause me undue pain.

In addition, before artificially provided nutrition and hydration are withheld or withdrawn as directed above, I direct that my attending physician shall discuss with the following persons, if they are available, the benefits and burdens of taking such action and my stated wishes in this advance directive:

(Initials)

- (3) I direct that (add other medical directives, if any) (if none, state "none")

(Initials)

- (b) Permanent unconsciousness. If in the judgment of my attending physician and another physician, I am in a condition of permanent unconsciousness:

- (1) I DO want medically indicated life-sustaining treatment, even if it will not cure me and will only maintain me in a condition of permanent unconsciousness.

(Initials)

(OR)

I DO NOT want life-sustaining treatment which would not cure me but which would only maintain me in a condition of permanent unconsciousness.

(Initials)

In addition, before life-sustaining treatment is withheld or withdrawn as directed above, I direct that my attending physician shall discuss with the following persons, if they are available, the benefits and burdens of taking such action and my stated wishes in this advance directive:

(Initials)

- (2) I understand that artificially provided nutrition and hydration (tube feeding of food and water) may be necessary to preserve my life.

- (i) I DO want medically indicated artificially provided nutrition and hydration, even if it will only maintain me in a condition of unconsciousness

(Initials)

(OR)

- (ii) I DO NOT want artificially provided nutrition and hydration under the circumstance initialed below.

_____ (a) even if withholding or withdrawing it causes me pain.

(Initials)

(OR)

_____ (b) only if withholding it or withdrawing it , in the judgment of my attending physician, would not cause me undue pain.

In addition, before artificially provided nutrition and hydration are withheld or withdrawn as directed above, I direct that my attending physician shall discuss with the following persons, if they are available, the benefits and burdens of taking such action and my stated wishes in this advance directive: _____

(Initials)

(3) I direct that (add other medical directives, if any) (if none, state "none"):

(Initials)

II. APPOINTMENT OF MY HEALTH CARE PROXY

I understand that my health care proxy is a person whom I may choose here to make medical treatment decisions for me as described below.

(a) I DO NOT want to appoint a health care proxy.

(Initials)

(b) I DO want to appoint a health care proxy. If my attending physician determines that I am no longer able to give directions to my health care providers regarding my medical treatment, I direct my attending physician and other health care providers to follow the instructions of _____, whom I appoint as my health care proxy.

If my healthcare proxy is unable to serve, I appoint _____ as my alternate healthcare proxy with the same authority. My healthcare proxy is authorized to make whatever medical treatment decisions I could make if I were able, including decisions regarding the withholding or withdrawing of life-sustaining treatment.

(i) I specifically do() do not () authorize my healthcare proxy to make decisions regarding whether artificially provided nutrition and hydration be withheld or withdrawn.

(ii) I specifically direct my health care proxy to (add other medical directives, if any) (if None, state "none")

(Initials)

III. CONFLICTING PROVISIONS

If the decisions made by the person I have appointed as my health care proxy disagree with the instructions in my Living Will:

I want the instruction in my Living Will to be followed.

(Initials)

I want the person I have appointed as health care proxy to make the final decision.

(Initials)

I understand that if I do not initial either of the above, then my healthcare proxy will make the final decision.

IV. DEFINITIONS

As used in this advance directive for health care, the following terms have the meaning set forth below:

- (a) Artificially provided nutrition and hydration. A medical treatment consisting of the administration of food and water through a tube or intravenous line, where I am not required to chew or swallow voluntarily. Artificially provided nutrition and hydration does not include assisted feeding, such as spoon or bottle feeding.
- (b) Life-sustaining treatment. Any medical treatment, procedure, or intervention that, in the judgment of the attending physician, when applied to me, would serve only to prolong the dying process where I have a terminal illness or injury, or would serve only to maintain me in a condition of permanent unconsciousness. These procedures shall include, but are not limited to, assisted ventilation, cardiopulmonary resuscitation, renal dialysis, surgical procedures, blood transfusions, and the administration of drugs and antibiotics. Life-sustaining treatment shall not include the administration of medication or the performance of any medical treatment where, in the opinion of the attending physician the medication or treatment is necessary to provide comfort or to alleviate pain.
- (c) Permanent unconsciousness. A condition that, to a reasonable degree of medical certainty:
 - a. Will last permanently, without improvement; and
 - b. In which thought, sensation, purposeful action, social interaction, and awareness of self and environment are absent; and
 - c. Which condition has existed for a period of time sufficient, in accordance with applicable professional standards, to make such a diagnosis; and
 - d. Which condition is confirmed by a physician who is qualified and experienced in making such a diagnosis.
 - e. Terminally ill or injured patient. A patient whose death is imminent or whose condition, to a reasonable degree of medical certainty, is hopeless unless he or she is artificially supported through the use of life-sustaining procedures.

V. OTHER PROVISIONS

I understand that if I have been diagnosed as pregnant and that diagnosis is known to my attending physician, directions in this advance directive for health care concerning the providing, withholding, and withdrawal of life-sustaining treatment and artificially

provided nutrition and hydration shall have no force or effect during the course of my pregnancy. In the absence of my ability to give directions regarding the use of such life-sustaining treatment, it is my intention that this advance directive for health care shall be honored by my family and physician(s), and health care providers(s) as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal. I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration.

(d) Nothing herein shall be construed as a directive to exclude from consultation or notification any relative of mine about my health condition or dying. Written directives by me as to whether to notify or consult with certain family members shall be respected by healthcare workers, attorneys in fact, or surrogates.

I understand I may revoke this declaration at any time.

Signed: _____

City: _____

County: _____

State: _____

Date: _____

The declarant has been personally known to me and I believe him or her to be of sound mind. I did not sign the declarant's signature above for or at the direction of the declarant. I am not related to the declarant by blood or marriage, appointed as a healthcare proxy herein, entitled to any portion of the estate of the declarant according to the laws of interstate succession or under any will or declarant or codicil thereto, or directly financially responsible for declarant's medical care.

Witness

Address

Date

Witness

Address

Date

I, _____, accept the proxy designation of the declarant and I, _____, accept the alternate proxy designation of the declarant.

Proxy

Address

Date

Alternate Proxy

Address

Date