

ADVANCE DIRECTIVES

PERSONAL CHOICES FOR HEALTHCARE



**BOCA RATON
REGIONAL HOSPITAL**

ADVANCING THE BOUNDARIES OF MEDICINE



What would happen if you became critically ill and unable to make vital decisions about the care you receive?

You may be concerned about the medical care you would receive should you become seriously ill and unable to communicate. You may not want to spend months or years dependent on life-support machines, nor cause unnecessary emotional distress to your loved ones.

Whether it is you or your family members involved, it is more difficult to make sound decisions on complex issues when under stress.

That is why many people are taking action before serious illness occurs. They are stating their healthcare preferences in writing, while still healthy and able to make such decisions, through legal documents called advance directives.

Before deciding which choices about your medical care are best, you should discuss the issues involved with your care with your family and physician. Then you can decide whether advance directives are right for you. This handout will provide an introduction to advance directives to assist you in the decision-making process.

Questions and Answers

WHAT ARE ADVANCE DIRECTIVES?

Formal advance directives are documents written in advance of serious illness that state your choices for healthcare or name someone to make those choices should you become unable to make decisions. Through advance directives such as living wills, designations of healthcare surrogate and durable power of attorney for healthcare, you can make legally valid decisions about your future medical treatment. Any of these advance directives may be tailored to specify which particular medical procedures you would or would not want to receive.

WHY IS THERE SO MUCH INTEREST IN ADVANCE DIRECTIVES NOW?

Questions about medical care at the end of life are of great concern today. While advances in medical technology have saved many lives, sometimes the very ability of this technology to prolong life raises more questions than it answers. Many people want to avoid extending personal and family suffering by artificial prolongation of life for patients when there is no hope of recovery. The best way for you to retain control in such a situation is to record your preferences for medical care in advance.

WHAT DOES THE LAW SAY ABOUT THIS ISSUE?

Laws differ from state to state, but in general, a patient's expressed wishes will be honored. An increasing number of statutes and court decisions support the concept of advance directives. It is possible to select more than one type of advance directive in order to meet your particular needs. In the state of Florida, you have the option of signing any or all of the following documents: living will, designation of healthcare surrogate and a durable power of attorney for healthcare. These documents can be important in establishing a clear indication of your wishes when you are unable to communicate them.

WHAT IS A LIVING WILL?

A living will is a document through which you can stipulate the kind of life-prolonging medical care you want if you become terminally ill, have an end-stage condition or are in a persistent vegetative state. If you are suffering from any of the above conditions, Florida law permits you to direct that life-prolonging procedures be withheld or withdrawn. Any decision should be discussed and shared with your family, surrogate and your physician. An attorney is not needed to draw up a living will, although consultation with an attorney may be desirable.

WHAT IS A DESIGNATION OF HEALTHCARE SURROGATE?

A designation of healthcare surrogate is an advance directive that specifically allows you to name another person to make medical decisions for you if you are unable to make them for yourself. A person designated as a healthcare surrogate should be notified of such designation and must be given a copy of the signed document.

Your surrogate may consult with your healthcare provider and give informed consent to perform medical procedures that the surrogate believes you would have made under the same circumstances if you were capable of making such decisions.

Under Florida law, there are a few specific procedures to which the surrogate is not permitted to give consent. You may wish to consult an attorney to clarify this aspect.

WHAT IS A DURABLE POWER OF ATTORNEY FOR HEALTHCARE?

A durable power of attorney for healthcare is another type of advance directive that permits you to name a person to make medical decisions for you. It does not require a determination that you are unable to make decisions for yourself, but it does apply in those situations as well. This form of advance directive, like the designation of healthcare surrogate, is more flexible than a living will in that it can apply to any medical situation, not just a terminal illness.

Under Florida law, the person you designate may be given broad powers to make healthcare decisions for you, including the power to arrange and provide consent for medical, therapeutic and surgical procedures, as well as the administration of drugs.

WHAT IF I CREATE AN ADVANCE DIRECTIVE AND THEN CHANGE MY MIND?

You may change or revoke any of these documents at any time. Any change should be signed and dated, and copies should be given to your family, physician, attorney and other appropriate people. If you wish to revoke an advance directive while you are hospitalized, you should notify your physician, your family and others who might need to know.

WHAT IF I FILL OUT AN ADVANCE DIRECTIVE IN ONE STATE AND I AM HOSPITALIZED IN A DIFFERENT STATE?

Because an advance directive is an expression of your intent regarding your medical care, it will influence that care no matter where you are hospitalized. If an advance directive from another state is properly executed, it will be honored in the state of Florida to the full extent of Florida law. However, if you spend a great deal of time in more than one state, you might wish to consider completing an advance directive in both states.

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WILL BOCA RATON REGIONAL HOSPITAL HONOR MY ADVANCE DIRECTIVE?

In compliance with Florida law, Boca Raton Regional Hospital recognizes that all competent adults have the fundamental right to control the decisions relating to their medical care, including treatment that artificially prolongs the dying process. Therefore, Boca Regional will honor the wishes you set forth in your advance directive, to the extent permitted by law.

HOW CAN I KNOW IN ADVANCE WHICH PROCEDURE I WOULD WANT OR NOT WANT TO PROLONG MY LIFE?

Although it is not possible to specify every particular procedure in all possible circumstances, it is possible to decide what kind of treatment you would want in most situations.

Preference can be clarified by thinking about and discussing the following with your family, friends, clergy and other: your views about end-of-life experiences, being totally dependent on the care of others, the role of family finances, the conditions that would make life intolerable to you, the quality of your life and how artificial life support would affect the dying process.

If you have questions about the kinds of procedures that are often used when illness is severe and recovery is unlikely, ask your physician. It is never too early to start this decision-making process and you should not wait until you face serious illness.

WHAT ABOUT PAIN AND SUFFERING?

Regardless of any decision about the level of your care or termination of life support, you will continue to receive all appropriate medical and nursing care to provide comfort and alleviate pain and suffering.

HOW DO WE ANSWER THESE DIFFICULT QUESTIONS? WHO DECIDES?

These issues require a great deal of discussion and careful thought. The information in this handout has been presented in the hope that you will discuss it with your doctor and other appropriate people to come up with a decision that is right for you and for those you love.

Boca Regional has an Ethics Committee made up of physicians, nurses, clergy, a patient advocate, a member of the Hospital administration and a community representative. Patients, their family members and doctors may use the committee as a resource to discuss these difficult ethical and moral issues. Ultimately, the decision will be up to the patient, the family and the physician.

WHERE CAN I OBTAIN COPIES OF THE ADVANCE DIRECTIVES DISCUSSED IN THIS HANDOUT?

Living will and designation of healthcare surrogate forms, which are consistent with Florida statues, are available to you with this packet. You may wish to consult with an attorney to determine if they meet your particular needs.

Forms for the durable power of attorney for healthcare or healthcare proxy are available through stationary stores or may be drawn up personally for you by your attorney.

The Five Wishes living will and healthcare surrogate forms are available through the Commission on Aging with Dignity at 1.888.5.WISHES (1.888.594.7437).

When completing these forms in the Hospital, you may contact the Patient & Guest Relations department. A patient advocate will discuss any questions or concerns with you and will act as a witness to your signature. It is not necessary for a living will or designation of healthcare surrogate form to be notarized in the state of Florida.

A copy of your advance directive will be placed on your medical chart. Advance directives are revocable documents. If you are readmitted to the Hospital at a later date, you will need to present your advance directive so a copy may be placed on your current medical chart.

ANY QUESTIONS?

Contact a patient advocate in Boca Regional's Patient & Guest Relations department at 561.955.4009, or ext. 4358 if calling from within the Hospital. The office hours are Monday through Friday, 8:30am to 5:00pm.

GLOSSARY

Advance Directive

A document in which a person either states choices for medical treatment or designates who should make treatment choices if he or she should lose decision-making capacity.

Artificial Nutrition and Hydration

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

Cardiopulmonary Resuscitation (CPR)

A medical procedure often involving breathing assistance, external chest compression, administration of medications and electric shock to restore the heartbeat at the time of cardiac arrest.

Decision-Making Capacity

The ability to communicate a willful and knowing healthcare decision, either physically or verbally, following sufficient explanation. This enables the patient to have a general understanding of the procedures and medically acceptable alternative procedures.

Declarant

The person who states his or her intentions by signing an advance directive.

Designation of Healthcare Surrogate

An advance directive in which an individual names someone else (the “surrogate”) to make healthcare decisions in the event the individual becomes unable to make them for himself or herself.

GLOSSARY

DNR

Do Not Resuscitate, a medical order to refrain from cardiopulmonary resuscitation if a patient stops breathing or the heart stops beating.

Durable Power of Attorney for Healthcare

An advance directive in which an individual names someone else (“the agent”) to make healthcare decisions for the declarant, which does not require that the individual become unable to make the decisions himself or herself. This form of advance directive can apply to any medical situation and may also include instructions about specific possible choices to be made.

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.

Five Wishes

A detailed advance directive produced by the Commission on Aging with Dignity. This form allows you to specify or complete a checklist of potential circumstances related to how you would respond regarding your medical and personal wishes. Included are such items as the kind of medical treatment you want or don't want, how comfortable you want to be, how you want people to treat you and what you want your loved ones to know.

GLOSSARY

Hospice

A program that provides care for the terminally ill in the form of pain control, counseling and custodial care, either at home or in a facility.

Life-Prolonging Procedures

A medical procedure, treatment or intervention including artificially provided nutrition or hydration that sustains, restores or supplements spontaneous vital functions. This DOES NOT include medication or performance of a medical procedure, when such medication or procedures are deemed necessary to provide comfort or to alleviate pain.

Living Will

An advance directive in which you can indicate the kind of life-prolonging medical care you want if you become terminally ill, have an end-stage condition or are in a persistent vegetative state and are unable to make your own decisions.

Palliative Care

The comprehensive management of physical, psychological, social, spiritual and existential needs of the patient. It is especially suited to the care of persons who have incurable progressive illness. The ultimate goal, by way of palliative care, is to achieve the best quality of life by controlling the patient's pain and meeting the needs of the patient and their families.

Persistent Vegetative State

A permanent and irreversible condition of unconsciousness where there is absence of voluntary functions or cognitive behavior, as well as an inability to communicate or interact purposefully with the environment.

GLOSSARY

Treatment 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/Respirator

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

DESIGNATION OF HEALTHCARE 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 healthcare decisions:

Name: _____

Address: _____

_____ Zip Code: _____

Phone: _____

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

Name: _____

Address: _____

_____ Zip Code: _____

Phone: _____

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

Additional Instructions (optional): _____

I further affirm that this designation is not being made as a condition of treatment or admission to a healthcare 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: _____

One of the two witnesses must not be related to the Declarant.

Witness 1: _____

Witness 2: _____

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 that, if at any time I am both mentally and physically incapacitated

_____ and I have a terminal condition or
(initial)

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

_____ and I am in a persistent vegetative state
(initial)

and if my attending or treating 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 or to alleviate pain.

It is my intention that this declaration be honored by my family and physicians 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: _____

_____ Zip Code: _____

Phone: _____

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

Additional Instructions (optional): _____

Declarant's Signature: _____ Date Signed: _____

One of two witnesses must not be related to the Declarant.

Witness: _____ Witness: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

HEALTHCARE ADVANCE DIRECTIVES WALLET CARDS

The cards below may be used as a convenient method to inform others of your healthcare advance directives. Complete the cards and cut them out. Place one in your wallet or purse and the other on your refrigerator, in your vehicle's glove compartment or other easy-to-find places.

HEALTHCARE ADVANCE DIRECTIVES

I, _____
have created the following Advance Directive:

___ Living Will ___ Healthcare Surrogate Designation
___ Other (specify): _____

CONTACT INFORMATION

Name: _____
Address: _____

Telephone: _____
Signature: _____
Date: _____

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