
ADVANCE DIRECTIVE

THE FOLLOWING INFORMATION MAY BE OF ASSISTANCE TO YOU AS YOU DECIDE WHETHER OR NOT YOU WISH TO COMPLETE AN ADVANCE DIRECTIVE. IT IS GIVEN TO YOU IN COMPLIANCE WITH THE PATIENT SELF DETERMINATION ACT OF 1990.

A Medical Issue: A Personal Concern

The American public has become increasingly aware of medicine's newfound capabilities to sustain bodily functions long after many believe a quality of life acceptable to the patient has ended - even when patients and families may not wish further treatment.

A Solution: Advance Directive

Advance Directive is a general term used in this brochure to apply to both *Health Care Directions* and the *Durable Power of Attorney for Health Care Decision*. It is a term also frequently used to refer to a *Living Will*. An advance directive allows you to communicate your health care preferences when you lose the capacity to make or communicate your own decisions. A U.S. Supreme Court decision (Cruzan) recognizes that all people have a constitutional right to refuse any medical treatment, including ventilators and feeding tubes. Further, state laws authorize you to name a person to make health care decisions for you when you cannot.

Center for Practical Bioethics, the Kansas City Metropolitan Bar Association, and The Metropolitan Medical Society of Greater Kansas City have developed an advance directive that assists you in thinking about your options and documenting your wishes about health care. This advance directive has two parts:

- 1) **Health Care Directions**
- 2) **Durable Power of Attorney for Health Care Decisions**

These documents are intended to assure that your wishes are known and followed. They will be more helpful and informative if you discuss your wishes with your family, friends, and health care providers as part of your advance care planning.

HEALTH CARE DIRECTIONS

Health Care Directions is a document that allows you to state in advance your wishes regarding the use of life-prolonging procedures. Like a living will, *Health Care Directions* **has no effect until you can no longer make or communicate decisions for yourself.**

DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS

The Durable Power of Attorney for Health Care Decisions allows you to appoint a person to make health care decisions for you. This document goes into effect **WHEN AND ONLY WHEN** you cannot make or communicate decisions for yourself.

THE BENEFIT OF COMMUNICATION

The greatest benefit of your advance directive is its power as a communication tool. Discuss your advance directive with your doctor; also, make your wishes about health care known to family, friends, clergy, and your attorney (if you have one). These need to be ongoing conversations.

COMMONLY ASKED QUESTION ABOUT ADVANCE DIRECTIVES

1. How is the Health Care Directions different from a living will?

Health Care Directions is similar to a living will in that it is a signed, dated and witnessed document that allows you to state in advance your wishes regarding the use of life-prolonging treatment. You may use your *Health Care Directions* to state when to continue or when to discontinue life-prolonging treatment. Unlike a living will, this document is not restricted to use only when you are terminally ill; it becomes effective whenever you lose your ability to make and communicate decision. It also provides an opportunity for you to identify and communicate your own goals and values.

2. Do I need both a *Health Care Directions* and a *Durable Power of Attorney for Health Care Decisions*?

While it is useful to have both, it is not necessary. Due to the complexity of health care, situations may arise that your *Health Care Directions* does not cover. To anticipate such events, you should name a person (agent) you trust to make decisions for you.

3. How is the *Durable Power of Attorney for Health Care Decisions* different from other powers of attorney?

Powers of attorney usually address business and financial matters and are no longer in effect when you lose decisional capacity. A *Durable Power of Attorney for Health Care Decisions* allows you to name a person (agent) to make health care decisions for you. It only takes effect when you lose the ability to make or communicate your own decisions. Some people choose to name separate agents for business and health care decisions and must use separate documents to do so. **This document addresses health care matters only.**

4. Whom should I name as my agent?

It is important that you name an agent who knows your goals and values and whom you trust to act in accordance with your wishes. You may name a family member, but it is not necessary to do so. You might choose your spouse, an adult child, or a close friend. Be sure to talk with your agent about your wishes in detail and confirm that he or she agrees to act on your behalf.

5. If I have already enacted a living will, do I need a *Health Care Directions* and/or *Durable Power of Attorney for Health Care Decisions*?

Your living will may not be as comprehensive as the *Health Care Directions*. Furthermore, your living will probably does not allow you to name an agent. If you decide to enact the more comprehensive *Health Care Directions* and/or *Durable Power of Attorney for Health Care Decisions*, be certain you notify persons to whom you have distributed your living will that it is revoked and provide them with a copy of your new advance directive.

6. If I have completed a document previously distributed by Center for Practical Bioethics or the Kansas City Metropolitan Bar Association, do I need to revoke it and complete a new *Health Care Directions/Durable Power of Attorney for Health Care Decisions*?

No. Previous documents are similar to the *Health Care Directions/Durable Power of Attorney for Health Care Decisions*. Some of the documents distributed prior to 1992 did not include a Durable Power of Attorney. It is always a good idea to review any previously completed documents, and discuss any needed changes with your health care providers.

7. Do I need an attorney to enact a *Health Care Directions* or a *Durable Power of Attorney for Health Care Decisions*?

No. However, you may want to discuss your advance directive with your attorney, if you have one.

8. Do advance directives need to be witnessed or notarized?

Yes. However, witnessing and notarizing requirements vary from state to state, and from document to document. Some states, such as Kansas permit living wills and durable powers of attorney for health care to be either witnessed or notarized. But other states, such as Missouri, may require living wills to be witnessed and durable powers of attorney for health care to be notarized. States typically require witnessing by two adults and they may otherwise limit who may witness. For example, Kansas disqualifies persons as witnesses who are related to you, who will inherit from you, or for whom you are financially responsible. **Because of state-to-state differences, it is a good idea to have advance directives both witnessed and notarized.**

9. What do I do with my advance directive after I've completed it?

- Make copies of your advance directive to provide to any agent(s) named in your Durable Power of Attorney for Health Care Decisions and other appropriate individuals, (i.e. physicians, family, friends, clergy, and attorney).
- Discuss the details of your advance directive with these individuals.
- Ask your physician to make it a part of your permanent medical record.
- Whenever you are hospitalized, take a copy with you.

10. When does my advance directive go into effect?

Your advance directive goes into effect WHEN AND ONLY WHEN you are no longer able to make or communicate your decisions. So long as you can make decisions, it is both your right and your responsibility to make your own decisions.

11. How long will my advance directive be effective? May I change or revoke it?

Your advance directive is effective until the time of your death, unless you revoke it. It is recommended that you review your advance directive periodically, especially when there is a change in your health status. Each time you review it, redate and initial it, and discuss any changes with your family, friends, and physician.

12. Will my advance directive be valid in another state?

Yes, especially if both notarized and witnessed..

13. Can I expect health care providers to carry out the directions in my advance directive?

There are both legal and ethical duties for health care providers to follow patient directions, whether verbal or written.

14. Can my advance directive or decisions made by my agent be overridden by my family members?

If you have designated an agent, he/she has the same legal and moral authority to make health care decisions for you that you do. Discuss your advance directive and treatment preferences with your agent and your family when you complete the document. However, your agent may wish to obtain additional information from your family to assist him/her in making decisions.

15. Will my advance directive be honored in an emergency situation?

The Health Care Directions states that if a treatment may result in recovery of an acceptable quality of life, it should be tried for a reasonable period of time. Since, in an emergency situation,

it may be impossible for health care providers to make this judgment, you should assume that treatment would be tried. If treatment does not lead to a significant recovery, you should expect that your advance directive would be honored and treatment that has proven to be ineffective should be withdrawn.

16. How can I describe what an “acceptable quality of life” means to me?

When completing an advance directive, think about what you personally mean by “acceptable quality of life.” There is no single “right” answer to this question. However, some questions to consider to determine what quality of life means to you include:

- Do religious values influence your treatment decisions? (If so, how?)
- How important is it for you to be able to care for yourself?
- What kind of living environment would you be willing to accept?
- How important is it to you to be able to recognize family and friends?
- What is your own “bottom line”? Under what circumstances would allowing death be preferable to sustaining life?

Your description should attempt to express your personal goals and values. To accomplish this task, you may need more space than is provided in the advance directive. If needed, additional pages may be attached to your document. (Any additional pages should be signed and dated.)

Do not hesitate to write down any thoughts you might have. Even simple and brief statements like, “I do not want life-prolonging support if I can no longer communicate, recognize people, and make decisions for myself,” can be very helpful to your health care providers.

17. May I request that artificially administered food and water (tube feedings) be withdrawn?

Yes. A clear and specific request in your directive should be honored.

18. May I make a provision for donating organs or tissues in my advance directive?

Yes. You may wish to make a statement in your advance directive and/or grant this authority to your agent.

19. Will my advance directive affect my life or health insurance?

No. Your signature on the advance directive will neither invalidate nor alter insurance policies, nor affect your ability to obtain life or health insurance.

FOR MORE INFORMATION:

To obtain additional information about Advance Directives, call:
Saint Luke’s Hospital of Kansas City Patient Advocate (816) 932-2328
Saint Luke’s Northland Hospital Social Services (816) 880-6507
Saint Luke’s South Social Services (913)317-7696
Saint Luke’s East Lee’s Summit (816)347-5000

The Advance Directive Community Project has been sponsored by:
The Kansas City Metropolitan Bar Association and Foundation (816) 474-4322
The Metropolitan Medical Society of Greater Kansas City (816) 531-8432

To obtain an Advance Directive document and brochure, call:
Center for Practical Bioethics, (816)-221-1100

Endorsed by:

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