

Who
will speak
for you
if You
can't speak
for yourself?





Several years ago, North Dakotans launched an effort called “Matters of Life & Death” to encourage everyone to talk about our wishes for health care when unable to make or communicate decisions for ourselves. Since that time, the Terri Schiavo story has taught us how important it is for everyone – whatever their age – to make their wishes known in advance.

There were no winners in the long and tragic legal battle involving Terri Schiavo. But her case can impact each of us for the better by spurring us into action to avoid similar scenarios in our own families.

Talking about our wishes for health care if we are unable to do so for ourselves is not just for “older” people or someone who is near death. Terri Schiavo was a young woman in seemingly good health. And, you may not be near the end of your life when you need someone to speak for you. Critical accidents or severe strokes, as examples, may diminish your ability to make or communicate decisions, even temporarily. Do your wishes in these situations differ from what your wishes might be if you were near death? Will a loved one or a health care agent you appoint be able to express your personal wishes?

Regardless of your age or health status, take the time now to think about and decide what kind of care you want in the event you are unable to make decisions for yourself. Don't be afraid to talk frankly with your spouse, family, clergy and doctor about your preferences. Remember, not talking can result in difficult challenges for those left to make decisions on your behalf.

Consider naming a health care agent – a person you name and trust who will make decisions for you if you cannot. Take time to fill out a health care directive document and consider all the possibilities or situations in which you may not be able to speak for yourself, even temporarily.

Now is the time to make your wishes known and complete a health care directive. Consider it a gift to yourself as well as your loved ones.

Led by the North Dakota Medical Association, the Matters of Life and Death Project involved a variety of organizations and individuals in North Dakota that made a concerted effort from 1999 to 2003 to improve end-of-life care in North Dakota. The organizations listed in the left column, among others, were involved in this effort.

AARP

Association of Hospital Chaplains

Blue Cross Blue Shield of North Dakota

Dakota Medical Foundation

Guardian and Protective Services, Inc.

Hospice of the Red River Valley

Mental Health Association of North Dakota

National Association of Social Workers, ND Chapter

North Dakota Association for Home Care

North Dakota Association of County Social Workers

North Dakota Board of Medical Examiners

North Dakota Board of Pharmacy

North Dakota Catholic Conference

North Dakota Conference of Churches

North Dakota Department of Human Services

North Dakota Extension Service

North Dakota Health Care Review, Inc.

North Dakota Health Department

North Dakota Healthcare Association

North Dakota Hospice Organization

North Dakota Insurance Department

North Dakota Long Term Care Association

North Dakota Long Term Care Ombudsman

North Dakota Medical Association

North Dakota Newspaper Association

North Dakota Nurses Association

North Dakota Nursing Programs

North Dakota Office of Attorney General

North Dakota Pharmacists' Association

North Dakota Right to Life

State Bar Association of North Dakota

The Evangelical Lutheran Good Samaritan Society

UND School of Medicine & Health Sciences

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Having the most *important* conversation

Most of us know we *should* talk to a variety of people about our wishes for care when we can't speak for ourselves. It's just that, often, we *don't*.

Yet, if we can document and discuss in advance our wishes, a conversation that once seemed scary can actually become comforting.

It really *is* OK to talk about dying. It *has* to be. Use this guide to help you start.

- Hold conversations about your wishes with family, health care providers and others who may be involved in your care.
- Document those wishes, in writing, by preparing a health care directive.

Then, if you are unable to communicate or make decisions in the future, your family, physician and others will know your wishes.

Who needs to talk about it?

You need to start this important conversation if:

- You are an elderly person or you have loved ones who are aging.
- You want to make sure your wishes for health care, at any age, are understood and followed.
- You don't want to burden family members or others with decisions or misunderstandings about your care.
- You want to achieve peace of mind for you and your loved ones.

For reasons unknown—maybe because her mother was a former nurse—care at the end of life was an issue Anne had talked about with her parents for a long time.

"It just came up really naturally," recalls Anne, "especially as they had friends who were aging or ill. And my parents must have visited about it between them. They were very unified about what they wanted."

After Anne's mother was hospitalized with a brain hemorrhage, Anne realized that, not only had her parents "talked the talk," but that the right paperwork had been done, too. Says Anne: "We had the legal papers—the health care directive—and I knew where they were."

Anne's mother had also spoken with her physician about the kind of care she wanted at the end of life.

"Nobody has ever been clearer with me about her wishes than your mother," the doctor told Anne.

A Gift You Can Give

Talking with other people about your wishes is a true gift you give to those you love!

When you start the conversation—and when you document and discuss your wishes through a health care directive—you can help family, friends, clergy and others who might otherwise be uncertain about what you would want done when you can't speak for yourself. This vital conversation is also a great opportunity to talk about very meaningful issues:

- Your past
- Love and forgiveness
- Relationships
- Hopes and fears
- Spiritual beliefs

Making sure *your wishes* are followed

*H*ow do you *know* that your wishes for health care will be followed? How can you be certain, for example, that you won't receive unwanted medical treatments that will sustain your life, even if your quality of life is poor? Or, how do you know your life will be prolonged, if you wish, as long as possible?

There is only one way to be as certain as you can that your family, health care providers and others will understand and follow your wishes: *you must put them in writing*, using a special form called a "health care directive." (An example of the form is located on pages 15-22 of this resource guide.)

Keep in mind:

- If you do not have a health care directive in place and you become seriously ill or injured, your doctors, hospital staff and loved ones will do the best they can.
- However, without clear direction from you, your loved ones may have to guess what you would want.
- If there is any uncertainty about your wishes, care could be delivered that may not be consistent with your wishes.
- If you want people to know—and follow—your wishes, you should talk with them about your preferences and have a written and signed health care directive in place.

Let this guide help you start the conversations to get that done.



How to *start* the conversation

*Y*ou need to talk with your loved ones and health care professional about your wishes, so that they understand how you want to be treated if you can't speak for yourself.

Sometimes it is difficult to begin a conversation. But it really *is* OK to do so. How can you start?

- Use this guide and the sample form as a starting point for writing down notes and questions you may have about your options and wishes for care when you can't speak for yourself.
- Talk with those closest to you about your values and preferences for care. This may be an ongoing discussion for a while, and that's OK.
- Talk to your health care professional about medical options and the kinds of treatment you want or do not want.
- Think of other people—including your pastor or attorney—with whom you may also want to talk.
- Document your wishes by completing and signing a health care directive form. (More information and a sample form are found on pages 15-22 of this guide.)

Conversation starters:

- Encourage family members to discuss their plans by talking about your own: "Mom, did you know I have filled out a health care directive?"
- Open conversation by relating to a personal event: "When I was a girl, people never talked about dying, but I think it's important."
- "(Doctor, pastor, etc.), I would like to talk about my options for the end of life and make sure you understand what I want when that time comes."
- Tell a story about someone else's experience with an end-of-life or similar situation and relate that to what you would like your own experience to be.

One Family's Story

While telling family about your wishes may not make all decisions easy, it does provide a "roadmap" to guide them, a woman named Anne says.

Following a brain hemorrhage, Anne's mother underwent surgery and a variety of treatments. Gradually, though, her condition worsened. Knowing her mother expressly did *not* want to be permanently sustained—particularly after she became unable to speak or take care of herself—Anne and her father were finally able to "let go," allowing Anne's mother to die naturally once there was no hope of recovery.

"The gift she gave us was immeasurable," says Anne. "She made it easier for us to make the decision to withdraw futile treatment. Knowing we honored her wishes has made it easier to accept what's happened."

Questions to consider and *issues* to talk about

*A*re you getting ready to talk? The conversation checklist offers some questions to help you get started. Make sure your specific wishes related to these questions are indicated when you create your health care directive.

Conversation Checklist

Who will you talk to?

Who will be involved in your care and needs to understand your wishes? Think about opening a conversation, or setting up an appointment to do so, with:

- ✿ Family members or loved ones closest to you (list them) _____
- _____
- ✿ Your physician or caregiver _____
- ✿ Your pastor or spiritual adviser _____
- ✿ Other people such as your attorney, hospice care provider or funeral home director _____

Where do you want to be when you die? Who do you want around you?

Many North Dakotans want to die at home.

- ✿ Are there services, such as hospice care, that could help you do that?
- ✿ Who do you want near you when you die? What do you want your loved ones to know?

Who do you want to make decisions for you when you can't?

You should name an *agent*, someone you fully trust, who will help to see that your wishes are carried out.

- ✿ Who will be involved in your care?
- ✿ Have you talked to this person about being your agent if you are unable to make or communicate decisions?
- ✿ Does your agent understand your wishes?
- ✿ Does your agent have a copy of your health care directive?

What kinds of medical treatment do you want or not want? What services will you need to be as comfortable as you want to be?

Discuss specific medical options with your health care provider.

- ✿ How do you feel about relying on machines to stay alive?
- ✿ Do you want everything possible to be done to prolong your life?
- ✿ What kind of quality-of-life measures, such as pain management, do you want?
- ✿ How could hospice care help you and your family at the end of life? How can you access those services when that time comes?



One Family's Story

Dr. Hanson already knew Bill's wishes. Suffering from terminal cancer, 80-year-old Bill had told his physician he wanted no "heroic measures."

"When the time comes, just let me go," Bill said.

Near the end of Bill's life, though, his children—concerned about dehydration and nutrition—insisted on continuing IVs and oxygen.

"He was unconscious, and there was no hope he would recover," Dr. Hanson recalls. "I felt we were prolonging his suffering."

Unfortunately, the scenario is familiar to people in medicine.

"Every person should really talk over their wishes with their family as well as their physician," states Dr. Hanson. "And if you have a document on hand, you should show it to your family, too. When you have talked to your family members, it really helps them make decisions in the way you would have wished."

Hospice *Care* and Pain Management

*H*ospice is a form of end-of-life care that focuses on enhancing the quality of life during a person's last days. Hospice services, including medical, emotional, spiritual and grief care, help you stay as comfortable as possible and allow many people to stay in the familiar surroundings of home.

You will want to consider choosing hospice care:

- When you want the focus to be on your comfort and the needs of you and your family.
- For expert help in pain and symptom management.
- When you want your loved ones to have help caring for you while you are dying.

Hospice care can have a positive impact on you and your loved ones.

When you talk about dying

Tell your loved ones, health care provider, spiritual adviser and others:

- Where do you want to die? Do you want to die at home, if possible?
- Are there hospice services that will help your family care for you? How can they access them?
- What kind of help might your loved ones need, if you are dying at home?
- Do you have questions about pain and symptom management?

Answers To Some Of *Your* Questions

What Happens if I Don't Have a Health Care Directive?

In North Dakota, if you have not appointed a health care agent and you are unable to make or communicate health care decisions, state law will determine who may make health care decisions for you. The law authorizes persons in the following categories, in the order listed, to make decisions:

- Your health care agent, unless a court specifically authorizes a guardian to make decisions for you
- Your court-appointed guardian or custodian
- Your spouse
- Any of your children
- Your parents
- Your adult brothers and sisters
- Your grandparents
- Your adult grandchildren
- An adult friend or close relative

No one in a lower category may provide consent for health care if someone in a higher category has refused to consent to the proposed health care.

Before giving consent, an authorized person must determine that you would have consented to such health care if you were able to do so. If the authorized person is unable to make this determination, he or she may only consent to the proposed health care if he or she feels the health care is in your best interests.

What Form Can I Use?

North Dakota has an optional legal form called a health care directive that you can use to help start conversations and clearly set forth your wishes for the health care you receive if you are unable to make or communicate your decisions. This new form became effective on August 1, 2005. You can use a health care directive to:

- Give instructions about any aspect of your health care
- Choose a person to make health care decisions for you
- Give instructions about specific medical treatments you do or do not want
- Give other instructions, including where you wish to die
- Make an organ or tissue donation

There are many other health care directive forms available that meet legal requirements in North Dakota. You should use a form with which you are comfortable and that best reflects your values and preferences. For additional options and resources, see the list of national and state resources on pages 13 and 14.

To Be Legal in North Dakota, a Health Care Directive must:

- Be in writing
- Be dated
- State the name of the person to whom it applies
- Be executed by a person with the capacity to understand, make and communicate decisions
- Be signed by the person to whom it applies or by another person authorized to sign on behalf of the person to whom it applies
- Contain verification of the required signature, either by a notary public or by qualified witnesses
- Include a health care instruction or a power of attorney for health care, or both

It is not necessary to have an attorney provide or fill out the form. Nor is it necessary to use a pre-printed form at all. Any written statement that meets the requirements stated above can serve as a legal health care directive. However, you should contact an attorney if you have legal questions regarding advance care planning.

What if I Already Have a Directive That I Signed Before the New Law?

The new law creating the optional health care directive became effective August 1, 2005. If you signed a valid health care directive, living will or durable power of attorney before August 1, 2005, that document remains in effect. You may still wish to review the new optional form and consider whether it would provide a better way for you to express your wishes.

When Does a Health Care Directive Become Effective?

Generally, a health care directive is effective when:

- 1) you have executed a health care directive;
- 2) your agent has accepted the position as agent in writing; and
- 3) your doctor has certified, in writing, that you “lack the capacity to make health care decisions.”

You lack capacity to make health care decisions when you do not have the ability to understand and appreciate the nature and consequences of a health care decision, including the significant benefits and harms of proposed health care, or reasonable alternatives to that health care, or the ability to communicate a health care decision.

As a result of legislation enacted by the 2007 ND Legislative Assembly, you may choose to authorize your health care agent to make health care decisions for you even if you still have the capacity to make those decisions (rather than only when you have become incapacitated). Under this option, the health care directive is effective under any conditions you may impose. You may also revoke this authorization as you would any other health care directive.

Should I Appoint a Health Care Agent?

While it is not required in a health care directive, you may choose another person to make health care decisions for you in the event that you cannot make decisions for yourself. This person is called a health care agent or proxy. Some documents use the term “durable power of attorney for health care” to describe this appointment. In North Dakota, the person you choose as your agent must be 18 years of age or older, and the agent must accept the appointment in writing. In North Dakota, there are certain people you cannot appoint as an agent. These are your health care provider or long-term care services provider, or a non-relative who is employed by your health care provider or long-term care services provider.

The agent has the authority to make the same kinds of decisions about health care that you could make if you were able. This includes the selection and discharge of health care providers and institutions; approval or disapproval of diagnostic tests, surgical procedures, programs of medication and orders not to resuscitate; and directions to provide, withhold or withdraw artificial nutrition and hydration and all other forms of health care. You may limit any of these powers or assign additional ones.

Even if you choose a health care agent, you can still give health care instructions in writing that direct your health care agent in making health care decisions.

Talk beforehand to any person you wish to appoint as your health care agent. Find out if the person is willing to accept the responsibility. Tell them about your wishes and preferences for care. Be sure they are willing and able to follow your wishes.

Can I Still Make My Own Health Care Decisions After I Have Signed a Health Care Directive?

Yes. You will be able to make your own health care decisions as long as you are capable of doing so. Your agent’s authority starts only when your doctor certifies in writing that you do not have the capacity to make health care decisions.

If I Am Being Admitted To or Am a Patient In a Hospital, Are There Any Special Requirements?

No. Previous law required that a person being admitted to a hospital, or a hospital patient, who appoints a health care agent to receive an explanation of the nature and effect of the appointment in order that the appointment be effective. A special form needed to be completed. However, the requirement was removed by the 2007 ND Legislative Assembly effective August 1, 2007.

I f I Am a Resident of a Long-Term Care Facility, Are There Any Special Requirements?

No. Previous law required that a resident of a nursing home or other long-term care facility who appoints a health care agent to receive an explanation of the nature and effect of the appointment in order that the appointment be effective. A special form needed to be completed. However, the requirement was removed by the 2007 ND Legislative Assembly effective August 1, 2007.

W ill My Health Care Directive Be Honored?

There are several things you can do to help ensure that your directive is understood and honored. Talk to your loved ones and health care professionals about your wishes and preferences and give them a copy of your directive. Keep your directive up to date. Remember, having a plan and talking about that plan with the people who are important to you ensures that you will have a say in the decisions about your care.

W hat Should I Do With My Health Care Directive?

You should keep your original document in a place that is easy to find in the event you should become unable to make or communicate decisions. You should provide a copy of your health care directive to your physician and any other health care providers such as your hospital, nursing facility, hospice or home health agency. In addition, you may want to give copies of your health care directive to other persons, such as close family members and your attorney, if you have one. A copy of a health care directive is generally presumed to be a true and accurate copy of the original.

*On page 15,
you will find the North Dakota optional form.*

Glossary of Commonly Used Terms

Advance Care Planning: A process of making decisions, in advance, about the care you would want to receive if you are unable to make or communicate decisions for yourself. The process includes conversations with loved ones, health care professionals and others to provide understanding of your values and personal reflections about your wishes and preferences. The process may also include the completion of a health care directive.

Agent: A person appointed to make decisions for someone else, as in a health care directive.

Decision-Making Capacity: The ability to understand and appreciate the nature and consequences of one's actions, including the significant benefits and harms of, and reasonable alternatives to, any proposed health care, and the ability to communicate a health care decision.

Durable Power of Attorney for Health Care: One form of health care directive, in which a person appoints an agent to make health care decisions on their behalf, if they are no longer able to make or communicate decisions.

Health Care Decision: This term refers to your decision to consent to, refuse to consent to, withdraw your consent to, or request for any care, treatment, service, or procedure to maintain, diagnose, or treat your physical or mental condition. This includes the selection and discharge of health-care providers and institutions; the approval or disapproval of diagnostic tests, surgical procedures, programs of medication, and orders not to resuscitate; and directions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of health care.

Health Care Directive: A written instrument that includes one or more health care instructions, a durable power of attorney for health care, or both. In North Dakota, state law provides an optional directive form called a "health care directive." Other common terms include "advance directive," a "living will," or "durable power of attorney for health care." These all generally refer to documents in which a person states choices for medical treatment and/or designates who should make treatment choices if the person is unable to make or communicate decisions.

Health Care Instruction: A person's direction concerning a future health care decision, including a written statement of the personal values, preferences, guidelines or directions regarding health care directed to health care professionals, others assisting with health care, family members, an agent, or others.

Living Will: One form of an advance directive in which a person makes a declaration of their wishes regarding health care if they are no longer able to make or communicate decisions.

Patient Self Determination Act: A federal law that requires health care providers to educate their patients and the community on issues related to advance directives. It requires hospitals, nursing facilities, hospices, home health agencies and health maintenance organizations certified by Medicare and Medicaid to furnish written information so that patients have the opportunity to express their wishes regarding the use or refusal of medical care, including life-prolonging treatment, nutrition and hydration. The federal law takes no stand on what decisions persons should make. It does not require persons to execute an advance directive.

Resources and Web Site Links

North Dakota Resources

ND Senior INFO-LINE
Resource Directory
1-800-451-8693

www.ndseniorinfo.com

ND Health Care Directive Statutes
www.legis.nd.gov/cencode/t23c065.pdf

ND Medical Association
(701)223-9475
www.ndmed.org

ND Long Term Care Association
(701)222-0660
www.ndltca.org/

ND Healthcare Association
(701)224-9732
www.ndha.org

North Dakota Catholic Conference
1-888-419-1237
www.ndcatholic.org/

Blue Cross Blue Shield of North Dakota
(701)282-1100
www.BCBSND.com

ND Association of Home Care
(701)224-1815
www.aptnnd.com/ndahc/

Guardian and Protective Services, Inc.
(701)222-8678; 1-888-570-4277
www.gapsinc.org

ND Right to Life
www.ndrl.org

State Bar Association of ND Lawyer
Referral Program/Volunteer Lawyer
(701)255-1406; 1-800-932-8880
www.sband.org

Legal Assistance of ND
1-800-634-5263
www.legalassist.org

Hospice Programs

Ashley Medical Center Hospice
(701)288-3433

Medcenter One Home Health Hospice, Bismarck
(701)323-8400

St Alexius Hospice, Bismarck
(701)530-4500
Branch office in Harvey

Presentation Hospice, Carrington
(701)652-7229

Mercy Hospice, Devils Lake
(701)662-2131

Heartland Hospice, Dickinson
(701)456-4378

Hospice of the Red River Valley, Fargo
(701)356-1500

www.hrrv.org

*Offices in Fargo, Grand Forks, Lisbon, Mayville
and Valley City, North Dakota and Detroit Lakes,
Minnesota*

Altru Home Services Hospice,
Grand Forks
(701)780-5258

Offices in Park River, Grafton and McVille

Sakakawea Hospice, Hazen
(701)748-2041

Dakota Prairie Helping Hands, Hettinger
(701)567-4975

Jamestown Hospital Hospice
(701)252-1050

Linton Hospital Hospice
(701)254-4511

Trinity Hospitals – Hospice, Minot
(701)857-5083

Heart of America Hospice, Rugby
(701)776-5261

Mercy Hospice, Williston
(701)774-7430

Advance Directives

Aging With Dignity (Five Wishes)

1-888-5-WISHES

www.agingwithdignity.org

Altru Health System (ND and MN Forms),
Grand Forks

[http://www.altru.org/patientinformation/
advancedirectives.htm](http://www.altru.org/patientinformation/advancedirectives.htm)

Dakota Clinic / Innovis Health, Fargo

www.dakotaclinic.com

Medcenter One Health Systems, Bismarck

<http://www.medcenterone.com>

MeritCare Health System, Fargo

(ND and MN Forms)

<http://www.meritcare.com>

St. Alexius / Primecare, Bismarck

<http://www.st.alexius.org/>

Trinity Health, Minot

<http://trinity.minot.org>

West River Health Services, Hettinger

<http://www.wrhs.com>

Minnesota Hospice Organization

www.mnhospice.org

American Health Care Association

www.longtermcareliving.com

National Hospice and Palliative Care Organization

(Caring Connections)

1-800-658-8898

www.nhpco.org

Midwest Bioethics Center

(Caring Conversations)

1-800-344-3829

www.midbio.org

AARP

1-888-687-2277

www.aarp.org/endoflife

American Medical Association

www.ama-assn.org/ama/pub/category/14894.html

American Bar Association

Toolkit for Advance Care Planning

www.abanet.org/aging/toolkit/home.html

American Hospital Association

www.puttinwriting.org

Pain Management

Pain and Policy Study Group

www.medsch.wisc.edu/painpolicy

American Pain Foundation

1-888-615-PAIN(7246)

www.painfoundation.org

HEALTH CARE DIRECTIVE

I, _____, understand this document allows me to do ONE OR ALL of the following:

PART I: Name another person (called the health care agent) to make health care decisions for me if I am unable to make and communicate health care decisions for myself. My health care agent must make health care decisions for me based on the instructions I provide in this document (Part II), if any, the wishes I have made known to him or her, or my agent must act in my best interest if I have not made my health care wishes known.

AND/OR

PART II: Give health care instructions to guide others making health care decisions for me. If I have named a health care agent, these instructions are to be used by the agent. These instructions may also be used by my health care providers, others assisting with my health care and my family, in the event I cannot make and communicate decisions for myself.

AND/OR

PART III: Allows me to make an organ and tissue donation upon my death by signing a document of anatomical gift.

PART I: APPOINTMENT OF HEALTH CARE AGENT

THIS IS WHO I WANT TO MAKE HEALTH CARE DECISIONS FOR ME IF I AM UNABLE TO MAKE AND COMMUNICATE HEALTH CARE DECISIONS FOR MYSELF

(I know I can change my agent or alternate agent at any time and I know I do not have to appoint an agent or an alternate agent.)

NOTE: If you appoint an agent, you should discuss this health care directive with your agent and give your agent a copy. If you do not wish to appoint an agent, you may leave Part I blank and go to Part II and/or Part III. *None of the following may be designated as your agent: your treating health care provider, a nonrelative employee of your treating health care provider, an operator of a long-term care facility, or a nonrelative employee of a long-term care facility.*

When I am unable to make and communicate health care decisions for myself, I trust and appoint _____ to make health care decisions for me.

This person is called my health care agent.

Relationship of my health care agent to me: _____

Telephone number of my health care agent: _____

Address of my health care agent: _____

(OPTIONAL) APPOINTMENT OF ALTERNATE HEALTH CARE AGENT: If my health care agent is not reasonably available, I trust and appoint _____ to be my health care agent instead.

Relationship of my alternate health care agent to me: _____

Telephone number of my alternate health care agent: _____

Address of my alternate health care agent: _____

THIS IS WHAT I WANT MY HEALTH CARE AGENT TO BE ABLE TO DO IF I AM UNABLE TO MAKE AND COMMUNICATE HEALTH CARE DECISIONS FOR MYSELF

(I know I can change these choices.)

My health care agent is automatically given the powers listed below in (A) through (D). My health care agent must follow my health care instructions in this document or any other instructions I have given to my agent. If I have not given health care instructions, then my agent must act in my best interest.

Whenever I am unable to make and communicate health care decisions for myself, my health care agent has the power to:

- (A) Make any health care decision for me. This includes the power to give, refuse, or withdraw consent to any care, treatment, service or procedures. This includes deciding whether to stop or not start health care that is keeping me, or might keep me, alive and deciding about mental health treatment.
- (B) Choose my health care providers.
- (C) Choose where I live and receive care and support when those choices relate to my health care needs.
- (D) Review my medical records and have the same rights that I would have to give my medical records to other people.

If I **DO NOT** want my health care agent to have a power listed above in (A) through (D) OR if I want to **LIMIT** any power in (A) through (D), I **MUST** say that here:

My health care agent is **NOT** automatically given the powers listed below in (1) and (2). If I **WANT** my agent to have any of the powers in (1) and (2), I must **INITIAL** the line in front of the power; then my agent **WILL HAVE** that power.

____(1) To decide whether to donate any parts of my body, including organs, tissues and eyes, when I die.

____(2) To decide what will happen to my body when I die (burial, cremation).

If I want to say anything more about my health care agent's powers or limits on the powers, I can say it here:

PART II: HEALTH CARE INSTRUCTIONS

NOTE: Complete this Part II if you wish to give health care instructions. If you appointed an agent in Part I, completing this Part II is optional but would be very helpful to your agent. However, if you chose not to appoint an agent in Part I, you **MUST** complete, at a minimum, Part II (B) if you wish to make a valid health care directive.

These are instructions for my health care when I am unable to make and communicate health care decisions for myself. These instructions must be followed (so long as they address my needs).

(A) THESE ARE MY BELIEFS AND VALUES ABOUT MY HEALTH CARE

(I know I can change these choices or leave any of them blank.)

I want you to know these things about me to help you make decisions about my health care.

My goals for my health care:

My fears about my health care:

My spiritual or religious beliefs and traditions:

My beliefs about when life would be no longer worth living:

My thoughts about how my medical condition might affect my family:

(B) THIS IS WHAT I WANT AND DO NOT WANT FOR MY HEALTH CARE

(I know I can change these choices or leave any of them blank.)

Many medical treatments may be used to try to improve my medical condition or to prolong my life. Examples include artificial breathing by a machine connected to a tube in the lungs, artificial feeding or fluids through tubes, attempts to start a stopped heart, surgeries, dialysis, antibiotics and blood transfusions. Most medical treatments can be tried for a while and then stopped, if they do not help.

I have these views about my health care in these situations:

(Note: You can discuss general feelings, specific treatments, or leave any of them blank.)

If I had a reasonable chance of recovery and were temporarily unable to make and communicate health care decisions for myself, I would want:

If I were dying and unable to make and communicate health care decisions for myself, I would want:

If I were permanently unconscious and unable to make and communicate health care decisions for myself, I would want:

If I were completely dependent on others for my care and unable to make and communicate health care decisions for myself, I would want:

In all circumstances, my doctors will try to keep me comfortable and reduce my pain.
This is how I feel about pain relief, if it would affect my alertness or if it could shorten my life:

There are other things that I want or do not want for my health care, if possible:

Who I would like to be my doctor:

Where I would like to live to receive health care:

Where I would like to die and other wishes I have about dying:

My wishes about what happens to my body when I die (cremation, burial):

Any other things:

PART III: MAKING AN ANATOMICAL GIFT

I would like to be an organ donor at the time of my death. I have told my family my decision and ask my family to honor my wishes. I wish to donate the following (*initial one statement*):

Any needed organs and tissue.

Only the following organs and tissue: _____

PART IV: MAKING THE DOCUMENT LEGAL

DATE AND SIGNATURE OF PRINCIPAL

(YOU MUST DATE AND SIGN THIS HEALTH CARE DIRECTIVE.)

I revoke any prior health care directive. _____
(you sign here)

I sign my name to this Health Care Directive Form on _____ at _____, _____
(date) (city) (state)

(THIS HEALTH CARE DIRECTIVE WILL NOT BE VALID UNLESS IT IS NOTARIZED OR SIGNED BY TWO QUALIFIED WITNESSES WHO ARE PRESENT WHEN YOU SIGN OR ACKNOWLEDGE YOUR SIGNATURE. IF YOU HAVE ATTACHED ANY ADDITIONAL PAGES TO THIS FORM, YOU MUST DATE AND SIGN EACH OF THE ADDITIONAL PAGES AT THE SAME TIME YOU DATE AND SIGN THIS HEALTH CARE DIRECTIVE.)

NOTARY PUBLIC OR STATEMENT OF WITNESSES

This document must be (1) notarized or (2) witnessed by two qualified adult witnesses. The person notarizing this document may be an employee of a health care or long-term care provider providing your care. At least one witness to the execution of the document must not be a health care or long-term care provider providing you with direct care or an employee of the health care or long-term care provider providing you with direct care. None of the following may be used as a notary or witness:

1. A person you designate as your agent or alternate agent;
2. Your spouse;
3. A person related to you by blood, marriage or adoption;
4. A person entitled to inherit any part of your estate upon your death; or
5. A person who has, at the time of executing this document, any claim against your estate.

OPTION 1: NOTARY PUBLIC

In my presence on _____ (date), _____ (name of declarant) acknowledged the declarant's signature on this document or acknowledged that the declarant directed the person signing this document to sign on the declarant's behalf.

(Signature of Notary Public)

My commission expires _____, 20____.

OPTION 2: TWO WITNESSES

WITNESS ONE:

- (1) In my presence on _____ (date), _____ (name of declarant) acknowledged the declarant's signature on this document or acknowledged that the declarant directed the person signing this document to sign on the declarant's behalf.
- (2) I am at least eighteen years of age.
- (3) If I am a health care provider or an employee of a health care provider giving direct care to the declarant, I must initial this box: [].

I certify that the information in (1) through (3) is true and correct.

(Signature of Witness One)

(Address)

WITNESS TWO:

- (1) In my presence on _____ (date), _____ (name of declarant) acknowledged the declarant's signature on this document or acknowledged that the declarant directed the person signing this document to sign on the declarant's behalf.
- (2) I am at least eighteen years of age.
- (3) If I am a health care provider or an employee of a health care provider giving direct care to the declarant, I must initial this box: [].

I certify that the information in (1) through (3) is true and correct.

(Signature of Witness One)

(Address)

ACCEPTANCE OF APPOINTMENT OF HEALTH CARE AGENT

I accept this appointment and agree to serve as agent for health care decisions. I understand I have a duty to act consistently with the desires of the principal as expressed in this appointment. I understand that this document gives me authority over health care decisions for the principal only if the principal becomes incapacitated or if this document otherwise authorizes me to make health care decisions.

I understand that I must act in good faith in exercising my authority under this power of attorney. I understand that the principal may revoke this power of attorney at any time in any manner.

If I choose to withdraw during the time the principal is competent, I must notify the principal of my decision. If I choose to withdraw when the principal is not able to make health care decisions, I must notify the principal's physician.

(Signature of agent/date)

(Signature of alternate agent/date)

Your Life. Your Choices.

Education. Career. Marriage. Retirement. All your life you make choices that help define who you are. But who will make choices for you if you become unable? Your loved ones? Strangers? The state?

Don't leave your final choices to anyone else. Use this guide to begin conversations about your future health care wishes and to put your conclusions in writing.



Your HEALTH is our FOUNDATION
www.dakmed.org



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Notidian Mutual Insurance Company

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