

## **ADVANCE DIRECTIVES**

### **POLICIES OF MID-VALLEY HOSPITAL REGARDING INFORMED CONSENT AND ADVANCE DIRECTIVES**

Mid-Valley Hospital supports the Patient Self-determination Act. This Act recognizes that adult individuals have the right to be involved in decisions regarding their health care. They also have the right to accept or refuse treatment and the right to make Advanced Directives.

There are two types of Advanced Directives to best insure that you receive the kind of health care you want in the event that you can't speak for yourself. These two directives are:

- 1) Health Care Directive (or Living Will)
- 2) Durable Power of Attorney for Health Care

Upon admission, or within 24 hours, a nurse will ask you if you have Advance Directives. If you have directive(s), you will be asked for a copy, which will be placed in your medical record.

We will provide information and forms for Advanced Directives that may help you understand your options. We are not permitted to give in-depth legal or medical advice. Such consultation, if desired, should be sought from a qualified physician or attorney.

Hospital employees, with exception of a notary public, are not allowed by law to serve as witness for Advance Directives.

Whether or not you choose to execute Advance Directives is a personal matter and will never be a condition of providing care or a basis for discrimination for or against you.

Advance Directives may be revoked at any time by your verbal or written request.

If, for any reason, the hospital or physician is unable to honor your Advance Directives, arrangements will be made to transfer your care to a facility or physician that can honor your wishes.

### **COMMONLY ASKED QUESTIONS ABOUT ADVANCE DIRECTIVES**

#### **What are "Advance Directives"?**

Advance Directives are documents that state your choices about medical treatment, or name someone to make decisions about your medical treatment, if you are unable to make these decisions yourself. They are called Advance Directives, because they are prepared and signed in advance to let your health care providers know your wishes concerning medical treatment. Two types of Advance Directives are:

- 1) A Health Care Directive
- 2) A Durable Power of Attorney for Health Care

#### **Do I have to have Advance Directives?**

No. But Advance Directives may answer questions about the kind of medical treatment that you want or do not want; in the event you are unable to speak for yourself. Federal law prohibits hospitals, nursing homes, or other health care facilities from requiring you to have Advance Directives. Nor can you be discriminated against if you do not have Advance Directives.

## **What will happen if I do not have Advance Directives?**

You will receive medical care even if you do not have any Advance Directives. However, there is a greater chance that you may not receive treatment according to your personal wishes.

If you cannot speak for yourself, and you do not have Advance Directives, your health care providers will look to the following people, listed in order of priority, for decisions about your health care:

- 1) Your guardian, if appointed by the court
- 2) Spouse
- 3) Adult children
- 4) Parents
- 5) Adult brothers/sisters

If there is more than one person in the highest available group, such as several adult children but no spouse, ALL must agree with the treatment decision.

## **When do Advance Directives go into effect?**

These directives take effect ONLY when you can no longer make your own health care decisions. As long as you are able to give “informed consent”, your health care providers will rely on YOU and not on your Advance Directives.

## **What is “Informed Consent”?**

Informed consent means that you are able to understand the nature, extent and probable consequences of proposed medical treatment and are able to make rational evaluations of the risks and benefits of those treatments as compared with alternate treatments, AND you are able to communicate that understanding.

## **What should I do with my Advance Directives?**

You should keep them in a safe place where family members can get to them. Do NOT keep them in your safe deposit box. Give copies of your Advance Directives to family members; your physician; your local hospital, clinic, or nursing home; your attorney and clergyman.

## **How will my health care providers know if I have Advance Directives?**

You will be asked upon admission to the hospital if you have Advance Directives. If you do, a copy of your directive(s) will be placed in your medical record.

## **Do I need an attorney to help me make Advance Directives?**

No. You may be more comfortable consulting an attorney, or may have special needs or wishes that can best be handled with the assistance of an attorney. However, these forms are preprinted and easy to fill out.

### **Will my Advance Directives be followed?**

Generally, yes, if they comply with Washington law. If a health care provider is unable to comply with your wishes, even if they comply with Washington law, it is the provider's responsibility to arrange for another provider who is comfortable with your wishes. Federal law requires your health care providers to give you their written policies concerning advance directives.

### **What if I change my mind after I prepare Advance Directives?**

You can cancel or change any Advance Directive that you have prepared at any time. To cancel a directive, simply tell your health care providers, especially your physician, family and anyone else who has copies of your directive that you have canceled it and destroy the document. To change a directive, simply write and date a new one, and give copies of the revised document to all the appropriate parties, especially your physician.

Advance Directives generally do not have expiration dates, but you should review them once a year to decide if any changes are necessary.

### **Will my Washington Advance Directives be honored in another state?**

The laws on Advance Directives differ from state to state. If you plan to spend a great deal of time in another state, you might want to check with the requirements of that state.

### **Will an Advance Directive from another state be honored in Washington?**

Yes. An Advance Directive executed according to another state's laws will be honored in Washington to the extent allowed by Washington law.

## **HEALTH CARE DIRECTIVE (or LIVING WILL)**

### **What is a "Health Care Directive"?**

A Health Care Directive (Living Will) is a document that tells your doctor or other health care providers whether or not you want life-sustaining treatment or procedures administered to you if you are in a terminal condition or a permanent unconscious state. It is called a "Health Care Directive" because it takes effect while you are still living.

### **What is the difference between a Health Care Directive (Living Will) and a Last Will And Testament?**

A Health Care Directive (Living Will) states your wishes regarding health care. A Last Will and testament states your wishes regarding who is to have your personal possessions.

## **When does a Health Care Directive (Living Will) go into effect?**

A Health Care Directive (Living Will) goes into effect when:

- 1) your doctor has a copy of it.
- 2) your doctor has concluded that you are no longer able to make your own health care decisions.
- 3) your doctor has determined that you are terminally ill; or your doctor or another doctor have determined that you are permanently unconscious.

## **What are “Life-sustaining” Treatments?**

These are treatments or procedures that are not expected to cure your terminal condition, or make you better. They only prolong dying. Examples are mechanical ventilators that help you breathe or kidney dialysis that clears your blood of wastes. You can state whether you do or do not want any artificially administered nutrition and hydration in your Living Will. Interventions for relief of pain, are not considered life-sustaining treatments. Measures to ensure your comfort would be continued.

## **What is a “terminal” condition?**

A terminal condition is defined as an incurable condition for which the administration of medical treatment will only prolong the dying process, and without the administration of these treatments or procedures, death will occur in a relatively short period of time.

## **What is a “permanent unconscious state”?**

A permanent unconscious state means that a patient is in a permanent coma, caused by illness, injury, or disease. The patient is totally unaware of him or herself, surroundings and to a reasonable degree of medical certainty; there can be no recovery. A permanent unconscious state must be certified by two physicians before a Health Care Directive (Living Will) can take effect.

## **How do I make out a Health Care Directive (Living Will)?**

Fill out the Health Care Directive form, also referred to as the Living Will form. You may add any additional directions regarding your care on the form. Sign (or have someone sign the document in your presence and at your direction, if you are unable to sign), and date the Health Care Directive (Living Will). Have two qualified adult people sign as witnesses. The two witnesses CANNOT be:

- 1) related to you by blood or marriage.
- 2) entitled to any part of your estate upon your death.
- 3) a person who has a claim against your estate.
- 4) your attending physician or an employee of your attending physician.
- 5) an employee of a health care facility in which you are a patient.

## **Is a Health Care Directive (Living Will) the same as a Do Not Resuscitate (DNR) order?**

No. A Do Not Resuscitate or No Code order is written by your doctor at your direction and placed in your medical records. It states that if you suffer cardiac arrest ( your heart stops beating) or respiratory arrest ( you stop breathing), your health care providers are not to try to revive you by any means. You may also discuss “limited resuscitation” measures with your physician.

## **DURABLE POWER OF ATTORNEY FOR HEALTH CARE**

### **What is a Durable Power of Attorney for Health Care?**

A Durable Power of Attorney for Health Care is a legal document, which allows you to appoint another person (as a “Health Care Agent”) to make medical decisions for you if you should become temporarily or permanently unable to make decisions for yourself. The person you choose does not have to be an attorney.

### **Who can I select to be my Agent?**

You can appoint almost any adult to be your agent. You should select a person who is knowledgeable about your wishes and feelings about your health care, and who is willing to accept the responsibility of making medical decisions for you. Family members or a close friend whom you trust to make decisions in your behalf are usually good choices to be agents.

The person you appoint as your agent CANNOT be:

- 1) your attending physician.
- 2) an employee of your physician.
- 3) an administrator, owner or employee of any health care facility in which you are a patient.

However, if any of the individuals listed above is also your spouse, adult child, brother or sister, you can appoint that individual to be your agent.

### **Can there be more than one Agent?**

Yes. You may designate alternates, in the event that your primary agent is unavailable, unable, or unwilling to act on your behalf.

### **When does the Durable Power for Health Care take effect?**

This directive becomes effective only when you are temporarily or permanently unable to make your own health care decisions. Remember, as long as you are able to make treatment decisions, you have the right to do so.

### **What decisions can my Agent make?**

Unless you limit his/her authority in the Durable Power for Health Care, your agent will be able to make almost every treatment decision in accordance with accepted medical practice that you could make. If your wishes are not known or cannot be determined, your agent has the duty to act in your best interests. These decisions can include authorizing, refusing, or withdrawing treatment.

### **How Do I make out a Durable Power for Health Care?**

Complete the Durable Power for Health Care form, identifying your agent. You may list alternate agents and any special provisions on the form. Sign and date the form in presence of a notary (or have someone sign it at your direction, if you are unable to sign, in the presence of you and a notary). A notary is available at the hospital.

## **What is the difference between a “Power of Attorney” and a “Durable Power for Health Care”?**

Normally a Power of Attorney deals only with personal and financial matters. A Durable Power for Health Care deals with health care and becomes effective when you are no longer able to make your own decisions about health care.

## **How is the Durable Power for Health Care different from a Health Care Directive (Living Will)?**

A Health Care Directive (Living Will) applies if you are terminally ill or permanently unconscious. It tells your doctor what you do NOT want, unless you write in other specific directions.

The Durable Power for Health Care allows you to appoint someone to make health care decisions for you at any time you are unable to make them for yourself. This directive is more flexible and covers all health care situations, with the few exceptions noted in the form.

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# HEALTH CARE DIRECTIVE (LIVING WILL)

Directive made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

I, \_\_\_\_\_, being of sound mind, willfully, and voluntarily make known my desire that my dying shall be not artificially prolonged under circumstances set forth below, and do hereby declare that:

**(A)** If at any time I should have an incurable and irreversible condition certified to be a terminal condition by my attending physician, and where the application of life-sustaining treatment would serve only to artificially prolong the process of my dying, I direct that such treatment be withheld or withdrawn, and that I be permitted to die naturally. I understand "terminal condition" means an incurable and irreversible condition caused by injury, disease, or illness that would, within reasonable medical judgment, cause death within a reasonable period of time in accordance with accepted medical standards.

**(B)** If I should be in a irreversible coma or persistent vegetative state, or other permanent unconscious condition as certified by two physicians, and from which those physicians believe that I have no reasonable probability of recovery, I direct that life-sustaining treatment be withheld or withdrawn.

**(C)** If I am diagnosed to be in a terminal or permanent unconscious condition,

I want \_\_\_\_\_ I do not want \_\_\_\_\_  
[Choose one]

artificially administrated nutrition and hydration to be withdrawn or withheld the same as other forms of life-sustaining treatment. I understand artificially administered nutrition and hydration is a form of life-sustaining treatment in certain circumstances. I request all health care providers who care for me to honor this directive.

**(D)** In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this directive shall be honored by my family, physicians and other health care providers as the final expression of my fundamental right to refuse medical or surgical treatment, and also honored by any person appointed to make these decisions for me, whether by durable power of attorney or otherwise. I accept the consequences of such refusal.

**(E)** If I have been diagnosed as pregnant and that diagnosis is known to my physician, this directive shall have no force or effect during the course of my pregnancy.

**(F)** I understand the full import of this directive and I am emotionally and mentally competent to make this directive. I also understand that I may amend or revoke this directive at any time.

**(G)** I make the following additional directions regarding my care:

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Signed: \_\_\_\_\_

The declarer has been personally known to me and I believe him or her to be of sound mind. In addition, I am not the attending physician, an employee of the attending physician or a health facility in which the declarer is a patient, or any person who has a claim against any portion of the estate of the declarer upon the declarer's decease at the time of the execution of the directive.

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

# DURABLE POWER OF ATTORNEY FOR HEALTH CARE

## Notice to Person Executing This Document

This is an important legal document. Before executing this document you should know these facts:

- This document gives the person you designate as your Health Care Agent the power to make MOST health care decisions for you if you lose the capacity to make informed health care decisions for yourself. This power is effective only when you lose the capacity to make informed health care decisions for yourself. As long as you have the capacity to make informed health care decisions for yourself, you retain the right to make all medical and other health care decisions.
- You may include specific limitations in this document on the authority of the Health Care Agent to make health care decisions for you.
- Subject to any specific limitations you include in this document, if you lose the capacity to make an informed decision on a health care matter, the Health Care Agent *GENERALLY* will be authorized by this document to make health care decisions for you to the same extent as you could make those decisions for yourself, if you had the capacity to do so. The authority of the Health Care Agent to make health care decisions for you *GENERALLY* will include the authority to give informed consent, to refuse to give informed consent, or to withdraw informed consent to any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition.
- A Health Care Agent will *NEVER* be allowed to authorize “mercy killing”, euthanasia or any procedure that would actually speed up the natural process of dying.
- When exercising his or her authority to make health care decisions for you, the Health Care Agent will have to act consistent with your express desires or, if they are unknown, in your best interest. You may express your desires to the Health Care Agent by including them in this document or by making them known in another manner.
- When acting under this document the Health Care Agent *GENERALLY* will have the same rights as you have to receive information about proposed health care, to review health care records, and to consent to the disclosure of health care records. You may limit that right in this document if you choose.

## 1. Creation of Durable Power of Attorney for Health Care

I intend to create a power of attorney (Health Care Agent) by appointing the person or persons designated herein to make health care decisions for me to the same extent that I could make such decisions for myself if I was capable of doing so, as recognized by RCW 11.94.010. This designation becomes effective when I cannot make health care decisions for myself as determined by my attending physician or designee, such as I am unconscious, or if I am otherwise temporarily or permanently incapable of making health care decisions. The Health Care Agent’s power shall cease if and when I regain my capacity to make health care decisions.

## 2. Designation of Health Care Agent and Alternate Agents

If my attending physician or his or her designee determines that I am not capable of giving informed consent to health care, I designate and appoint

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(Name) (Address) (City) (State) (Zip) (Phone)

as my attorney-in-fact (Health Care Agent) by granting him or her the Durable Power of Attorney for Health Care recognized in RCW 11.94.010 and authorize him or her to consult with my physicians about the possibility of my regaining the capacity to make treatment decisions and to accept, plan, stop, and refuse treatment on my behalf with the treating physicians and health personnel.

In the event that \_\_\_\_\_ is unable or unwilling to serve, I grant these powers to

\_\_\_\_\_  
(Name) (Address) (City) (State) (Zip) (Phone)

In the event that both \_\_\_\_\_ and \_\_\_\_\_ are unable or unwilling to serve, I grant these powers to

\_\_\_\_\_  
(Name) (Address) (City) (State) (Zip) (Phone)

### 3. General Statement of Authority Granted

My Health Care Agent is specifically authorized to give informed consent for health care treatment when I am not capable of doing so. This includes but is not limited to consent to initiate, continue, discontinue, or forgo medical care and treatment including artificially supplied nutrition and hydration, following and interpreting my instructions for the provision, withholding, or withdrawing of life-sustaining treatment, which are contained in any Health Care Directive or other form of "living will" I may have executed or elsewhere, and to receive and consent to the release of medical information. When the Health Care Agent does not have stated desires or instructions from me to follow, he or she shall act in my best interest in making health care decisions.

The above authorization to make health care decisions does not include the following absent a court order:

- (1) Therapy or other procedure given for the purpose of inducing convulsion;
- (2) Surgery solely for the purpose of psychosurgery;
- (3) Commitment to or placement in a treatment facility for the mentally ill, except pursuant to the provisions of Chapter 71.05 RCW;
- (4) Sterilization.

I hereby revoke any prior grants of durable power of attorney for health care.

### 4. Special Provisions

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\_\_\_\_\_  
\_\_\_\_\_

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
GRANTOR

STATE OF WASHINGTON )

) ss.

COUNTY OF \_\_\_\_\_)

I certify that I know or have satisfactory evidence that the GRANTOR, \_\_\_\_\_ signed this instrument and acknowledged it to be his or her free and voluntary act for the uses and purposes mentioned in the instrument. Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC in and for the State of  
Washington, residing at \_\_\_\_\_.  
My commission expires \_\_\_\_\_.