

machine that breathes for you.

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

Talk to your doctor and family now

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

Explain why you want the care you have decided on. Find out if they are willing to let your wishes be carried out.

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

You can change your mind any time

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



HEALTH Choices

Directions to patients and family members about medical decision making

For Help Or More Information:

Alabama Commission on Aging 1-800-243-5463
Choice in Dying 1-800-989-9455



A Gift to Your Family

Consumer Guide



Planning ahead for
future health needs
is truly
A Gift to your Family



Revised Edition
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MEDICAL ASSOCIATION OF THE STATE OF ALABAMA



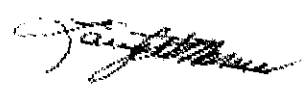
The Alabama State Bar, the Medical Association of the State of Alabama and the Alabama Hospital Association, with support from the Alabama Department of Public Health and the Alabama Organ Procurement Network, have joined forces in a statewide public service campaign, LIFEPLAN 2001. Through our partnership we have produced this consumer guide to assist you with future health care planning.


All too often, families are put in the unfortunate position of needing to make decisions about their loved ones' health care. If you have not discussed your wishes with your family, these decisions become all the more difficult.


We want to share this valuable message:
Planning ahead for future medical decision-making is truly
A Gift to Your Family.

We hope to encourage you to complete an Advance Directive For Health Care in a time of non-crisis, and invite you to consider organ and tissue donation as you discuss health care issues with your family.

A Gift to Your Family includes Alabama state forms to help you put your wishes in writing, after you have talked with your family and any other professionals you feel need to be consulted, such as your attorney or your physician.


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Advance Directive For Health Care Form

Do Not Attempt Resuscitation Order

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Health Care Durable Power of Attorney

With appropriate language, this appoints a proxy to make health care decisions for you, in collaboration with your personal physician, if you lose the ability to make health care decisions for yourself. Your proxy can tell the physician or hospital exactly what care you would want in all types of health decisions, not just those concerning life-sustaining treatment. In many cases, a court supervised guardianship and/or a protective placement proceeding can be avoided if a **Health Care Durable Power of Attorney** been accurately completed. You can use the form in the Advance Directive For Health Care (titled "If I Need Someone To Speak For Me") or your attorney can draft a separate document.

How do I get started?

For both the **Living Will** and the **Health Care Proxy Designation**, you may use the form created by law. The form is available in this guide, and at courthouses, hospitals, nursing homes, and through the Alabama Medicaid Agency. You must read the form carefully before completing the document. Completing the document incorrectly may invalidate it at the time when it is most needed. An attorney can assist you in completing the form or write an individualized form for you. Begin the process by thinking through your options and talking with your family. If you have specific legal or medical questions, consult your attorney, physician or other health care professional.





Commonly Asked Questions

Why should I have an advance directive?

An advance directive allows you to make your wishes clear to your family, friends, and health care professionals while you are still able to do so. It helps prevent disagreements among your family members about what treatment you should receive if you are incapacitated. If you appoint someone to make your health care decisions, you will still be able to make your own decisions as long as you are capable.

What if I don't have an advance directive?

If you do not have an advance directive and you are incapacitated, your decisions might be left to your physician and a spouse, adult child, adult sibling, close friend or court-appointed guardian who may not know or carry out your wishes. If you have not designated a health care proxy, loved ones may need to spend time and money going to court in order to make decisions on your behalf.

When should I prepare an advance directive?

Now. While most people first think about preparing an advance directive when they are admitted to a hospital or nursing home, it is a good idea to think about doing so now – while your health permits you to do so.

Which document is right for me?

The Health Care Durable Power of Attorney (Section 2 of the "Advance Directive For Health Care" form or a separate document prepared by your attorney) may avoid costly guardianship proceedings in court. The Health Care Durable Power of Attorney is a powerful and flexible document. A Health Care Durable Power of Attorney can include specific treatment preferences. However, if you do not have someone to act on your behalf or your proxy becomes incapacitated or dies, the Living Will is your other option.

Health Care Proxy

Roles and Responsibilities

Who can I appoint in my Advance Directive For Health Care form as my proxy?

Your proxy is usually a spouse, trusted relative or friend. The proxy must be at least age 19. You may choose any adult except for your health care provider (for example, physician, nurse), an employee of a health care facility in which you are a patient or reside, or a spouse of any of these providers or employees unless they are your relative. You should be sure that the person you appoint is someone you trust and that you discuss with that person your treatment preferences, because that person will have authority to make important decisions on your behalf.

When does my proxy assume responsibility?

Your proxy will not make decisions on your behalf until or unless you lose the ability to do so. Your attending physician must declare that you no longer have the ability to understand and direct your medical treatment. Then, the attending physician and another physician must also declare that you are either permanently ill or permanently unconscious.

What does my proxy need to know?

Your best protection in having your wishes honored is to communicate them effectively to your proxy. For example, tell your proxy how you feel about life support, being in a coma, and about the quality of life you hope to maintain. To facilitate the discussion, read through the discussion points in this guide.

What are my proxy's responsibilities?

Your proxy's main responsibility is to understand your beliefs and concerns about medical treatment. He or she also must be willing to make decisions that are consistent with your wishes, and communicate those wishes to the health care team. Your proxy will need to talk regularly with your physicians and stay informed of your condition, treatment plan,

and chances for recovery. Your proxy should be certain that treatment matches your wishes. If the treatment does not, your proxy should ordinarily tell your physician or change physicians for you.

What happens if I regain consciousness?

If you regain consciousness and can direct your medical care, then the proxy will not be the person to make your health care decisions – you will. Your proxy can only make these decisions if you are unable to make them.

Does the person I appoint as my financial health care durable power of attorney automatically make my health care decisions?

No. The person you appoint as your proxy in a health care durable power of attorney relating to financial matters is not granted the right to make health care decisions for you unless the document contains the essential language for Health Care decision making. It is common for people to appoint one proxy for health care decisions and another proxy to handle financial matters.



Organ and Tissue Donation

Advances in medical technology over the last 30 years have allowed physicians to save lives, restore health and improve the quality of life through organ and tissue donation. However, tens of thousands of individuals nationwide are on waiting lists for transplants. Every year, thousands of people die waiting for a donor to give them the gift of life.

If tragedy strikes, health care professionals will always try to save your life. Should all efforts completely fail, your organs and tissues may be eligible for donation. With no cost to you or your loved ones, you can give the gift of enhanced life or life itself. That is because your heart, kidneys, liver, lungs, corneas, and even your skin and bones can all be transplanted. In addition, donation is done within hours of death, so your family may proceed with funeral arrangements without delay or interruption.

Talk to your family about your decision to become a donor. It is important that those close to you know that you want to be a donor so that they will support your decision when the time comes for donation. It also is important that you talk to your physician about becoming a donor so that he or she can record your wishes in your medical record.

"When the doctors told us Steve had suffered brain death, we asked if we could make an organ donation. We believed then and we believe now that we made the best decision. Steve was a very loving and generous person and the donation was something we knew he wanted."

Instructions – Advance Directive For Health Care

Before filling it out

Read the entire document carefully. Be sure you understand the decisions and the authority you are giving to someone else. Think carefully about whom you want to select as your proxy. You may not select your doctor, nurse, an employee of your health care facility or spouse of any of these individuals, unless this individual is also a relative. Consider a close family member or friend – someone who knows you well, who lives geographically close to you, who will be a strong advocate for you and will ensure that your preferences are honored. Talk to that individual about your health care preferences, religious beliefs and quality of life concerns. Ask the individual if he or she will accept this responsibility. Do the same with the individual you select as your alternate.

Statement of desires, special provisions or limitations

You may want to add something to personalize the form. Print or type all inserts to ensure that they are legible. Consider adding some language indicating your beliefs about life support procedures, organ and tissue donations, organ and tissue transplants, autopsies, choice of health care provider or facility or any preference to receive long-term care in your own home or in a nursing home.

After it is completed

Make several copies of the form. Give the original to your physician (if you have a regular attending physician, as opposed to a clinic) and discuss with him or her your choice of proxy, as well as your health care preferences, as indicated on the form. Ask your physician to honor your preferences and respect your choice of proxy, if the situation ever arises. Give copies of the completed form to your proxy and your alternate proxy. Put one copy in a safe place at home and send one copy to the hospital that would treat you. You may want to keep a copy in the glove compartment of your car if you travel. Discuss with close family members your choice of proxy and your health care preferences. Ask them, too, to respect your choice of proxy and your decisions and to honor those decisions, if the situation ever arises.

Additional copies of **A Gift to Your Family** consumer guide are also available free online at Alabama State Bar's Web site: www.alabar.org/lifeplan.cfm

If I Become Permanently Unconscious:

Permanent unconsciousness is when my doctor and another doctor agree that within a reasonable degree of medical certainty I can no longer think, feel anything, knowingly move, or be aware of being alive. They believe this condition will last indefinitely without hope for improvement and have watched me long enough to make that decision. I understand that at least one of these doctors must be qualified to make such a diagnosis.

Life sustaining treatment – Life sustaining treatment includes drugs, machines, or other medical procedures that would keep me alive but would not cure me. I know that even if I choose not to have life sustaining treatment, I will still get medicines and treatments that ease my pain and keep me comfortable.

Place your initials by either “yes” or “no”:

I want to have life-sustaining treatment if I am permanently unconscious. ____ Yes ____ No

Artificially provided food and hydration (Food and water through a tube or an IV) – I understand that if I become permanently unconscious, I may need to be given food and water through a tube or an IV to keep me alive if I can no longer chew or swallow on my own or with someone helping me.

Place your initials by either “yes” or “no”:

I want to have food and water provided through a tube or an IV if I am permanently unconscious.
____ Yes ____ No

Other Directions: Please list any other things you want **done** or **not done**.

In addition to the directions I have listed on this form, I also want the following:

If you do not have other directions, place your initials here:

____ No, I do not have any other directions.

Place your initials by only one of the following:

_____ I want my health care proxy to follow only the directions as listed on this form.

_____ I want my health care proxy to follow my directions as listed on this form and to make any decisions about things I have not covered in the form.

_____ I want my health care proxy to make the final decision, even though it could mean doing something different from what I have listed on this form.

Section 3. The things listed on this form are what I want.

I understand the following:

- If my doctor or hospital does not want to follow the directions I have listed, they must see that I get to a doctor or hospital who will follow my directions.
- If I am pregnant, or if I become pregnant, the choices I have made on this form will not be followed until after the birth of the baby.
- If the time comes for me to stop receiving life sustaining treatment or food and water through a tube or an IV, I direct that my doctor talk about the good and bad points of doing this, along with my wishes, with my health care proxy, if I have one, and with the following people:

Section 4. My signature

Your name: _____

The month, day, and year of your birth: _____

Your signature: _____

Date signed: _____

ALABAMA
Emergency Medical Services
Do Not Attempt Resuscitation Order

Patient's Full Name _____

Attending/Treating Physician's Order

I, the undersigned, a physician licensed in Alabama, state that I am the attending physician; or a physician providing treatment to the patient named above. It is my determination that [must check 1 or 2, below]:

- 1. The patient is an adult (eighteen years of age or older) and IS capable of making an informed decision and of granting consent about providing, withholding, or withdrawing specific medical treatment or course of treatment, and the patient has decided that he or she does not wish to be provided resuscitative measures in the prehospital setting. (Signature of patient required on reverse side).
- 2. The patient is an adult (eighteen years of age or older) and is NOT capable of making an informed decision and of granting consent about providing, withholding, or withdrawing specific medical treatment or course of treatment, because the patient is not able to understand the nature, extent, or probable consequences of the proposed medical decision, or to make a rational evaluation of the risks and benefits of alternatives to that decision. I have made this determination after consultation with a second physician licensed in Alabama.

If 2, above, is checked (patient is NOT CAPABLE of making an informed decision), then either A, B, or C, below, must also be checked.

- A. The patient, while still competent, executed a written advance directive which directed that resuscitative measures be withheld or withdrawn under the present circumstances. (Signature of next of kin required on reverse.)
- B. The patient appointed a surrogate or attorney-in-fact with authority to direct that resuscitative measures be withheld or withdrawn under the present circumstances, and the surrogate or attorney-in-fact has so directed. (Signature of surrogate or attorney-in-fact required on reverse).
- C. The patient has not executed a written advance directive, nor has he or she appointed a surrogate or attorney-in-fact, but either a court appointed guardian with authority to make such decisions, or a court of competent jurisdiction has directed that resuscitative measures to be withheld under the present circumstances. (Signature of guardian required on reverse side, or certified copy of court order must be attached hereto.)

Based on the foregoing, I hereby direct any and all emergency medical services personnel, commencing on the date below, to withhold resuscitative measures, i.e., cardiopulmonary resuscitation, cardiac, compression, endotracheal intubation and other advanced airway management, artificial ventilation, cardiac resuscitative medications, and cardiac defibrillation, in the event of the patient's cardiac or respiratory arrest. I further direct such personnel to provide all reasonable comfort care such as intravenous fluids, oxygen, suction, control of bleeding, administration of pain medication (if personnel are properly authorized), and other therapies to provide comfort and alleviate pain, and to provide support to the patient, family members, friends, and others present.

Signature of Attending/Treating Physician

Date

Printed Name

Telephone Number (Emergencies)

Signature of Second (Consulting) Physician

Date

Printed Name

Telephone Number (Emergencies)

If the patient should die at home while EMS is present or during transport by EMS Personnel, The EMS Provider shall document such in the narrative portion of the EMS Run Report.

