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## Advance Directives – The Patient's Right to Decide

All adult individuals in hospitals, nursing homes and other health care settings have certain rights. For example, you have a right to confidentiality of your personal and medical records and to know what treatment you will receive.

You also have another right. You have the right to fill out a paper known as an "advance directive". The paper says in advance what kind of treatment you want or do not want under special, serious medical conditions – conditions that would prevent you from telling your doctor how you want to be treated. For example, if you were taken to a hospital in a coma, would you want the hospital's medical staff to know your specific wishes about decisions affecting your treatment?

This article answers some questions related to a federal law that took effect in 1991 that requires most hospitals, nursing facilities, hospices, home health care programs and health maintenance organizations (HMO's) to give you information about advance directives and your legal choices in making decisions about medical care. The law is intended to increase your control over medical treatment decisions.

The information in this article can help you make decisions in advance of treatment. Because this is an important matter, however, you may wish to talk to family, close friends and your doctor before deciding whether you want an advance directive.

Finally, it is important to remember that state laws differ about legal choices available to individuals for treatment options that can be honored by hospitals and other health care providers and organizations. These health care professionals should have information for you on your state's advance directive law.

### What is an Advance Directive?

Generally, an advance directive is a written statement, which you complete in advance of serious illness, about how you want medical decisions made. The two most common forms of advance directives are:

- Living Will
- Durable Power of Attorney for Health Care

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An advance directive allows you to state your choices for health care or to name someone to make those choices for you, if you become unable to make decisions about your medical treatment. In short, an advance directive can enable you to make decisions about your future medical treatment. You can say, "yes" to treatment you want, or say "no" to treatment you don't want.

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### **What is a Living Will?**

A Living Will generally states the kind of medical care you want (or don't want) if you become unable to make your own decision. It is called a Living Will because it takes effect while you are still living.

Most states have their own living will forms, each somewhat different. It may also be possible to complete and sign a pre-printed living will form available in your own community, draw up your own form, or simply write a statement of your preferences for treatment. You may also wish to speak to an attorney or your physician to be certain you have completed the living will in a way that your wishes will be understood and followed.

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

In many states a Durable Power of Attorney for Health Care is a signed, dated and witnessed paper naming another person such as a husband, wife, daughter, son, or close friend as your agent or proxy to make medical decisions for you if you should become unable to make them for yourself. You can include instructions about any treatment you want or wish to avoid. Some states have specific laws allowing a health care power of attorney and provide printed forms.

### **Which is Better: A Living Will or a Durable Power of Attorney for Health Care?**

In some states, laws may make it better to have one or the other. It may also be possible to have both, or to combine them in a single document that describes treatment choices in a variety of situations (ask your doctor about these) and names someone (called your agent or proxy) to make decisions for you, should you be unable to make decisions for yourself.

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**ACKNOWLEDGEMENT**

**Physician:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Patient's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Advanced Directives**

This acknowledgment that the physician, or one of his/her staff members, has provided me information concerning Advanced Directives.

1. I am age 18 or older. (Circle one) **Yes** **No**
  
  2. I realize that I have the option of putting together Advanced Directives for my healthcare. My physician has provided me written information concerning these Advanced Directives. I understand that it is my responsibility to provide my doctor(s) with any documents that are required to carry out my Advanced Directives.
  
  3. I am aware that Advanced Directives may be any one of the following:
    - a. A Durable Power of Attorney for Health Care.
    - b. The Declaration in the A natural Death Act – Ex. A Living Will
    - c. I may write down my wishes on a piece of paper so that my family may use the document, in deciding my medical treatment, in the event I am unable to do so.
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**Patient's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This document will become part of my medical record.**