

Making Your Wishes Known

Understanding Living Wills and
Healthcare Surrogate Designation

Holy Cross respects your right to make informed choices about your healthcare and medical treatment. Therefore, if you are at least 18 years old and mentally able to make decisions, you may want your wishes about your healthcare known to your physician and healthcare team.

What is an Advance Directive? (Also known as "Living Will", "Healthcare Directive" or "Medical Directive")

An Advance Directive for Medical Care is an oral statement or written document which is made and witnessed in advance of a serious illness or injury that makes your medical preferences or end-of-life wishes known to your family, physician and healthcare team should there ever come a time when you are incapacitated or cannot consent to your health care treatment.

Two types of directives to make your wishes known are: **Living Will** and **Designation of Healthcare Surrogate**.

The Advance Medical Directive-Living Will goes into effect when you have been found to be incapacitated or incapable of making your own medical decisions and when two physicians caring for you agree there is no reasonable medical probability of recovery from a serious medical condition.

You can make changes to your Advance Directive at any time by destroying your current one, and providing your physician or hospital a new Advance Directive.

Here are some of the **main treatment choices** you may want to specify in your Advance Directive (Living Will):

- Life-prolonging treatments-Interventions or machines are considered life-prolonging when they will not help you recover and will only artificially prolong the dying process. Examples may include mechanical ventilator, dialysis and treatments or devices that replace the work of your heart, lungs, kidneys or other major organs.
- Artificial feeding through feeding tubes and Intravenous Catheters.
- Comfort Care-means healthcare professionals will use any means possible to relieve your pain, including administering medication or creating a comfortable environment for you.
- Cardiopulmonary resuscitation (CPR) is a group of procedures used when your heart stops (cardiac arrest) or breathing stops (respiratory arrest). For cardiac arrest the treatment includes chest compressions, electrical stimulation and/or use of medication. For respiratory arrest, treatment may include insertion of a tube through mouth or nose into the windpipe that connects to the lungs to artificially support or restore breathing.
- DNR-means "Do Not Resuscitate" -if your heart stops or you stop breathing, staff will not try to start your heart.

If there is a wish for DNR or NO CPR, a physician must write and sign a DNR Order. The DNR Order must be signed by a doctor, otherwise it cannot be honored. If you do not want to receive CPR in the event of cardiac or respiratory arrest, ask your doctor for a DNR order. DNR orders can be rescinded at any time you wish.

Why should I create an Advance Directive?

Without an Advance Directive (Living Will), the burden of making your medical decisions falls on your family members. Creating a Medical Advance Directive not only gives you control of your medical wishes but it saves your family from making tough treatment choices on your behalf.

What is Healthcare Surrogate Designation?

A Healthcare Surrogate Designation is a signed, dated and witnessed paper naming another person to make medical decisions on your behalf if there ever comes a time when you are incapacitated, cannot communicate your healthcare wishes or consent to your health care treatment.

A Health Care Surrogate is also known as: 1) Medical Power of Attorney 2) Healthcare Proxy 3) Healthcare Power of Attorney 4) Durable Power of Attorney for Healthcare.

DISTRIBUTION IF NEEDED



**UNDERSTANDING LIVING WILLS AND HEALTHCARE
SURROGATE DESIGNATION**



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Choosing your Healthcare Surrogate

When appointing a Healthcare Surrogate, you should choose someone who is trustworthy, has your best interest in mind, and will make your health care decisions according to your intended wishes. **Living Wills are different from a Last Will and Testament and Power of Attorney that are used to indicate how your financial assets are divided after your death.**

You may fill out any, all or none of the 2 sections below

Living Will - Fill this out if you choose, or you may provide your own document

Patient Name: _____
Last Name *First Name* *Middle Initial*

Declaration made this _____ day of _____ (year), I _____, willfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below and I do hereby declare that if at any time I am incapacitated and

_____ I have a terminal condition OR _____ I have an end-stage condition OR _____ I am in a persistent vegetative state
Initial *Initial* *Initial*

and my primary physician or other consulting physician determines that there is no reasonable probability of my recovery, then I request that life-prolonging procedures be withheld or withdrawn when these procedures would serve only to prolong artificially the process of dying and that I be allowed to die naturally with only medications and medical procedures deemed necessary to provide me with comfort care or ease my pain.

(Optional): Additional personal Instructions or directives- I further want to make known my end-of-life wishes related to these specific treatment options should I have a terminal and/or end-stage condition or be in a vegetative state:

- a. I want to be placed on a mechanical ventilator machine to keep me breathing NO YES
- b. I want Cardiopulmonary Resuscitation, Chest Compressions and Artificial Breathing NO YES
- c. I want a feeding tube or to be fed through artificial means if unable to eat NO YES

Other Instructions: _____

Designation of Health Care Surrogate- In the event that I have been determined to be unable to provide informed consent regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I wish to designate, as my surrogate to carry out the provisions of this declaration:

Name: _____ Relationship: _____

Address _____ Telephone # _____

My family and physicians should honor this declaration as the final expression of my legal right to refuse medical or surgical treatment, even if the consequence is my death. I understand the importance of this declaration and I am emotionally and mentally competent to make this declaration.

Signatures: Two witnesses are needed. Witnesses are only witnessing that the signature is by the person for whom the Living Will is intended. Only one of the witnesses can be a spouse or blood relative. The healthcare surrogate cannot be a witness. Tell others about your Living Will and give copies to your doctor and family.

 Date Signature (sign your name) Print your name (City/State)

 Date First Witness Signature Print name (City/State)

 Date Second Witness Signature Print name (City/State)

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