



Your Right to Make Decisions About Medical Treatment

## **ADVANCE DIRECTIVES**

**This form explains your right to participate in health care decisions and how you can plan what should be done when you can't speak for yourself. A federal law requires us to give you this information. The law is intended to increase your control over medical treatment decisions.**

### **Who decides about my treatment?**

Your doctors will give you information and advice about treatment. You have the right to choose. You can say "Yes" to treatments you want. You can say "No" to any treatment that you don't want - even if the treatment might keep you alive longer.

### **How do I know what I want?**

Your doctor must tell you about your medical condition and about what different treatments and pain management alternatives can do for you. Many treatments have "side effects." Your doctor must offer you information about problems that medical treatment is likely to cause you. Often more than one treatment might help you-and people have different ideas about which is best. Your doctor can tell you which treatments are available to you, but your doctor can't choose for you. That choice is yours to make and depends on what is important to you.

### **What if I become too sick to decide?**

If you can't make treatment decisions, your doctor will ask your closest available relative or friend to help decide what is best for you. Most of the time, that works. But sometimes everyone doesn't agree about what to do. That's why it is helpful if you say in advance what you want to happen when you can't speak for yourself. There are several kinds of "advanced directives" that you can use to say what you want and who you want your doctors to listen to in this event.

### **Who can fill out this form?**

You can if you're 18 years or older and are capable of making your own medical decisions. You do not need a lawyer.

### **Who can I name to make medical treatment decisions when I'm unable to do so?**

You can choose an adult relative or any other person you trust as your "agent" to speak for you when you're too sick to make your own decision.

**How does this person know what I would want?**

Once you choose someone, talk to that person about what you want. You can also write down in the "Power of Attorney for Health Care" when you would or wouldn't want medical treatment. Talk to your doctor about what you want and give your doctor a copy of the form. Give another copy to the person named as your agent, and bring a copy with you when you go into a hospital or other treatment facility.

Sometime treatment decisions are hard to make and it truly helps your family and your doctors if they know what you want. The "Power of Attorney" also gives them legal protection when they follow your wishes.

**What if I don't have anybody to make decisions for me?**

You can still put in writing your wishes about treatment. Documents that do this are often called "living wills" because they take effect while you are still alive but have become unable to speak for yourself.

When you sign this form it tells your doctors that you don't want any treatment that would prolong your dying. All life sustaining treatment would be stopped if you were terminally ill and your death was expected soon, or if you were permanently unconscious. You would continue to receive treatment to keep you comfortable, however.

If you have a living will, the doctors must follow your wishes about limiting treatment or turn your care over to another doctor who will. Your doctors are also legally protected when they follow your wishes.

If the living will does not suit you. You can fill out a non-statutory living will to state when you would or wouldn't want to be treated. There are many different living wills forms available or you can just write down your wishes on a piece of paper. Your doctors and family can use what you write in deciding about your treatment.

**Can't I just tell somebody what I want?**

You can talk with your doctors and ask them to write down what you've said in your medical chart. And you can talk with your family. But people will be clearer about your treatment wishes if you write them down. And your wishes are more likely to be followed if you write them down.

**What if I change my mind?**

You can change or revoke any of these documents at any time as long as you can communicate your wishes.

**Will I still be treated if I don't fill out these forms?**

Absolutely, you don't have to fill out any of these forms if you don't want to. You will still get medical treatment. We just want you to know that if you become too sick to make decisions, someone else will have to make them for you. Remember that:

A Power of Attorney for Health Care lets you name someone to make treatment decisions for you when you are not able to speak for yourself, not just to life-sustaining treatment. Besides appointing an agent, you can also use the form to say when you would and wouldn't want particular kinds of treatment.

If you don't have someone you want to appoint to make decisions when you're not able to, you can sign a living will to direct that life-prolonging treatment not be used in certain situations.

We also have information that tells you more about all the forms mentioned above and how to fill them out.

### HOSPITAL POLICY STATEMENT

This health group supports a patient's right to participate in health care decision making. Through education and inquiry about advance directives, this Hospital encourages patients to communicate their health care preferences and values to others. We have formal policies to ensure that your wishes about treatment will be followed and we do not condition the provision of care or otherwise discriminate against anyone based on whether or not you have executed an advance directive.

My signature acknowledge that I have received a copy of the Hospital's policy and my rights as outlined by the "Patient-Self Determination Act":

Indicate Status:

\_\_\_\_\_ I have not previously executed an Advanced Medical Directive and do not choose to execute one at this time.

\_\_\_\_\_ I have not previously executed an Advanced Medical Directive. I choose to execute one at this time.

\_\_\_\_\_ I have previously executed an Advanced Medical Directive and I have provided a copy.

\_\_\_\_\_ I have previously executed an Advanced Medical Directive but did not bring it with me.

\_\_\_\_\_ I chose to waive my current Advanced Medical Directive for this elective admission  
or

\_\_\_\_\_ I have summarized my Advanced Medical Directive as follow:

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Its on file at: \_\_\_\_\_ Physician Office \_\_\_\_\_ Home \_\_\_\_\_ Other \_\_\_\_\_

#### **Organ Donation**

Are you an Organ Donor? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time