



## What Are Advance Medical Directives?

These documents could be a living will or a durable power of attorney for healthcare (also called a healthcare proxy). They allow you to give directions about your future medical care. Having an advance directive is good for everyone young or old, since accidents and illness can strike at any time. It's your right to accept or refuse medical care. Advance directives can protect this right if you become mentally or physically unable to choose or tell someone your wishes.

## Deciding What You Want

Before making an advance directive, think about what's important to you. How would keeping or losing the ability to do things you value affect your choice of treatment? Find out about all the treatments open to you. Then you can decide the level of care that you would want. Advance directives can help you protect your right to make medical choices, help your family avoid the stress of making hard decisions and help your doctor by giving him/her guidelines for your care.

## Recording Your Wishes

Once you know what level of medical care you want; you can protect your wishes by putting them in writing. With an advanced directive, you can name someone else to make medical choices for you (durable power of attorney for healthcare) or you can state the treatments you'd choose or not choose (living will).



**Living Will:** A Living Will is a document that explains your wishes for healthcare if you have a terminal illness. It is called a Living Will because it takes effect while you are still alive.

**Durable Power of Attorney:** In writing you can name a person (called a proxy) to make decisions for you if you become unconscious or mentally unable to do so.

### Be Clear About What's Important To You

Think about what's important to you in life. This is the first step in deciding what medical care you'd want if you were near death. Answer the questions below and talk about the answers with family and friends...

- How much do you value being able to do things on your own?
- How much do you value physical activity?
- What do you fear most about being ill or injured?
- Is it important for you to be physically, mentally or financially independent?
- How would you feel if you could no longer do things that you enjoy?
- How would you feel about being moved from your home?
- How would you feel about being cared for in a hospital or nursing home at the end of your life?

### It's important for me to:

- Die without pain and suffering
- Leave my family with good memories
- Act with my religious beliefs
- Be able to make my own decisions
- Not burden my family
- Be with my loved ones

### Advance directives can limit life-prolonging measures when there is little or no chance of recovery.

You may decide not to be put in the hospital if you are terminally ill or permanently unconscious. You may decide against any treatments that will not cure you. Advance directives can help you make known your feelings about:

#### **Cardiopulmonary Resuscitation (CPR)**

When the heart stops (cardiac arrest), doctors and nurses use special measures to try and restart the heart. This may include massaging the heart, giving medicine, or using electrical shock.

#### **Intravenous (IV) therapy**

IV therapy can be used to provide food, water and or medicine through a tube placed in the vein.

#### **Feeding Tubes**

If you are no longer able to swallow food, your doctor may have you tube fed through your nose, your abdomen or intravenously (through the vein).

#### **Ventilators (Artificial Breathing)**

Ventilators are machines that breathe for you. In your Living Will, you can make it clear whether you want this kind of help or not.

## How Do I Create Advance Directives?

- Check the laws in your state regarding living wills and durable power of attorney for healthcare.
- Put your wishes in writing, and be as specific as you can be. You can complete and sign the forms attached to this handout.
- Sign and date your advance directive. You must have two adults, other than your healthcare worker, witness and sign the form before it is legal.

## What do I do with my Living Will and Healthcare Power of Attorney?

- Keep a card in your wallet stating that you have advance directives and where to find the documents.
- Give your doctor a copy to be kept as part of your medical record. If you use a durable power of attorney for healthcare, be sure to give a copy to the person who will be making decisions for you.
- Talk about your advanced directive with your family and friends. Give a copy to a relative or friend who might be called in an emergency.

*Review your advanced directives regularly and make changes as needed. Tell your doctor, family and friends about any changes you make.*

## Questions and Answers about Advance Directives:

### 1. Who is qualified to make an advance directive?

- A patient who can make decisions and understand the impact of that decision on treatment
- An adult age 18 or older
- An emancipated minor

### **An advance directive will be honored if:**

- The patient is 18 years of age or older
- The patient has declared his wishes or appointed a healthcare proxy
- A doctor has diagnosed a terminal condition or a permanently unconscious state

### 2. What if I change my mind?

You can change or cancel your advance directive at any time. Make sure you tell your doctors, healthcare workers, hospital and friends that your wishes have changed. Ask them to tear up and destroy old copies.

### 3. What can be done if my wishes are not being carried out?

You should talk with your doctor first. If it is not resolved at this point, talk with the nurse, social workers and/or chaplain.

Your Living Will and Healthcare Power of Attorney involve some of life's most important choices. Don't put off asking for help. Talk to your doctor about any questions or ask him to refer you to someone who is qualified to help. For more information you can contact:

**Partnerships for Caring**  
**200 Varick Street, 10th Floor**  
**New York, NY 10014**

**Ph: 1-800-989-WILL (9455) Website: <http://www.partnershipforcaring.org>**

**Instructions For Using This Document**

This document includes a Living Will, Healthcare Proxy and Optional Organ and Tissue Donation form. You can fill out any or all of the forms. Make any changes you want. Then sign in front of two witnesses. If you want the Living Will, Healthcare Proxy and Optional Organ and Tissue Donation you must sign this document in three places. The document does not have to be notarized.

***Living Will Declaration***

By: \_\_\_\_\_  
(Name of person signing document)

If I am terminally ill or permanently unconscious, and I am not able to make decisions about my medical treatment, I direct my physician to withhold or withdraw treatment that prolongs the process of my dying and is not necessary to my comfort. Specifically, if I am terminally ill or permanently unconscious, I direct my physician to withhold or withdraw treatment that only prolongs the process of dying and is not necessary to my comfort or to alleviate pain. This includes:

- |                   |                 |                     |
|-------------------|-----------------|---------------------|
| Antibiotics       | CPR             | Nutrition/hydration |
| Breathing Machine | Kidney Dialysis | Surgery             |
| Blood Products    |                 |                     |

This document is intended to be a Living Will under the Arkansas Rights of the Terminally Ill or Permanently Unconscious Act.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
*Signature of person*

***Witnesses***

The declarant voluntarily signed this writing in my presence.

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Signature of Witness*

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

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

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*

***Healthcare Proxy***

Anytime I am temporarily or permanently unable to make healthcare decisions, my healthcare proxy shall be:

\_\_\_\_\_  
*(Name of person)*

- My healthcare proxy may make all decisions about:
- My personal care
- My medical care
- Hospitalization
- Whether I shall receive medical treatment or procedures including artificial feeding or fluids, even though I may die
- Visitors, if problems arise concerning visits by friends and family

Such decisions shall be consistent with my wishes, or, if my wishes are unknown, shall be consistent with my best interest.

This document is intended to be a durable power of attorney under A.C.A. 20-13-104 and a declaration and proxy statement under the Rights of the Terminally Ill or Permanently Unconscious Act.

You may add further instructions here:

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

Signed: \_\_\_\_\_  
*Signature of person* *Date*

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***Witnesses***

The declarant voluntarily signed this writing in my presence.

_____ <i>Signature of Witness</i>	_____ <i>Signature of Witness</i>
_____ <i>Address</i>	_____ <i>Address</i>
_____ <i>City, State, Zip</i>	_____ <i>City, State, Zip</i>
_____ <i>Date</i>	_____ <i>Date</i>

**Optional Organ and Tissue Donation**

I, \_\_\_\_\_, do hereby authorize the donation for transplantation  
(Name of person signing document)  
and/or medical research the following anatomical gifts:

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Body         | <input type="checkbox"/> Liver            |
| <input type="checkbox"/> Bone         | <input type="checkbox"/> Lungs            |
| <input type="checkbox"/> Eyes         | <input type="checkbox"/> Pancreas         |
| <input type="checkbox"/> Heart        | <input type="checkbox"/> Skin             |
| <input type="checkbox"/> Heart Valves | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Kidneys      | <input type="checkbox"/> All of the Above |

I further consent to the removal of any blood and tissue samples needed for lab tests. I also consent for the Procurement Coordinator and physicians to have access to medical records related to the donation.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
*Signature of person*

\_\_\_\_\_  
*Address* *City, State, Zip*

**Witnesses**

The declarant voluntarily signed this writing in my presence.

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Address* *City, State, Zip*

\_\_\_\_\_  
*Address* *City, State, Zip*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*