

IMPORTANT INFORMATION ABOUT ADVANCED DIRECTIVES



HALIFAX
HEALTH

halifaxhealth.org

To our patients and their families,

Halifax Health is dedicated to assuring that your physician's orders for patient care are carried out to the highest standards while responding to your needs and concerns. We consider ourselves part of a team of which the patient and his or her family are the key members.

Because you play a significant role in your healthcare, and because it is important that you know and understand your rights, responsibilities and the legal provisions that impact your hospital stay, this booklet is designed to provide you with descriptions and references. We support each individual's ability to exercise his or her rights to the extent that such action does not conflict with federal or state laws or statutes. We promote patient and family involvement in all aspects of care through implementation of policies and procedures that are compatible with Halifax Health's mission and resources.

Our team members are available to discuss any aspect of this information with you at any time during your treatment. We are committed to provide information to our patients, subject to limitations imposed by law, and encourage patients and their families to share questions and concerns as they arise.

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HEALTHCARE ADVANCED DIRECTIVES: THE PATIENT'S RIGHT TO DECIDE

Every competent adult has the right to make decisions concerning his or her own health, including the right to choose or refuse medical treatment.

When a person becomes unable to make decisions due to a physical or mental change, such as being in a coma or developing dementia (like Alzheimer's disease), they are considered incapacitated. To make sure that an incapacitated person's decisions about healthcare will still be respected, the Florida legislature passed laws about healthcare advanced directives (Chapter 765, Florida Statutes). The law recognizes the right of a competent adult to make an advanced directive instructing his or her physician to provide, withhold or withdraw life-prolonging procedures; to designate another individual to make treatment decisions if the person becomes unable to make his or her own decisions; and/or to indicate the desire to make an anatomical donation after death.

By law, hospitals, nursing homes, home health agencies, hospices and health maintenance organizations (HMOs) are required to provide patients with written information, such as this pamphlet, concerning healthcare advanced directives. The state rules that require this include 58A-2.0232, 59A-3.254, 59A-4.106, 59A-8.0245, and 59A-12.013, Florida Administrative Code.

QUESTIONS ABOUT HEALTHCARE

ADVANCED DIRECTIVES

What is an advanced directive?

It is a written or oral statement about how you want medical decisions made should you not be able to make them yourself. It can also express your wish to make an anatomical donation after death. Some people make advanced directives when they are diagnosed with a life-threatening illness. Others put their wishes into writing while they are healthy, often as part of their estate planning.

Three types of advanced directives:

- Living Will
- Healthcare Surrogate Designation
- Anatomical Donation

You might choose to complete one, two, or all three of these forms. This pamphlet provides information to help you decide what will best serve your needs.

What is a living will?

It is a written or oral statement of the type of medical care you want or do not want if you become unable to make your own decisions. It is called a living will because it takes effect while you are still living. You may wish to speak to your healthcare provider or attorney to be certain you have completed the living will in a way that your wishes will be understood.

What is a healthcare surrogate designation?

It is a document naming another person as your representative to make medical decisions for you if you are unable to make them yourself. You can include instructions about any treatment you want or do not want, similar to a living will. You can also designate an alternate surrogate.

Which is best?

Depending on your individual needs you may wish to complete any one or a combination of the three types of advanced directives.

What is an anatomical donation?

It is a document that indicates your wish to donate, at death, all or part of your body. This can be an organ and tissue donation to persons in need, or donation of your body for training of healthcare workers. You can indicate your choice to be an organ donor by designating it on your driver's license or state identification card (at your nearest driver's license office), signing a uniform donor form (seen elsewhere in this pamphlet), or expressing your wish in a living will.

Am I required to have an advanced directive under Florida law?

No, there is no legal requirement to complete an advanced directive. However, if you have not made an advanced directive, decisions about your healthcare or an anatomical donation may be made for you by a court-appointed guardian, your wife or husband, your adult child, your parent, your adult sibling, an adult relative or a close friend.

The person making decisions for you may or may not be aware of your wishes. When you make an advanced directive, and discuss it with the significant people in your life, it will better assure that your wishes will be carried out the way you desire.

Must an attorney prepare the advanced directive?

No, the procedures are simple and do not require an attorney, though you may choose to consult one. However, an advanced directive, whether it is a written document or an oral statement, needs to be witnessed by two individuals. At least one of the witnesses cannot be a spouse or a blood relative.

Where can I find advanced directive forms?

Florida law provides a sample of each of the following forms: a living will, a healthcare surrogate, and an anatomical donation. Elsewhere in this pamphlet we have included sample forms as well as resources where you can find more information and other types of advanced directive forms.

Can I change my mind after I write an advanced directive?

Yes, you may change or cancel an advanced directive at any time. Any changes should be written, signed and dated. However, you can also change an advanced directive by oral statement; physical destruction of the advanced directive; or by writing a new advanced directive.

If your driver's license or state identification card indicates you are an organ donor, but you no longer want this designation, contact the nearest driver's license office to cancel the donor designation and a new license or card will be issued to you.

What if I have filled out an advanced directive in another state and need treatment in Florida?

An advanced directive completed in another state, as described in that state's law, can be honored in Florida.

What should I do with my advanced directive if I choose to have one?

- If you designate a healthcare surrogate and an alternate surrogate be sure to ask them if they agree to take this responsibility, discuss how you would like matters handled, and give them a copy of the document.
- Make sure that your healthcare provider, attorney, and the significant persons in your life know that you have an advanced directive and where it is located. You also may want to give them a copy.
- Set up a file where you can keep a copy of your advanced directive (and other important paperwork). Some people keep original papers in a bank safety deposit box. If you do, you may want to keep copies at your house or information concerning the location of your safety deposit box.
- Keep a card or note in your purse or wallet that states that you have an advanced directive and where it is located.
- If you change your advanced directive, make sure your healthcare provider, attorney and the significant persons in your life have the latest copy.

If you have questions about your advanced directive you may want to discuss these with your healthcare provider, attorney, the significant persons in your life.

ADDITIONAL INFORMATION REGARDING HEALTHCARE ADVANCED DIRECTIVES

Before making a decision about advanced directives you might want to consider additional options and other sources of information, including the following:

- As an alternative to a healthcare surrogate, or in addition to, you might want to designate a durable power of attorney. Through a written document you can name another person to act on your behalf. It is similar to a healthcare surrogate, but the person can be designated to perform a variety of activities (financial, legal, medical, etc.). You can consult an attorney for further information or read Chapter 709, Florida Statutes.

If you choose someone as your durable power of attorney be sure to ask the person if he or she will agree to take this responsibility, discuss how you would like matters handled, and give the person a copy of the document.

- If you are terminally ill (or if you have a loved one who is in a persistent vegetative state) you may want to consider having a pre-hospital Do Not Resuscitate Order (DNRO). A DNRO identifies people who do not wish to be resuscitated from respiratory or cardiac arrest. The pre-hospital DNRO is a specific yellow form available from the Florida Department of Health (DOH). Your attorney, healthcare provider, or an ambulance service may also have copies available for your use. You, or your legal representative, and your physician sign the DNRO form. More information is available on the DOH website, www.doh.state.fl.us or www.MyFlorida.com or call 850.245.4440.

When you are admitted to a hospital the pre-hospital DNRO may be used during your hospital stay or the hospital may have its own form and procedure for documenting a DNRO.

- If a person chooses to donate, after death, his or her body for medical training and research the donation will be coordinated by the Anatomical Board of the State of Florida. You or your survivor, must arrange with a local funeral home and pay for a preliminary embalming and transportation of the body to the Anatomical Board located in Gainesville, Florida.

After being used for medical education or research, the body will normally be cremated. The remains will be returned to the loved ones, if requested at the time of donation, or the Anatomical Board will spread the cremains over the Gulf of Mexico. For further information contact the Anatomical Board of the State of Florida at 800.628.2594 or www.med.ufl.edu/anatbd.

- If you would like to read more about organ and tissue donation, you can view the Agency for Healthcare Administration’s website: www.fdhc.state.fl.us (Click on **Site Index**, then scroll down to **Organ Donors**) or the federal government’s site: www.organdonor.gov. If you have further questions you may want to talk with your healthcare provider.
- Various organizations also make advanced directive forms available. One such document is “Five Wishes” that includes a living will and a healthcare surrogate designation. “Five Wishes” gives you the opportunity to specify if you want tube feeding, assistance with breathing, pain medication and other details that might bring you comfort such as what kind of music you might like to hear. You can find out more at: Aging with Dignity www.agingwithdignity.org, 888.594.7437.

Other resources include:

American Association of Retired Persons (AARP)

www.aarp.org (*Type **advanced directives** in the website’s search engine*)

Caring Connections

www.caringinfo.org

800.989.9455

Brochure: End of Life Issues

www.FloridaHealthStat.com (*Under Reports and Guides*)

888.419.3456

Your attorney or healthcare provider may be able to assist you with forms or further information.

LIVING WILL

Declaration made this _____ day of _____, 20_____,
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 mentally or physically incapacitated and (initial one or more of the following three conditions):

- _____ (initial) I have a terminal condition,
- or _____ (initial) I have an end-stage condition,
- or _____ (initial) I am in a persistent vegetative state,

and if my attending or treating physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain.

I do, I do not desire that nutrition and hydration (food and water) be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying.

It is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences for such refusal.

In the event I have been determined to be unable to provide express and 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:

Surrogate's Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration.

Additional Instructions (optional): _____

Signature: _____ Date: _____

Witnesses' Information:

Witness: _____

Witness: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone: _____

Phone: _____

Signature: _____

Signature: _____

At least one witness must not be a husband or wife or a blood relative of the principal.

DESIGNATION OF HEALTHCARE SURROGATE

Name: Last: _____ First: _____ M.I.: _____

In the event that I have been determined to be incapacitated to provide informed consent for medical treatment and surgical and diagnostic procedures, I wish to designate as my surrogate for healthcare decisions:

Name: _____

Address: _____

City/State/Zip Code: _____

Home Phone: _____ Work Phone: _____

If my surrogate is unwilling or unable to perform his or her duties, I wish to designate as my ALTERNATE SURROGATE:

Name: _____

Address: _____

City/State/Zip Code: _____

Home Phone: _____ Work Phone: _____

I fully understand that this designation will permit my designee to make healthcare decisions, except for anatomical gifts, unless I have executed an anatomical gift declaration pursuant to law, and to provide, withhold, or withdraw consent on my behalf; to apply for public benefits to defray the cost of healthcare; and to authorize my admissions to or transfer from a healthcare facility.

Additional instructions (optional): _____

I further affirm that this designation is not being made as a condition of treatment or admission to a healthcare facility. I will notify and send a copy of this document to the following persons other than my surrogate, so they may know who my surrogate is:

Name: _____

Name: _____

Name: _____

Signed: _____ Date: _____

Witness #1: _____

Witness #2: _____

UNIFORM DONOR FORM

The undersigned hereby makes this anatomical gift, if medically acceptable, to take effect on death. The words and marks below indicate my desires:

I give:

(a) _____ any needed organs or parts

(b) _____ only the following organs or parts for the purpose of transplantation, therapy, medical research, or education:

(c) _____ my body for anatomical study if needed.

Limitations or special wishes, if any:

Signed by the donor and the following witnesses in the presence of each other:

Donor's Name: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____

Signature: _____ Date: _____

Witnesses' Information:

Witness: _____

Witness: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone: _____

Phone: _____

Signature: _____

Signature: _____

GLOSSARY

Advanced Directive: a witnessed written document or oral statement in which instructions are given by a principal or in which the principal's desires are expressed concerning any aspect of the principal's health care, and includes, but is not limited to, the designation of a health care surrogate, a living will, or an anatomical gift.

Artificial Nutrition and Hydration: a method of delivering food and water to a patient who is unable to eat or drink. The patient may be fed through a tube inserted directly into the stomach; a tube put through the nose and throat into the stomach; or an intravenous tube.

Attending Physician: the primary physician who has responsibility for the treatment and care of the patient.

Cardiopulmonary Resuscitation (CPR): a medical procedure to restore the heartbeat during cardiac arrest, the procedure often involves breathing assistance, external chest compression, administration of medications and electric shock.

Close Personal Friend: any person 18 years of age or older who has exhibited special care and concern for the patient, and who presents an affidavit to the health care facility or to the attending or treating physician stating that he or she is a friend of the patient; is willing and able to become involved in the patient's health care; and has maintained such regular contact with the patient so as to be familiar with the patient's activities, health, and religious or moral beliefs.

Decision-Making Capacity: the ability to communicate a willful and knowing healthcare decision either physically or verbally following sufficient explanation. This allows the patient to have a general understanding of procedures and medically acceptable alternatives.

Declarant: the person who states his or her intentions by signing an advanced directive.

Designation of Healthcare Surrogate: an advanced directive in which an individual names someone else (a "surrogate") to make healthcare decisions in the event the individual becomes unable to make them.

DNR (Do Not Resuscitate) Order: a document specifying to medical personnel (i.e. EMS) your wishes regarding resuscitation and other life-prolonging measures in the event of a medical condition identified as terminal and persistent vegetative state (as described in Florida law). This document differs from instructions contained in a Living Will only in that it requires your physician to review and sign it. A Do Not Resuscitate Order is the only advanced directive honored by emergency medical personnel, since it is validated by physician acknowledgment and signature.

End-Stage Condition: an irreversible condition that is caused by injury, disease, or illness which has resulted in progressively severe and permanent deterioration, and which, to a reasonable degree of medical probability, treatment of the condition would be ineffective.

Healthcare Decision: (a) informed consent, refusal of consent, or withdrawal of consent to any and all health care, including life-prolonging procedures and mental health treatment, unless otherwise stated in the advance directives; (b) the decision to apply for private, public, government, or veterans' benefits to defray the cost of health care; (c) the right of access to all records of the principal reasonably necessary for a health care surrogate to make decisions involving health care and to apply for benefits; (d) the decision to make an anatomical gift.

Healthcare Facility: a hospital, nursing home, hospice, home health agency, or health maintenance organization licensed in the state of Florida.

Healthcare Provider: any person licensed, certified, or otherwise authorized by law to administer health care in the ordinary course of business or practice of a profession.

Hospice: a comprehensive program of health services which provides palliative care, intended to improve and enhance the quality of one's life at a time when the physician has determined that if disease runs a normal course, death is likely to occur within six months or less. At this time, a patient may choose to discontinue or refuse further aggressive, curative measures in favor of holistic, interdisciplinary care aimed at improving the quality of life for both patient and family.

Incapacity or Incompetent: the patient is physically or mentally unable to communicate a willful and knowing health care decision. For the purposes of making an anatomical gift, the term also includes a patient who is deceased.

Informed Consent: consent voluntarily given by a person after a sufficient explanation and disclosure of the subject matter involved to enable that person to have a general understanding of the treatment or procedure and the medically acceptable alternatives, including the substantial risks and hazards inherent in the proposed treatment or procedures, and to make a knowing health care decision without coercion or undue influence.

Life-Prolonging Procedure: any medical procedure, treatment, or intervention, including artificially provided sustenance and hydration, which sustains, restores, or supplants a spontaneous vital function. The term does not include the administration of medication or performance of medical procedure, when such medication or procedure is deemed necessary to provide comfort care or to alleviate pain.

Living Will or Declaration: (a) a witnessed document in writing, voluntarily executed by the principal in accordance with s. 765.302; or a witnessed oral statement made by the principal expressing the principal's instructions concerning life-prolonging procedures.

Palliative Care: medical intervention (like pain medication) intended to alleviate suffering and discomfort.

Persistent Vegetative State: a permanent and irreversible condition of unconsciousness in which there is: (a) the absence of voluntary action or cognitive behavior of any kind; (b) an inability to communicate or interact purposefully with the environment.

Physician: a licensed medical doctor.

Principal: a competent adult executing an advance directive and on whose behalf health care decisions are to be made.

Proxy: a competent adult who has not been expressly designated to make health care decisions for a particular incapacitated individual, but who, nevertheless, is authorized pursuant to s. 765.401 to make health care decisions for such individual.

Surrogate: any competent adult expressly designated by a principal to make health care decisions on behalf of the principal upon the principal's incapacity.

Terminal Condition: a condition caused by injury, disease, or illness from which there is no reasonable medical probability of recovery and which, without treatment, can be expected to cause death.

Ventilator: a machine that moves air into the lungs for a patient who is unable to breathe naturally.

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