

ADVANCE DIRECTIVE

WHAT IS AN ADVANCE DIRECTIVE?

An advance directive, including a living will, communicates what you want your health care providers to know if you ever become unable to communicate your wishes directly. An advance directive allows you to do the following:

- Decide in advance whether to choose or forego life-sustaining treatment,
- Appoint one or more trusted representatives (called “health care proxies”) to make medical decisions on your behalf,
- Donate body parts or your entire body for transplantation or research, and
- Give other instructions regarding your care, such as opting for hospice or allowing others to access your medical records.

DO I NEED TO COMPLETE AN ADVANCE DIRECTIVE NOW?

You need to complete an advance directive while you still have the mental capacity to make decisions. Once a person is unable to make medical decisions and needs an advance directive, it is too late.

If you are ever unable to make or communicate your own decisions about your medical treatment, Oklahoma law presumes you want life-sustaining treatment, including a feeding tube, unless you have clearly expressed your wishes to refuse such treatment. By putting your own wishes in writing, you can give your doctors the legal authority to carry out your treatment as you direct.

Even if you have told others you would not want a feeding tube, Oklahoma law does not automatically allow them to direct your doctor to follow your wishes. An advance directive can be used to empower others to carry out your choices and make medical decisions on your behalf.

Without a legal document such as an advance directive, your spouse or other loved ones may not be able to participate in decisions about your care.

A written advance directive is the safest and most effective way to make your wishes known, legally empower doctors to follow your directions and give the people you choose the authority to act on your behalf.

WHEN WILL MY ADVANCE DIRECTIVE GO INTO EFFECT?

If you never experience an injury or illness that prevents you from making medical decisions or communicating, your advance directive will never go into effect. Your advance directive only takes effect if your attending physician and another doctor both determine you are no longer able to make medical decisions.

In the center of this handout is a blank Advance Directive for Health Care you may choose to complete. The form differs from the official form in that we have added language to clarify the authority of the health care proxy.

The information provided in this brochure is not intended to take the place of legal advice from an attorney. If you have questions regarding completion or enforcement of your advance directive, you should contact your own attorney.

WHAT IS A LIVING WILL?

An advance directive may include a living will, which allows you to express your treatment preferences if you are unable to make or communicate decisions and you develop a terminal condition, become persistently unconscious or have an end-stage condition.

A **Terminal Condition** is caused by an illness or injury that is incurable and cannot be reversed. Two physicians must agree that, even with medical treatment, death will likely occur within six months.

A **Persistently Unconscious State** is a deep and permanent unconsciousness. Patients may have open eyes, but they have very little brain activity and are capable only of involuntary and reflex movements. Confirming a diagnosis requires many tests that may take several months. Unlike patients in a coma, patients in a persistent unconscious state will never “wake up” and regain health. They do not feel hunger, thirst or pain.

An **End-Stage Condition** is a condition caused by injury or illness that results in an irreversible loss of mental and physical abilities. A person with an end-stage condition may be unable to speak, walk or control bodily functions. He or she may have difficulty swallowing and may not recognize loved ones. Medical treatment of this type of condition will not improve the patient’s chances of recovery or functioning.

For each of these three conditions, you can choose to receive all life-sustaining treatment, only artificial nutrition and hydration (e.g., a feeding tube) or no life-sustaining treatment. If you use a pre-printed form, mark your choices with your initials.

WHAT IS LIFE-SUSTAINING TREATMENT?

Life-sustaining treatment is any kind of medical treatment designed to prolong a patient’s life. For example, a ventilator, feeding tube or dialysis can assist the body to function if the body’s natural systems fail.

In addition to life-support systems, any medication, procedure or treatment that is necessary to sustain a person’s life is a life-sustaining treatment. Examples are cardiac medications, chemotherapy and antibiotics. Medical care designed to treat pain and keep a patient comfortable, but not extend life, is not considered life-sustaining treatment.

Cardiopulmonary Resuscitation (CPR) is used in an emergency when a person’s heart stops beating or when a person stops breathing. Even if you have an advance directive, you will likely receive CPR unless you also have a do-not-resuscitate (DNR) order.

Questions: Contact the Oklahoma Palliative Care Resource Center at <http://www.okpalliative-care.com>

WHAT IS ARTIFICIAL NUTRITION AND HYDRATION?

Artificial nutrition and hydration is another name for feeding tube. When a person cannot eat or drink by mouth, a feeding tube can deliver liquids and nutrients on a short-term basis to allow the patient to recover from a serious injury or illness. However, long-term use of tube feeding procedures can be **uncomfortable and increase the risk of infection, bloating, liver damage and other complications**. Tubes can become dislodged and must be replaced. Physical restraints may be used to prevent a patient from removing the tubes.

WHAT HAPPENS WHEN I CHOOSE TO RECEIVE ALL TREATMENT?

If you choose to receive all treatment even if you are terminally ill, persistently unconscious or in an end-stage condition, your doctors may, under certain circumstances, stop treatment that does not provide any benefit or would cause harm.

WHAT WILL HAPPEN IF I CHOOSE NOT TO HAVE LIFE-SUSTAINING TREATMENT?

If there is no chance of recovery, life-sustaining treatment may be withheld or withdrawn to allow a natural death. However, even if you choose not to receive life-sustaining treatment, you will still receive pain treatment to keep you as comfortable as possible.

WHAT HAPPENS IF I CHOOSE NOT TO RECEIVE ARTIFICIAL NUTRITION AND HYDRATION?

If you can eat or drink by mouth, you will still be offered food and water. Also, until you are determined to be either terminally ill, persistently unconscious or in an end-state condition, you will be given artificial nutrition and hydration unless you specify otherwise.

CAN I WRITE SPECIFIC WISHES OR INSTRUCTIONS ABOUT MY CARE?

You can personalize your advance directive by writing specific instructions, such as:

- **Pain Management** – You can specify the level and type of pain management care you would like to receive. For example, you may want to authorize the administration of pain medications, including narcotics, without regard to addiction or side effects that may hasten death. Or, if you would prefer, you may state your preferences to receive less pain treatment if necessary, to remain alert.
- **HIPAA Authorization** – If you are concerned that your health care proxy may have difficulty accessing your medical information, you can expressly authorize your health care proxy to access your records. For convenience, we have included HIPAA language in the form provided with this handout.
- **Time Limit on Treatment** – You can authorize life-sustaining treatment to be continued for a specific or reasonable period to allow recovery and authorize its withdrawal after that time had lapsed.
- **Procedures** – You can authorize or decline medical procedures or treatments such as blood transfusions, dialysis or antibiotics.
- **Authorization of Proxy** – If you wish to allow your health care proxy to make all treatment decisions based on his or her understanding of your values, you may leave the living will section blank, or you may include instructions that the living will is to be provided as guidance only and not to limit the authority of your health care proxy to make the final decisions.

- **Quality of Life** – You can describe what an acceptable quality of life is to you when decisions must be made to accept or refuse life-sustaining treatment. For example, an acceptable quality of life might include the ability to recognize family and friends, take care of my daily needs, communicate, etc. These statements should be based on your individual values regarding a life worth living.
- **Authorization of Hospice** – You can request that you be placed on hospice as soon as it becomes appropriate.
- **Refusal of Hospitalization** – You can express your wishes to receive care at home.
- **Exceptional Circumstances** – You can specify circumstances when you would want medical treatment to extend your life for a time even when recovery is not possible, such as to allow time for a religious rite or family members to arrive.
- **Pregnancy** – In the event you are pregnant and unable to communicate refusal of treatment, you will be provided with life-sustaining treatment, including artificial hydration and nutrition, unless you specifically authorize in your own words such treatment be withheld or withdrawn even if pregnant.

If you write instructions on a preprinted form, write your initials next to your instruction.

WHAT IS A HEALTH CARE PROXY?

An advance directive allows you to appoint representatives to serve as a primary health care proxy and alternate health care proxy. When you are unable to do so, your health care proxy is the person who will have the legal authority to make all health care decisions both life-sustaining and non-life-sustaining that you would make if you were able.

Your health care proxy will be able to access your medical information and talk with your doctors about treatment options. He or she may consent to or refuse tests or treatments, including life-sustaining treatment. Your proxy may also admit you to a health care facility or choose your physicians.

When choosing a health care proxy, consider the following criteria:

- Is this person willing?
- Will the person be available?
- Will the person be able to carry out your wishes?
- How well does this person know you and understand your values?
- Does this person share your preferences about end-of-life care?
- Is this someone you trust?
- Is this person willing to talk with you about sensitive issues?
- Will the person be able to ask medical personnel questions and advocate on your behalf?
- How will the person handle conflict?

HOW DO I CHOOSE MY HEALTH PROXY?

Your health care proxy must be at least 18 years old and of sound mind. He or she should also be someone you trust, who knows you well and who will honor your wishes.

Usually a spouse or adult child is appointed. However, sometimes a spouse or adult child may not feel able to make difficult decisions. In that case, you may choose another family member or even a friend. If your first proxy is your age or older, you may want to choose a younger person as an alternate.

Make sure your proxies know your wishes and understand the values that guide your decisions. Talk to everyone who will be concerned about your treatment. This will help prevent disputes among those who care about you.

CAN I LEAVE THE DECISIONS UP TO MY HEALTH CARE PROXY?

If you wish to leave part or all of your living will blank in order to delegate decisions to our health care proxy, make your intention clear and put it in writing in either in your living will or proxy appointment. (Oklahoma law allows you to complete the living will, the appointment of health care proxy or both.) Language that expressly give authority to the health care proxy if part or all of the living will be blank is included in the form provided with this handout.

CAN MY HEALTH CARE PROXY GO AGAINST MY WISHES?

When making decisions, your health care proxy is required to follow any instructions you give in your living will unless you specify otherwise. He or she must also honor what is otherwise known about your treatment wishes.

WHAT IS AN ANATOMICAL GIFT?

In your advance directive, you may express your wish to donate your body or body parts for transplantation or research. Organs, skin, bone marrow and even eyes can be donated to help people suffering from illness or injury.

Medical schools and research facilities study bodies to educate students and better understand the effects of disease. Generally, you cannot donate your body for medical research if you also wish to donate your organs.

AM I TOO OLD TO BE A DONOR?

You are never too old to be an organ or tissue donor. Each donor will be evaluated for suitability when the occasion arises.

WILL BEING AN ORGAN DONOR AFFECT MY CARE WHILE I AM LIVING?

Being an organ donor will not affect the medical care you receive while you are alive. Organ and tissue donation will only occur after death. Be aware that it may be necessary to place a donor on a machine temporarily to keep blood and oxygen flowing to the organs.

WHAT WILL HAPPEN TO MY BODY IF I AM A DONOR?

An organ donor can still have an open casket and be buried. Bodies donated for research will be cremated.

HOW DO I COMPLETE MY ADVANCE DIRECTIVE?

You must be of sound mind and at least 18 years old to complete an advance directive. Our advance directive must be signed by you in front of two witnesses who are at least 18 years old, are not related to you and will not inherit from you.

DOES MY ADVANCE DIRECTIVE NEED TO BE NOTARIZED?

An advance directive does not need to be notarized. It just needs to be signed by the two witnesses who saw you sign the form.

WHAT SHOULD I DO WITH MY ADVANCE DIRECTIVE AFTER I SIGN IT?

Once you have completed your advance directive, keep a copy in a place where it can be easily found. Do not keep your advance directive in a safe deposit box or locked away unless others can access it in an emergency. Consider putting a copy on your refrigerator and another copy in your glove compartment. You may also want to carry a card in your wallet indicating you have an advance directive, where the copy can be located and the contact information for your physician and proxies. Give copies of your advance directive to your health care proxy and alternate proxy, your physician and your attorney, if you have one. If you live in an assisted living facility or nursing home, give a copy to a staff member who can make it a part of your file.

WHEN SHOULD I REVIEW MY ADVANCE DIRECTIVE?

Review your advance directive every few years, especially after a major life change such as the death of a loved one, divorce or diagnosis of a serious medical condition.

WHAT IF I CHANGE MY MIND?

The best way to make changes to an advance directive is to complete a new form. Do not alter the original document. Making changes to the original document may cause confusion or even invalidate the document. You can revoke all or part of your advance directive at any time and in any manner that indicates your intention to revoke, including tearing, crossing out or destroying the form. It is best to document your revocation by writing "I Revoke" across each page and keeping it for your records. Tell everyone who has a copy that it has been revoked and ask them to destroy their copies. Tell your attending physician you revoked your advance directive and to make your revocation part of your medical record. Completing a new advance directive automatically revokes your old one. Remember to give copies of your new advance directive to your physician and health care proxies.

CAN DOCTORS GO AGAINST MY WISHES?

Oklahoma law requires physicians and other health care providers to promptly inform you if they are not willing to comply. Your doctor should tell you whether he or she can honor your wishes when you give your doctor a copy of your advance directive for your file. If you are incapacitated, a physician may refuse to honor your advance directive, but he or she must then promptly transfer you to a doctor who will honor your wishes. Show your advance directive to your physicians to confirm they will honor your advance directive in the future. If a physician refuses to honor your wishes because of uncertainty as to whether you are terminally ill, you can request a second opinion from another physician. You can name the physicians whom you choose to make the determination that you are unable to make your own decisions in paragraph four of the living will section of the Oklahoma Advance Directive.

STILL HAVE QUESTIONS?

Ask a member of your cancer care team.

Your advance directive will only be used if your attending physician and another physician determine you are unable to make medical decisions.

OKLAHOMA ADVANCE DIRECTIVE FOR HEALTH CARE

If I am incapable of making an informed decision regarding my health care, I, _____, direct my health care providers to follow my instructions below.


I. Living Will

If my attending physician and another physician determine that I am no longer able to make decisions regarding my health care, I direct my attending physician and other health care providers, pursuant to the Oklahoma Advance Directive Act, to follow my instructions as set forth below:


(1) Choose whether you would want life-sustaining treatment and/or tube feeding if you have a terminal illness that will likely result in death within six months even with treatment.

(1) If I have a terminal condition, that is, an incurable and irreversible condition that even with the administration of life-sustaining treatment will, in the opinion of the attending physician and another physician, result in death within six (6) months:


(Initial only one option)

Initial here if you **DO NOT** want life-sustaining treatment, but you **DO** want tube feeding. 


___ I direct my life not be extended by life-sustaining treatment, except that if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

Initial here if you **DO NOT** want life-sustaining treatment and you **DO NOT** want tube feeding. 

___ I direct that my life not be extended by life-sustaining treatment, including artificially administered nutrition and hydration.

Initial here if you **DO** want **BOTH** life-sustaining treatment and tube feeding. 

___ I direct that I be given life-sustaining treatment and, if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

Initial here only if you have written instructions regarding treatment or tube feeding in the event of a terminal illness. 


(Initial only if applicable)

___ See my more specific instructions in paragraph (4) below.


(2) Choose whether you would want life-sustaining treatment and/or tube feeding if you become persistently unconscious.

(2) If I am persistently unconscious, that is, I have an irreversible condition, as determined by the attending physician and another physician, in which thought, and awareness of self and environment are absent:


(Initial only one option)

Initial here if you **DO NOT** want life-sustaining treatment but **DO** want tube feeding. 


___ I direct that my life not be extended by life-sustaining treatment, except that if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

Initial here if you **DO NOT** want life-sustaining treatment and you **DO NOT** want tube feeding. 

___ I direct that my life not be extended by life-sustaining treatment, including artificially administered nutrition and hydration.

Initial here if you **DO** want **BOTH** life-sustaining treatment and tube feeding. 

___ I direct that I be given life-sustaining treatment and, if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

Initial here only if you have written instructions regarding treatment or tube feeding in the event you become persistently unconscious. 

(Initial only if applicable)

___ See my more specific instructions in paragraph (4) below.

(3) Choose whether you would want life-sustaining treatment and/or tube feeding if you have an incurable condition causing you to be incompetent and completely dependent.

Initial here if you **DO NOT** want life-sustaining treatment, but you **DO** want tube feeding.



Initial here if you **DO NOT** want life-sustaining treatment and you **DO NOT** want tube feeding.



Initial here if you **DO** want **BOTH** life-sustaining treatment and tube feeding



Initial here only if you have written instructions regarding treatment and tube feeding in the event you have an end-stage condition.



(4) This is an optional section where you can give more specific instructions about your wishes. See page 10 for ideas and suggested language.

(3) If I have an end-stage condition, that is, a condition caused by injury, disease, or illness, which results in severe and permanent deterioration indicated by incompetency and complete physical dependency for which treatment of the irreversible condition would be medically ineffective:

(Initial only one option)

____ I direct that my life not be extended by life-sustaining treatment, except that if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

____ I direct that my life not be extended by life-sustaining treatment, including artificially administered nutrition and hydration.

____ I direct that I be given life-sustaining treatment and, if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

(Initial only if applicable)

____ See my more specific instructions in paragraph (4) below.

(4) OTHER: Here you may:

(a) describe other conditions in which you would want life-sustaining treatment or artificially administered nutrition and hydration provided, withheld, or withdrawn,

(b) give more specific instructions about your wishes concerning life-sustaining treatment or artificially administered nutrition and hydration if you have a terminal condition, are persistently unconscious, or have an end-stage condition, or

(c) do both:

____ Initial

If I am incapable of making an informed decision regarding my health care, I, _____, direct my health care providers to follow my instructions below.

I. Living Will

If my attending physician and another physician determine that I am no longer able to make decisions regarding my health care, I direct my attending physician and other health care providers, pursuant to the Oklahoma Advance Directive Act, to follow my instructions as set forth below:

(1) If I have a terminal condition, that is, an incurable and irreversible condition that even with the administration of life-sustaining treatment will, in the opinion of the attending physician and another physician, result in death within six (6) months:

(Initial only one option)

_____ I direct my life not be extended by life-sustaining treatment, except that if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

_____ I direct that my life not be extended by life-sustaining treatment, including artificially administered nutrition and hydration.

_____ I direct that I be given life-sustaining treatment and, if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

(Initial only if applicable)

_____ See my more specific instructions in paragraph (4) below.

(2) If I am persistently unconscious, that is, I have an irreversible condition, as determined by the attending physician and another physician, in which thought, and awareness of self and environment are absent:

(Initial only one option)

_____ I direct that my life not be extended by life-sustaining treatment, except that if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

_____ I direct that my life not be extended by life-sustaining treatment, including artificially administered nutrition and hydration.

_____ I direct that I be given life-sustaining treatment and, if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

(Initial only if applicable)

_____ See my more specific instructions in paragraph (4) below.

(3) If I have an end-stage condition, that is, a condition caused by injury, disease, or illness, which results in severe and permanent deterioration indicated by incompetency and complete physical dependency for which treatment of the irreversible condition would be medically ineffective:

(Initial only one option)

_____ I direct that my life not be extended by life-sustaining treatment, except that if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

_____ I direct that my life not be extended by life-sustaining treatment, including artificially administered nutrition and hydration.

_____ I direct that I be given life-sustaining treatment and, if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

(Initial only if applicable)

_____ See my more specific instructions in paragraph (4) below.

(4) OTHER: Here you may:

(a) describe other conditions in which you would want life-sustaining treatment or artificially administered nutrition and hydration provided, withheld, or withdrawn,

(b) give more specific instructions about your wishes concerning life-sustaining treatment or artificially administered nutrition and hydration if you have a terminal condition, are persistently unconscious, or have an end-stage condition, or

(c) do both:

_____ Initial

II. My Appointment of My Health Care Proxy

If my attending physician and another physician determine that I am no longer able to make decisions regarding my health care, I direct my attending physician and other health care providers pursuant to the Oklahoma Advance Directive Act to follow the instructions of the following, whom I appoint as my Health Care Proxy:

(Name) _____

(Address) _____ (Phone) _____

If my Health Care Proxy is unable or unwilling to serve, I appoint as my Alternate Health Care Proxy with the same authority:

(Name) _____

(Address) _____ (Phone) _____

My Health Care Proxy is authorized to make whatever health care decisions I could make if I were able, except that, to the extent I have indicated my wishes in the foregoing sections, decisions regarding life-sustaining treatment and artificially administered nutrition and hydration can be made by my Health Care Proxy or Alternate Health Care Proxy **only as I have indicated**. If I fail to designate a Health Care Proxy in this section, I am deliberately declining to designate a Health Care Proxy.

I authorize my Health Care Proxy to make all decisions about life-sustaining treatment, including artificial nutrition and hydration, on my behalf based on what my Health Care Proxy determines would be my wishes under the circumstances. If I have left part or all the Living Will section blank, I do so with the intent of delegating the decision(s) to my Health Care Proxy.

My Health Care Proxy acts as my agent for the purpose of Health Insurance Portability and Accountability Act of 1996 (HIPAA), CFR Sec. 160-164, and related provisions of law either state or federal, and is specifically authorized by me to both give and receive information to or from health care providers, hospital staff, insurance companies and all others interested or involved in my medical care or treatment so that he/she may faithfully, fully, and competently carry out the terms of his/her role as my Health Care Proxy, being fully informed and in the best manner possible.

III. Anatomical Gifts

Pursuant to the provisions of the Uniform Anatomical Gift Act, I direct that at the time of my death my entire body or designated body organs or body parts be donated for purposes of:

(Initial all that apply)

_____ transplantation

_____ advancement of medical science, research, or education

_____ advancement of dental science, research, or education

Death means either irreversible cessation of circulatory and respiratory functions or irreversible cessation of all functions of the entire brain, including brain stem. If I initial the line below, I specifically donate:

_____ My entire body

OR the following body organs or parts:

_____ lungs

_____ blood/fluids

_____ brain

_____ pancreas

_____ arteries

_____ bones/marrow

_____ kidneys

_____ liver

_____ tissue

_____ skin

_____ heart

_____ eyes/cornea/lens

IV. General Provisions

- a. I understand that I must be eighteen (18) years of age or older to execute this form
- b. I understand that my witnesses must be (18) years of age or older and shall not be related to me and shall not inherit from me.
- c. I understand that if I have been diagnosed as pregnant and that diagnosis is known to my attending physician, I will be provided with life-sustaining treatment and artificially administered hydration and nutrition unless I have, in my own words, specifically authorized that during a course of pregnancy, life-sustaining treatment and/or artificially administered hydration and/or nutrition shall be withheld or withdrawn.
- d. In the absence of my ability to give directions regarding the use of life-sustaining procedures, it is my intention that this advance directive shall be honored by my family and physicians as the final expression of my legal right to choose or refuse medical or surgical treatment including, but not limited to, the administration of life-sustaining procedures, and I accept the consequences of such choice or refusal.
- e. This advance directive shall be in effect until it is revoked.
- f. I understand that I may revoke this advance directive at any time.
- g. I understand and agree that if I have any prior directives, and if I sign this advance directive, my prior directives are revoked.
- h. I understand the full importance of this advance directive and I am emotionally and mentally competent to make this advance directive.
- i. I understand that my physician(s) shall make all decisions based upon his or her best judgment applying with ordinary care and diligence the knowledge and skill that is possessed and used by members of the physician's profession in good standing engaged in the same field of practice at that time, measured by national standards.

Signed this _____ day of _____, 20_____.

Signature

City of

County, Oklahoma

Date of birth (Optional for identification purposes)

The advance directive was signed in my presence.

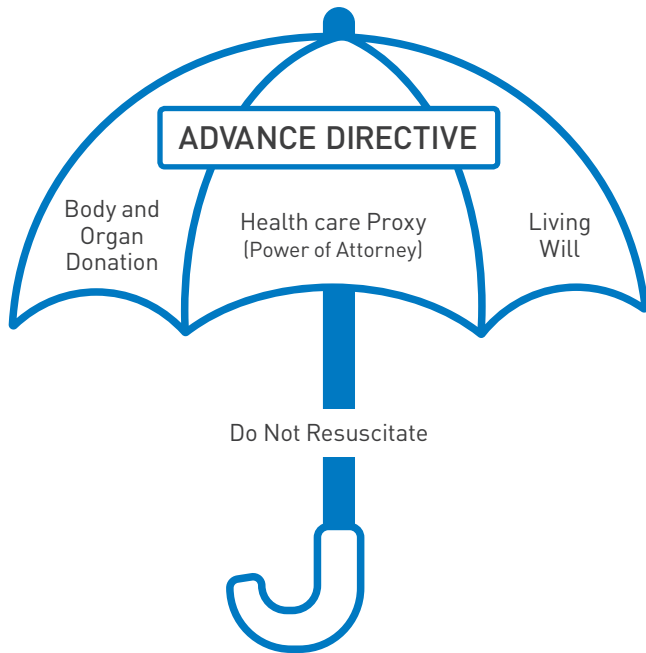
Signature of Witness

Signature of Witness

_____, OK
Residence

_____, OK
Residence

ADVANCE CARE PLANNING



WHO WILL MAKE DECISIONS FOR ME?

- Many people do not think about Advance Directives until they get older or receive a terminal diagnosis, but every adult over the age of 18 should prepare these documents in case of an accident or other medical emergency.
- Advance Directives are written documents that help people make their wishes known to their providers and family members, when they are no longer able to participate in their medical care.

COMPLETING AN ADVANCE DIRECTIVE:

- Will NOT prevent you from receiving any and all treatment your physician prescribes for you
- Will not prevent life sustaining treatments or procedures from being available to you
- Will not affect how or what your insurance will cover
- Will not affect your ability to change your mind
- Does not go into effect until two physicians determine that you are not able to make your own decisions about your care
- Will outline your health care preferences until the end of your life
- Will protect your family from having to wonder if they are making the right decisions for you and allows you to select the person(s) who can make decisions on your behalf

COMPLETING A DO NOT RESUSCITATE

- Only addresses your wishes if you die and you want to allow for a natural death.
- Only addresses whether you want providers to try to bring you “back to life” if you die.
- Once signed, it means that you do NOT want CPR (cardiopulmonary resuscitation) if you die and would rather be allowed a natural death.
- This will NOT prevent you from receiving any and all other treatments for your condition if it is prescribed by your physician.

WHAT IS THE DIFFERENCE?

- Neither form is legally required nor require notarization, *BUT* both are legal documents if they are witnessed (signed) by two adults (over age 18) who are not family or have a chance of financial gain from your death.
- An Advance Directive is designed to make sure your wishes for life-sustaining treatment (such as permanently having feeding tubes or living on machines) are honored. This is for *FUTURE* use but needs to be signed in the *PRESENT* while you can still make decisions. It only goes into effect when it is “activated” by your physicians.
- A Do Not Resuscitate form is a separate document that is for *PRESENT* use. This form goes into effect immediately and *ONLY* protects you from receiving cardiopulmonary resuscitation (CPR) if you die.

ASK A MEMBER OF YOUR
ONCOLOGY CARE TEAM FOR MORE
INFORMATION AND A BLANK
ADVANCE DIRECTIVE OR DO NOT
RESUSCITATE FORM TO COMPLETE