

Patients Have

RIGHTS, RESPONSIBILITIES & CHOICES

- Living Will
- Designating a Healthcare Surrogate
- Patient Rights & Responsibilities



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It is not intended to be relied upon as legal advice. Should you have any questions please contact your attorney.*

SPEAK UP:

HELP PREVENT ERRORS IN YOUR CARE

Everyone has a role in making healthcare safe – physicians, healthcare executives, nurses and technicians. Healthcare organizations across the country are working to make health care safety a priority. You, as the patient, can also play a vital role in making your care safe by becoming an active, involved and informed member of your healthcare team.

The “**SPEAKUP**” program, sponsored by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), urges patients to get involved in their care. Such efforts to increase consumer awareness and involvement are supported by the Centers for Medicare and Medicaid Services. This initiative provides simple advice on how you, as the patient, can make your care a positive experience. After all, research shows that patients who take part in decisions about their healthcare are more likely to have better outcomes.

TO HELP PREVENT HEALTHCARE ERRORS, PATIENTS ARE URGED TO “SPEAKUP.”

- **SPEAKUP** if you have questions or concerns, and if you don’t understand, ask again. It’s your body and you have a right to know.
- Pay attention to the care you are receiving. Make sure you’re getting the right treatments and medications by the right healthcare professionals. Don’t assume anything.
- Educate yourself about your diagnosis, the medical tests you are undergoing, and your treatment plan.
- Ask a trusted family member or friend to be your advocate.
- Know what medications you take and why you take them. Medication errors are the most common healthcare mistakes.
- Use a hospital, clinic, surgery center, or other type of healthcare organization that has undergone a rigorous on-site evaluation against established, state-of-the-art quality and safety standards, such as that provided by JCAHO.
- Participate in all decisions about your treatment. You are the center of the healthcare team.

HEALTHCARE ADVANCE DIRECTIVES

LIVING WILL & DESIGNATION OF HEALTHCARE SURROGATE

Most people are aware that modern medicine can often keep a person alive even in situations where there is little or no hope of recovery. In these situations, medical treatments often serve only to prolong the process of dying. As a result, many people wish to avoid such life-prolonging treatments and instead choose treatments aimed at maximizing their comfort and quality of life.

Unfortunately, many people lose their mental abilities without having talked with their doctors about their wishes for treatment at the end of life. This forces doctors and family members to grapple with difficult treatment issues, and make decisions that may not accurately reflect what the incapacitated person might have wanted for him or herself. The best way to avoid these problems is to make your wishes known in advance. The law gives you the right to do this, should you choose to.

It is the policy of this hospital, in accordance with state and federal law, to recognize your right to make your treatment wishes known in advance. This can be done in two ways:

- One is by writing your wishes to forgo life-prolonging procedures in a document called a **Living Will**. Your doctor will rely on the instructions in your Living Will only when your medical condition is considered terminal and you can no longer speak for yourself (either verbally or through non-verbal gestures or writing).
- A second way is to make your wishes known to someone else (usually a family member or a close friend), and give that person the legal authority to work with your doctor in carrying out your decisions. The person you appoint to help with treatment decisions is called a **Healthcare Surrogate**.

Once you have completed a Living Will and/or a form designating a Healthcare Surrogate, you should give copies to your doctor(s) and other people who may become involved in your treatment decisions. You should also give copies to your appointed Surrogate.

Since your physician will be the one who carries out your wishes, you need to ensure that your physician understands them. Making your wishes clear to everyone involved in your treatment decisions is the key to making sure they are carried out.

QUESTIONS & ANSWERS

WHAT IS A LIVING WILL?

A Living Will is a written personal statement made by you that lets others know your wishes for medical care at the end of life. You must be 18 years of age and of sound mind to complete a Living Will. Most Living Wills instruct doctors to forgo treatments called “life-prolonging procedures.” These can be any treatments that only serve to prolong the process of dying. Common examples include: mechanical ventilation, cardiopulmonary resuscitation, intensive care, dialysis, and artificial nutrition and hydration.

A Living Will can be honored only when your situation meets the following two conditions: 1) you no longer have the ability to make your own decisions, and have no reasonable probability of regaining that ability, and 2) you are in an end-stage medical condition, a terminal condition, or in a persistent vegetative state.

Under Florida law, you have the right to make a Living Will. You do not need an attorney or a notary to do this with you. All you need is your signed Living Will document and the signatures of two witnesses (one witness must not be a spouse or a blood relative). This document remains valid unless you revoke it or make a new one to take its place.

WHAT IS A HEALTHCARE SURROGATE?

A Healthcare Surrogate is a person you appoint to make healthcare decisions for you when you are no longer able to do so. Your Surrogate (usually a family member or close friend) should be someone who knows your wishes and who will make decisions based on what he or she believes you would want.

The Surrogate appointment document requires witnesses just like the Living Will, but your Surrogate cannot sign as a witness.

Some people choose to appoint a Healthcare Surrogate even if they have already filled out a Living Will. They do this because it is difficult for a Living Will to include instructions that anticipate every possible medical situation. It is also important to know that your Surrogate will be bound to any instructions in your Living Will. For example, if you state in your Living Will that you do not want tube feeding, your Surrogate cannot override this decision.

ARE LIVING WILLS AND HEALTHCARE SURROGATES JUST FOR SENIOR CITIZENS?

No. A severe illness or serious accident can happen to a person at any age. If you have strong beliefs about the choices you would make in such a situation, regardless of your age, a Living Will and a Healthcare Surrogate are important ways to express your wishes to your doctor, family and close friends. However, parents of children under the age of 18 will usually be responsible for healthcare decisions for their children.

MAY I CHANGE MY LIVING WILL OR NAME A DIFFERENT HEALTHCARE SURROGATE?

Yes, you may do so at any time. If you do make changes to your Living Will or appoint a new Surrogate, be sure to destroy all of the outdated copies and provide copies of the updated information to your doctor, family members, and others whom you think need to know your wishes.

WILL MY LIVING WILL OR MY SURROGATE'S DECISIONS BE HONORED IN AN EMERGENCY?

In some cases it is possible to honor end-of-life decisions in an emergency situation. Florida also allows a person to carry a portable Do-Not-Resuscitate Order with them that can be honored by emergency healthcare personnel. However, in many cases it is not possible to determine the chances of survival

in an emergency situation or to determine the outlook for recovery. In these instances, advance decisions to forgo life-prolonging procedures can be honored only after the initial emergency has passed and the prognosis for recovery is known.

ONCE A TREATMENT HAS BEEN STARTED, HOW DIFFICULT IS IT TO STOP?

Many treatments are started without knowing what their outcome will be. If you remain able to make decisions, you can instruct your physician(s) to stop treatment(s) at any time. However, if your medical condition permanently impairs your ability to make decisions, your Living Will or Healthcare Surrogate can be used to guide doctors in stopping treatments you do not want.

ARE THERE ANY LIMITATIONS TO CARRYING OUT MY INSTRUCTIONS?

Yes. Instructions to withdraw life-prolonging treatment cannot be honored in case of pregnancy, or in cases where a person's ability to make decisions is believed to be only temporarily lost. In these instances, treatment is provided to restore a person's ability to make their own decisions.

MAY I REQUEST THAT I NOT BE GIVEN FOOD AND WATER ARTIFICIALLY (FOR EXAMPLE, BY TUBE FEEDING OR THROUGH MY VEINS)?

Yes. Florida law gives you the right to make such a request in your Living Will. If you make this request in a Living Will, the request will be honored only when your medical condition is terminal, or you are mentally incapacitated, and it is determined that artificial feeding will only serve to prolong the process of dying. A Healthcare Surrogate, in appropriate circumstances, can also direct your physician(s) to discontinue IV's and tube feeding.

I AM INTERESTED IN PREPARING A LIVING WILL AND/OR APPOINTING A HEALTHCARE SURROGATE. HOW DO I DO THIS?

An easy way is to tell your physician and/or nurse that you want to fill out a Living Will and/or appoint a Healthcare Surrogate. For your convenience, Tampa General Hospital has provided blank Living Will and Healthcare Surrogate forms in this brochure. These forms are based on the suggested documents found in the Florida statutes. Completion of these forms is not required. However, if you do decide to complete them, they will need to be signed in the presence of two appropriate witnesses. You should know that Living Will and Healthcare Surrogate forms are also available from other sources, including doctors' offices, law offices, churches, and national organizations such as the Society for the Right To Die, Five Wishes, and Project Grace. If you have questions about completing advance directive documents, please contact our Pastoral Care or Outcomes Management departments. Your nurse can help you do this.

AFTER I COMPLETE A LIVING WILL AND/OR APPOINT A HEALTHCARE SURROGATE, WHAT DO I DO WITH THE DOCUMENTS?

You should keep the original documents. Copies should be given to your doctor(s), and to other people who may become involved in your treatment decisions. If you have chosen to appoint a Healthcare Surrogate, your Surrogate should have a copy of the document.

Your physician will place a copy of your document(s) in your medical record. Other people to whom you give copies should be instructed to keep them in a safe place since they may be asked to make them available in the future. Some people choose to keep a copy of their document(s) on file with their attorney.

You should also take time to discuss your wishes with those people who may become involved in your treatment decisions. Remember, they will likely be the ones talking with the doctors should you become mentally impaired. Making your wishes clear to everyone involved is the key to making sure they are carried out.

LIVING WILL (PLEASE PRINT)

Declaration made this _____ day of _____ (month), 20_____.

I, (PRINT NAME) _____, 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**
(initial)

_____ I have an end-stage condition, **OR**
(initial)

_____ I am in a persistent vegetative state **AND**
(initial)

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.

ADDITIONAL INSTRUCTIONS: (OPTIONAL)

If I am no longer able to eat and/or drink normally.

_____ I **WANT** to receive fluid and nutrition artificially.
(initial)

_____ I **DO NOT WANT** to receive fluid and nutrition artificially.
(initial)

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 of such refusal.

OTHER INSTRUCTIONS:

In the event that 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: (OPTIONAL)

Name: _____
(PRINT) (LAST) (FIRST) (MIDDLE INITIAL)

Address: _____
(STREET, CITY, STATE, ZIP CODE)

Phone Number: _____

(If a Surrogate has not been designated, the attending physician may proceed as directed by the principal.)

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

Signed: _____ Date: _____

One witness cannot be a spouse or blood relative. The designated surrogate cannot be a witness to this document.

First Witness: _____
(PRINT NAME) (RELATIONSHIP)

First Witness Signature: _____ Date: _____
(SIGNATURE)

Second Witness: _____
(PRINT NAME) (RELATIONSHIP)

Second Witness Signature: _____ Date: _____
(SIGNATURE)

DESIGNATION OF HEALTHCARE SURROGATE

Name: _____
(PRINT) (LAST) (FIRST) (MIDDLE INITIAL)

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: _____
(PRINT) (LAST) (FIRST) (MIDDLE INITIAL)

Address: _____
(STREET, CITY, STATE, ZIP CODE)

Phone Number: _____

If my Surrogate is unwilling or unable to perform his or her duties, I wish to designate as my alternate Surrogate:

Name: _____
(PRINT) (LAST) (FIRST) (MIDDLE INITIAL)

Address: _____
(STREET, CITY, STATE, ZIP CODE)

Phone Number: _____

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 admission to or transfer from a healthcare facility.

ADDITIONAL INSTRUCTIONS: (OPTIONAL)

Specify instructions to the Surrogate including any limits on his/her authority.

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: _____
(PRINT) (LAST) (FIRST) (MIDDLE INITIAL)

Name: _____
(PRINT) (LAST) (FIRST) (MIDDLE INITIAL)

Signed: _____ Date: _____

One witness cannot be a spouse or blood relative. The designated Surrogate cannot be a witness to this document. Unless the document states a time of termination, the designation shall remain in effect until revoked by the principal.

First Witness: _____
(PRINT NAME) (SIGNATURE)

Second Witness: _____
(PRINT NAME) (SIGNATURE)

I hereby accept the obligations of being designated Health Care Surrogate:

(SIGNATURE) (DATE)

The legal basis for the Living Will and the Designation of a Healthcare Surrogate can be found in Chapter 765 Florida Statutes Healthcare Advance Directives.

YOUR RIGHTS & RESPONSIBILITIES AS A PATIENT

Should you need additional information on this matter, please contact the Patient/Guest Relations Department at (813) 844-7249

You have a right to:

- a.** be treated with courtesy and respect with appreciation for your individual dignity and with protection of your need for privacy.
- b.** care which includes consideration of the psychological, spiritual and cultural variables that influence your perception of illness.
- c.** a prompt and reasonable response to questions and requests.
- d.** know who is providing medical services and who is responsible for your care.
- e.** know what patient support services are available, including whether an interpreter is available, if you do not speak English or have an impairment.
- f.** know what rules and regulations apply to your conduct as a patient.
- g.** be provided with information about advance directives, living wills or durable powers of attorney for healthcare decision-making as well as other healthcare decision-making options.
- h.** be given information by the healthcare provider about diagnosis, planned course of treatment, alternatives, risks and prognosis.
- i.** accept or refuse medical care or treatment, except as otherwise provided by law.
- j.** be given, upon request, full information and necessary counseling on the availability of known financial resources for your care.
- k.** know, upon request and in advance of treatment, whether the healthcare provider or healthcare facility accepts Medicare assignment, and the Medicare rate, if you are eligible for Medicare.
- l.** receive, upon request and prior to treatment, an estimate of charges of medical care. Such estimates shall not preclude the healthcare facility from exceeding the estimate of assessing additional charges based upon changes in your condition or additional services that may be needed or necessary.
- m.** receive a clear and understandable copy of your itemized bill and, upon request, to have the charges explained.
- n.** impartial access to medical treatment or accommodations regardless of race, gender, national or ethnic origin, religion, sexual orientation, physical or mental impairment, or source of payment.
- o.** know if medical treatment is for experimental research purposes and to give consent or refusal to participate in such experimental research.
- p.** Express grievances regarding any violation of your rights. If you have an issue regarding care you receive at Tampa General Hospital, you are encouraged to contact the following:
 - 1. A hospital employee – if you are still in the hospital. The employee will refer your issue to the appropriate department manager/director if unable to resolve the issue(s).

All efforts will be made to resolve your issue(s) by the hospital. You may also choose to contact the hospital Risk Manager at **813-844-7666**; AHCA (Agency for Health Care Administration)

at **850-487-1709**; FMQAI (Florida Medicare Quality Improvement Organization): The Florida ESRD Network at **800-826-3773** for a formal grievance involving End Stage Renal Disease services; or the Joint Commission at **630-792-5000** when your issue(s) cannot be resolved.

- q.** Tampa General Hospital has agreed to provide indigent and charity care to persons qualifying for such. If you are indigent or in need of charity care and were denied treatment to which you believe you were entitled, you may file a grievance by writing to: Florida Health Sciences Center, Inc. Attention: Department of Risk Management, P.O. Box 1289, Tampa, FL 33601, or: Hillsborough County Hospital Authority c/o Hillsborough County Attorney's Office, P.O. Box 1110, Tampa, FL 33601. It will not preserve your rights, but you may also telephone the Hillsborough County Attorney's Office at **(813) 272-5670**.
- r.** retain and use personal clothing or possessions if medical care will not be compromised by doing so.
- s.** treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- t.** receive care in a safe setting, free from verbal or physical abuse or harassment.
- u.** know that all patient records are confidential and as a patient you have access to the information in your medical record.
- v.** be free from restraint and seclusion in any form used as a means of coercion, discipline, convenience or retaliation by staff.
- w.** have a family member or representative and your physician notified promptly on admission to the hospital.
- x.** have your pain assessed and appropriately addressed throughout your hospitalization.

You are responsible for:

- a.** providing to the healthcare provider, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalization, medications and other matters relating to your health.
- b.** reporting unexpected changes in your health condition to the healthcare provider.
- c.** reporting to the healthcare provider whether you understand a planned course of action and what is expected of you.
- d.** following the treatment plan recommended by the healthcare provider.
- e.** keeping appointments and when unable to do so for any reason, notifying healthcare provider or healthcare facility.
- f.** your actions and consequences if you refuse treatment or do not follow healthcare provider's instructions.
- g.** assuring that the financial obligations for your healthcare are fulfilled as promptly as possible.
- h.** following healthcare facility rules and regulations pertaining to patient care conduct.
- i.** the prevention of medical errors to the extent you are able, e.g., questioning anything that deviates from the norm such as unfamiliar or unanticipated medications, first-time treatments, procedures that were not discussed with you, etc.