

HEALTHCARE ADVANCE DIRECTIVES

- **Living Will**
- **Designating a Healthcare Surrogate**



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

Healthcare Advance Directives

Living Will and 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 way 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. Please be aware that in the absence of an Advance Directive or other valid order, should any patient become irreversibly incapacitated, all appropriate actions will be taken to preserve life.

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.

Questions & Answers

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 Advance Directive

I, (*print name*) _____, make known my desire that my dying not be artificially prolonged under the circumstances set forth below and direct my physicians, my healthcare surrogate(s), and family to honor this living will.

If at any time I am incapacitated with no reasonable probability of recovering capacity 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

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reasonable medical probability of recovery from such condition, I direct that life-prolonging procedures be withheld or withdrawn when applying such procedures serves only to prolong the process of dying artificially, and that I be permitted to die with only the administration of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

When the above conditions occur, I do NOT want the following (*Check all that apply.*)

- I do not want cardio-pulmonary resuscitation (CPR) if my heart or breathing stops.
- I do not want a breathing machine if I am unable to breathe on my own.
- I do not want artificial nutrition and hydrating fluids given through tubes in my veins.
- I do not want artificial nutrition and hydrating fluids given through tubes in my nose or stomach.
- I do not want kidney dialysis or other such machines.
- I do not want surgery.
- I do not want medications that may prolong my dying, such as antibiotics, blood pressure and heart medications.
- Other instructions: _____

Other information (*optional*): _____

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 understand that I can designate a Healthcare Surrogate to carry out the provisions of this declaration.

I understand the meaning and importance of this declaration and am emotionally and mentally competent to make these decisions.

Signature: _____ **Print name:** _____ **Date:** _____

One witness cannot be a spouse or a blood relative. The designated surrogate(s) cannot be a witness to this document. Both witnesses must be over the age of 18. Unless the document states a time of termination, the designation shall remain in effect until revoked.

Witness 1: _____
Signature *Print name* *Date*

Witness 2: _____
Signature *Print name* *Date*



Healthcare Surrogate Advance Directive

I designate the following person to be my Healthcare Surrogate. My appointed Healthcare Surrogate is:

Name: _____
Print Last First Middle Initial

Address: _____ Apt. #: _____

City: _____ State: _____ ZIP: _____ Phone: _____

If my Healthcare Surrogate is not willing, able or reasonably available to perform his or her duties, I designate the following person as my alternate Healthcare Surrogate. My alternate Healthcare Surrogate is:

Name: _____
Print Last First Middle Initial

Address: _____ Apt. #: _____

City: _____ State: _____ ZIP: _____ Phone: _____

My surrogate's authority becomes effective when my physician determines I am unable to make my own healthcare decisions unless I grant that authority to begin now.

- If I initial here _____, my surrogate can receive my health information immediately.
- If I initial here _____, my surrogate has the authority to make health care decisions for me immediately.

I understand that my surrogate is authorized to review my medical records and to receive any information that relates to my past, present or future physical or mental health or condition; the provision of healthcare to me; or the past, present or future payment for the provision of healthcare to me.

By my signature below, I authorize my Healthcare Surrogate to make all healthcare decisions for me, which means he or she has the authority to provide, refuse or withdraw consent to any and all of my healthcare, including life-prolonging procedures (as permitted by law), to apply for benefits to pay for the cost of health care, to access the health information reasonably necessary to make decisions involving my healthcare and if appropriate, to decide whether to donate my organs. My surrogate may only make decisions that he or she believes I would make under the circumstances, or if that is not known, decisions should be made in my best interest.

While I have decision making capacity, my wishes are controlling and my physicians and health care providers must clearly communicate to me the treatment plan or any change to the treatment plan prior to its implementation. To the extent I am capable of understanding, my Healthcare Surrogate shall keep me reasonably informed of all decisions he/she has made on my behalf and matters concerning me.

Any instructions I have made or make while I possess capacity shall be followed by my surrogate decision maker(s) and supersede instructions made by my surrogate that are in conflict with those made by me.

I understand I may revoke or amend this designation: 1) in writing, 2) by destroying this designation, 3) by verbally stating my intention to amend or revoke this designation or 4) by signing a new Healthcare Surrogate Advance Directive.

Signature: _____ Print name: _____ Date: _____

One witness cannot be a spouse or a blood relative. The designated surrogate(s) cannot be a witness to this document. Both witnesses must be over the age of 18. Unless the document states a time of termination, the designation shall remain in effect until revoked.

Witness 1: _____
Signature Print name Date

Witness 2: _____
Signature Print name Date



Designation of Healthcare Surrogate for a Minor Advance Directive

I/We, _____, the parents legal custodian(s)... legal guardian(s) (check one) of the following minor(s),

_____; _____;
_____; _____;

designate the following person to act as my/our surrogate for healthcare decisions for the above minor(s) in the event that I/we am/are not able or reasonably available to provide consent for medical treatment and surgical and diagnostic procedures.

My child's appointed Healthcare Surrogate is:

Name: _____
Print Last First Middle Initial

Address: _____ Apt. #: _____

City: _____ State: _____ ZIP: _____ Phone: _____

If my/our designated Healthcare Surrogate for a minor is not willing, able, or reasonably available to perform his or her duties, I/we designate the following person as my/our alternate Healthcare Surrogate for a minor.

My child's alternate Healthcare Surrogate is:

Name: _____
Print Last First Middle Initial

Address: _____ Apt. #: _____

City: _____ State: _____ ZIP: _____ Phone: _____

I/We authorize and request all physicians, hospitals, or other providers of medical services to follow the instructions of my/our surrogate or alternate surrogate, as the case may be, at any time and under any circumstances whatsoever, with regard to medical treatment and surgical and diagnostic procedures for a minor, provided the medical care and treatment of any minor is on the advice of a licensed physician.

I/We fully understand that this designation will permit my/our designee to make healthcare decisions for a minor and to provide, withhold, or withdraw consent on my/our behalf, to apply for public benefits to defray the cost of health care, and to authorize the admission or transfer of a minor to or from a health care facility.

I/We will notify and send a copy of this document to the following person(s) other than my/our surrogate, so that they may know the identity of my/our surrogate.

Name 1: _____
Signature Print name Date

Name 2: _____
Signature Print name Date

Signature: _____ Print name: _____ Date: _____

One witness cannot be a spouse or a blood relative. The designated surrogate(s) cannot be a witness to this document. Both witnesses must be over the age of 18. Unless the document states a time of termination, the designation shall remain in effect until revoked.

Witness 1: _____
Signature Print name Date

Witness 2: _____
Signature Print name Date

