The Gift You Give:

**Advanced Directives**

- Medical Power of Attorney
- Living Will
- Appointment with Healthcare Provider
The Gift You Give:

Advanced Directives

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Understanding Your Wishes

Before completing any forms important to know:
what are your goals of care?
what is your definition of quality of life?
what types of treatments you would want?

Why are advanced directives important?
Types of Advanced Directives

Health Care Proxy Form
Disposition of Remains
Living Will vs Will
Power of Attorney
DNR/DNI and MOLST
Agent on one is not fluid, each is individual
Health Care Proxy

- You appoint agent to share YOUR medical wishes
- ONLY valid WHEN you cannot clearly communicate
- Only valid while you are living.
- ONLY applies to MEDICAL Decisions
- Can list specific wishes
- Can specify organ/tissue donation
- Instructions for completing
UPSTATE UNIVERSITY HOSPITAL
HEALTH CARE PROXY

I, ___________________________________________ hereby appoint

(name, home address and telephone number)

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise. This proxy shall take effect only when and if I become unable to make my own health care decisions.

Optional: Alternate Agent If the person I appoint is unable, unwilling or unavailable to act as my health care agent, I hereby appoint

(name, home address and telephone number)

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise.

Unless I revoke it or state an expiration date or circumstances under which it will expire, this proxy shall remain in effect indefinitely. (Optional: If you want this proxy to expire, state the date or conditions here.) This proxy shall expire (specify date or conditions):

Optional: I direct my health care agent to make health care decisions according to my wishes and limitations, as he or she knows or as stated below. (If you want to limit your agent's authority to make health care decisions for you or to give specific instructions, you may state your wishes or limitations here.) I direct my health care agent to make health care decisions in accordance with the following limitations and/or instructions (attach additional pages as necessary):

In order for your agent to make health care decisions for you about artificial nutrition and hydration (nourishment and water provided by feeding tube and intravenous line), your agent must reasonably know your wishes. You can either tell your agent what your wishes are or include them in this section. See instructions for sample language that you could use if you choose to include your wishes on this form, including your wishes about artificial nutrition and hydration.

(5) Your Identification (please print)

Your Name ___________________________________________
Your Signature ________________________________________ Date ____________
Your Address __________________________________________

#1048 - Health Proxy (New York State Department of Health Form Revised: July 2012)

Rev. 1/2014.1 MR B
(6) Optional: Organ and/or Tissue Donation

I hereby make an anatomical gift, to be effective upon my death, of:
(check any that apply)

☐ Any needed organs and/or tissues
☐ The following organs and/or tissues ____________________________

☐ Limitations ____________________________

If you do not state your wishes or instructions about organ and/or tissue donation on this form, it will not be taken to mean that you do not wish to make a donation or prevent a person, who is otherwise authorized by law, to consent to a donation on your behalf.

Your Signature ____________________________ Date ____________

(7) Statement by Witnesses (Witnesses must be 18 years of age or older and cannot be the health care agent or alternate.)

I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Date ____________________________
Name of Witness 1 (print) ____________________________
Signature ____________________________
Address ____________________________

Date ____________________________
Name of Witness 2 (print) ____________________________
Signature ____________________________
Address ____________________________
Disposition of Remains

- Health Care Proxy is invalid after a person dies.
- Disposition of remains is decided by state based on Legal Next of Kin.
- If you want someone different, than you can appoint them on this form.
NYS Family Health Care Decisions Act

- Designates in order of priority who is surrogate decision maker
  - Health Care Proxy or Article 81 or 17A Guardian
  - Spouse or Domestic Partner
  - Adult Children
  - Parents
  - Siblings
  - Others
- Differences between surrogate and agent?
Power of Attorney

- Gives agent authority to spend money, sell or dispose of property
- Can do so without your consent
- ONLY during your lifetime
- DOES NOT APPLY TO MEDICAL DECISIONS.
- Can be same or different person than Health Care Agent or Executor of Estate
- Must be someone you trust
- Best completed with an attorney for advice
- Helpful if unable to leave hospital or communicate.
**Living Will**

- Expansion of the Health Care Proxy form
- Do not need to designate someone on living will, but can
- In reality, medicine and science can keep us alive by use of machines for very long time.
- Many individuals are concerned about quality of life, or have preferences for medical care based on religious/spiritual beliefs, or experiences they have seen.
- Document that allows you to specify the types of treatments you would want or don't want.
- Living Will guides your agent
- Throw out scenarios in court
- Examples
Will vs Living Will

- Living will applies to medical decisions
- Will applies to business and property decisions
- Unlike Power of Attorney, Will is in affect after a death
- Not applicable in hospital
DNR/DNI and MOLST

- These are not things to prepare, but for your knowledge
- DNR/DNI
  - Can specify that in certain situations you would not want to be intubated or resuscitated
  - Hospital DNR/DNI is transferred from Living Will or Health Care Proxy, or Agents guidance or Patient's guidance.
- MOLST is Medical Orders for Life-Sustaining Treatment
  - Only for patients: with serious health conditions, or live in a long term care facility, or may die within the next year.
How to talk to your family

- Use knowledge you have gained today to discuss importance of these documents with your family.
- Know why you feel the way you do and be ready to explain this. (religious/spiritual views, moral views, meaningful life, quality of life, experiences, values)
- Be prepared for disagreement and objections as everyone has different views.
- Can also help to use public examples such as Terri Schiavo case.
What Now??

• Give copy to area hospitals, sent to Medical Records Department
• Give copy to your Primary Care Doctor
• Give copy to your agents
• Keep original in your home in safe place that is accessible.
  • safe deposit box or vault only accessible by you is not ideal (example)
References

Onondaga County Department of Adult and Long Term Care, "Give yourself Peace of Mind", www.ongov.net/aging

New York State Family Health Care Decisions Act, www.nysba.org/FHCDA

Advanced Care Planning, Compassion and Support at the End of Life, www.compassionandsupport.org

Health Care Proxy and Living Will www.caringinfo.org

Questions and Discussion
Thank you!
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