

**MICHIGAN**  
**Advance Directive**  
**Planning for Important Healthcare Decisions**

*Caring Connections*  
1700 Diagonal Road, Suite 625, Alexandria, VA 22314  
[www.caringinfo.org](http://www.caringinfo.org)  
800/658-8898

Caring Connections, a program of the National Hospice and Palliative Care Organization (NHPCO), is a national consumer engagement initiative to improve care at the end of life, supported by a grant from The Robert Wood Johnson Foundation.

Caring Connections tracks and monitors all state and federal legislation and significant court cases related to end-of-life care to ensure that our advance directives are up to date.

**It's About How You LIVE**

*It's About How You LIVE* is a national community engagement campaign encouraging individuals to make informed decisions about end-of-life care and services. The campaign encourages people to:

- L**earn about options for end-of-life services and care
- I**mplement plans to ensure wishes are honored
- V**oice decisions to family, friends and health care providers
- E**ngage in personal or community efforts to improve end-of-life care

Please call the HelpLine at 800/658-8898 to learn more about the LIVE campaign, obtain free resources, or join the effort to improve community, state and national end-of-life care.

If you would like to make a contribution to help support our work, please visit [www.nationalhospicefoundation.org/donate](http://www.nationalhospicefoundation.org/donate). Contributions to national hospice programs can also be made through the Combined Health Charities or the Combined Federal Campaign by choosing #0544.

**Support for this program is provided by a grant from**  
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## **Your Advance Care Planning Packet**

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## Using These Materials

### BEFORE YOU BEGIN

1. Check to be sure that you have the materials for each state in which you could receive health care.
2. These materials include:
  - Instructions for preparing your advance directive.
  - Your state-specific advance directive forms, which are the pages with the gray instruction bar on the left side.

### PREPARING TO COMPLETE YOUR ADVANCE DIRECTIVE

3. Read the HIPAA Privacy Rule Summary on page 4.
4. Read all the instructions, on page 7, as they will give you specific information about the requirements in your state.
5. Refer to the Glossary of Terms About End-of-Life Decision-making if any of the terms are unclear, located in Appendix A.

### ACTION STEPS

6. You may want to photocopy these forms before you start so you will have a clean copy if you need to start over.
7. When you begin to fill out the forms, refer to the gray instruction bars - they will guide you through the process.
8. Talk with your family, friends, and physicians about your advance directive. Be sure the person you appoint to make decisions on your behalf understands your wishes.
9. Once the form is completed and signed, photocopy the form and give it to the person you have appointed to make decisions on your behalf, your family, friends, health care providers and/or faith leaders so that the form is available in the event of an emergency.

If you have questions or need guidance in preparing your advance directive or about what you should do with it after you have completed it, please refer to the list of state-specific contacts for Legal Assistance for Questions Pertaining to Health Care Advance Directives located in Appendix B.

## Summary of the HIPAA Privacy Rule

HIPAA is a federal law that gives you rights over your health information and sets rules and limits on who can look at and receive your health information.

### Your Rights

You have the right to:

- Ask to see and get a copy of your health records.
- Have corrections added to your health information.
- Receive a notice that tells you how your health information may be used and shared.
- Decide if you want to give your permission before your health information can be used or shared for certain purposes, such as marketing.
- Get a report on when and why your health information was shared for certain purposes.
- If you believe your rights are being denied or your health information isn't being protected, you can
  - File a complaint with your provider or health insurer
  - File a complaint with the U.S. Government

You also have the right to ask your provider or health insurer questions about your rights. You also can learn more about your rights, including how to file a complaint from the Web site at [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/) or by calling 1-866-627-7748.

### Who Must Follow this Law?

- Doctors, nurses, pharmacies, hospitals, clinics, nursing homes, and many other health care providers.
- Health insurance companies, HMOs, most employer group health plans.
- Certain government programs that pay for health care, such as Medicare and Medicaid.

### What Information is Protected?

- Information your doctors, nurses, and other health care providers put in your medical record.
- Conversations your doctor has about your care or treatment with nurses and others.
- Information about you in your health insurer's computer system.
- Billing information about you by your clinic / health care provider.
- Most other health information about you held by those who must follow this law.

## Summary of the HIPAA Privacy Rule (continued)

Providers and health insurers who are required to follow this law must keep your information private by:

- Teaching the people who work for them how your information may and may not be used and shared.
- Taking appropriate and reasonable steps to keep your health information secure.

To make sure that your information is protected in a way that does not interfere with your health care, your information can be used and shared:

- For your treatment and care coordination.
- To pay doctors and hospitals for your health care and help run their businesses.
- With your family, relatives, friends or others you identify who are involved with your health care or your health care bills, unless you object.
- To make sure doctors give good care and nursing homes are clean and safe.
- To protect the public's health, such as by reporting when the flu is in your area.
- To make required reports to the police, such as reporting gunshot wounds.

Your health information cannot be used or shared without your written permission unless this law allows it. For example, without your authorization, your provider generally cannot:

- Give your information to your employer.
- Use or share your information for marketing or advertising purposes.
- Share private notes about your mental health counseling sessions.

## Introduction to Your Michigan Advance Directive

This packet contains the *Advance Directive for Health Care* which protects your right to refuse medical treatment you do not want or to request treatment you do want in the event you lose the ability to make decisions yourself.

1. The **Michigan Designation of Patient Advocate for Health Care** lets you name someone to make decisions about your medical care — including decisions about life support, mental health treatment and anatomical gifts—if you can no longer speak for yourself. The Designation of Patient Advocate for Health Care is especially useful because it appoints someone to speak for you any time you are unable to make your own medical or mental health treatment decisions, not only at the end of life. It becomes effective:

- in the case of medical treatment decisions, when your doctor and one other physician or licensed psychologist examine you and determine in writing that you are unable to make medical treatment decisions. The written determination shall be made part of your medical record (prior to its implementation) and must be reviewed at least once a year;
- in the case of mental health treatment decisions, your patient advocate may only exercise his or her authority if a licensed physician and a mental health practitioner both certify, in writing and after examining you, that you are unable to give informed consent to mental health treatment.
- in the case of anatomical gift decisions, your patient advocate may only exercise his or authority after you have been declared dead by a licensed physician.

2. Michigan does not have a statute governing the use of living wills. The **Caring Connections Living Will** has been created to protect your constitutional right to state your wishes about medical care in the event that you develop an irreversible condition that prevents you from making your own medical decisions. The Living Will becomes effective if you become terminally ill, permanently unconscious or minimally conscious due to brain damage and will never regain the ability to make decisions.

Caring Connections recommends that you complete both of these documents to best ensure that you receive the medical care you want when you can no longer speak for yourself.

*Note: These documents will be legally binding only if the person completing them is a competent adult (at least 18 years old).*

## **Completing Your Michigan Designation of Patient Advocate for Health Care**

### **Whom should I appoint as my patient advocate?**

Your patient advocate is the person you appoint to make decisions about your medical care, mental health treatment, and anatomical gifts if you become unable to make those decisions yourself. Your patient advocate may be a family member or a close friend whom you trust to make serious decisions. The person you name as your patient advocate must be an adult who is of sound mind and clearly understands your wishes and is willing to accept the responsibility of making medical, mental health, and anatomical gift decisions for you. (A patient advocate may also be called an “attorney-in-fact,” “agent” or “proxy.”)

You can appoint a second person as your alternate patient advocate. The alternate will step in if the first person you name as patient advocate is unable, unwilling or unavailable to act for you.

### **How do I make my Michigan Designation of Patient Advocate for Health Care legal?**

The law requires that you sign your Designation in the presence of two witnesses, who must also sign the document to show that you voluntarily signed the Designation in their presence and that you appear to be of sound mind and under no duress, fraud or undue influence. These witnesses **cannot** be:

- your spouse, parent, child, grandchild or sibling,
- a person who stands to inherit from your estate, either by law or through a will,
- a physician or patient advocate,
- an employee of your life or health insurance provider,
- an employee of your treating health, or mental health, care facility, or
- an employee of a home for the aged, if you are a patient in that facility.

*Note: You do not need to notarize your Michigan Designation.*

### **Should I add personal instructions to my Michigan Designation of Patient Advocate for Health Care?**

No. Although space is provided where you may list limitations on your patient advocate’s authority, Caring Connections advises you not to restrict your patient advocate’s authority. One of the strongest reasons for naming a patient advocate is to have someone who can respond flexibly as your medical and/or mental health situation changes and deal with situations that you did not foresee. If you add limitations to this document, you might unintentionally restrict your patient advocate’s power to act in your best interest.

## **COMPLETING YOUR MICHIGAN DESIGNATION OF PATIENT ADVOCATE FOR HEALTH CARE (CONTINUED)**

Instead, we urge you to talk with your patient advocate about your future medical care and mental health treatment and describe what you consider to be an acceptable “quality of life.” Your patient advocate is required by Michigan Law to take reasonable steps to follow your desires, instructions, or guidelines, even if given orally while you are still able to participate in decisions regarding your medical care and donation of organs or physical parts. If you want to record your wishes about specific treatments or conditions, you should use your Caring Connections Living Will.

### **What if I change my mind?**

You may revoke your Designation at any time and in any manner, regardless of your ability to make medical and/or mental health treatment decisions. If your revocation is not in writing, you are required to have a witness to your revocation who must sign a written description of the revocation and, if possible, notify your patient advocate. Your Designation is automatically revoked if:

- your death occurs, except that the designation of authority to your patient advocate to make an anatomical give is not revoked upon your death,
- your patient advocate resigns or is removed by a probate court for failing to act in your best interests (unless you have appointed an alternate),
- you execute a subsequent Designation,
- you have explicitly made a provision for revocation in your document, or
- you name your spouse as your patient advocate and your marriage ends (unless you have appointed an alternate).

You may waive your right to revoke the designation as to the power to make mental health treatment decisions by making the waiver part of the designation. However, if you revoke a designation in which you have waived your right to revoke, your revocation will be delayed for no more than 30 consecutive days.

### **What other important facts should I know?**

- Due to restrictions in the state law, a patient advocate does not have the authority to decide to withhold or withdraw treatment from a pregnant patient that would result in the pregnant patient’s death.
- Your patient advocate and alternate (if any) must receive a copy of your document and date and sign an acceptance to the Designation on page 4 before he or she can make medical decisions on your behalf.
- If you have religious convictions that prohibit you from being examined by a physician, you can add instructions to your designation stating that you do not wish to be examined by a physician. You must then state in your Designation how it shall

## **COMPLETING YOUR MICHIGAN DESIGNATION OF PATIENT ADVOCATE FOR HEALTH CARE (CONTINUED)**

- be determined when your patient advocate has authority to make decisions on your behalf.
- With regard to mental health treatment decisions, the patient advocate has the authority to consent to the forced administration of medication or to inpatient hospitalization as a formal voluntary patient, but only if you express in clear and convincing manner that your patient advocate is authorized to consent to such treatment.
- With regarding to mental health treatment decisions, you may identify in the designation a physician, a mental health practitioner, or both, to make the determination that you are unable to give informed consent to mental health treatment. If the physician or mental health practitioner is unable or unwilling to conduct the examination and determination within a reasonable time, the examination and determination shall be made by another physician and/or mental health practitioner, as applicable.

## Completing Your Caring Connections Living Will

### How do I make my Living Will legal?

Because Michigan does not have a statute governing the use of living wills, there are no specific requirements to make your Caring Connections Living Will legal. Caring Connections recommends that you sign your Living Will in the presence of two adult witnesses. Your witnesses should not be:

- related to you by blood or marriage,
- beneficiaries of your estate,
- your health care provider or an employee of your health care provider, or
- your health care agent or proxy.

*Note: You do not need to notarize your Living Will.*

### Can I add personal instructions to my Living Will?

Yes. You can add personal instructions in the part of the document called "Other directions." For example, if there are any specific forms of treatment that you wish to refuse that are not already listed on the document, you may list them here. Also, you can add instructions such as, "I do not want to be placed in a nursing home," or "I want to die at home." If you have appointed a patient advocate, it is a good idea to write a statement such as, "Any questions about how to interpret or when to apply my Living Will are to be decided by my agent."

It is important to learn about the kinds of life-sustaining treatment you might receive. Consult your doctor or order the Caring Connections booklet, "Advance Directives and End-of-Life Decisions."

### What if I change my mind?

You may revoke your Living Will at any time by:

- executing a new Living Will,
- tearing, burning, or otherwise destroying your document, or
- notifying your doctor orally or in writing of your intent to revoke your document.

**If you have questions about filling out your advance directive, please consult the list of state-based resources located in Appendix B.**

## You Have Filled Out Your Advance Directive, Now What?

1. Your Michigan Designation of Patient Advocate for Health Care and Caring Connections Living Will are important legal documents. Keep the original signed documents in a secure but accessible place. Do not put the original documents in a safe deposit box or any other security box that would keep others from having access to them.
2. Give photocopies of the signed originals to your patient advocate and alternate patient advocate, doctor(s), family, close friends, clergy and anyone else who might become involved in your health care. If you enter a nursing home or hospital, have photocopies of your documents placed in your medical records.
3. Be sure to talk to your patient advocate and alternate, doctor(s), clergy, and family and friends about your wishes concerning medical treatment. Discuss your wishes with them often, particularly if your medical condition changes.
4. If you want to make changes to your documents after they have been signed and witnessed, you must complete new documents.
5. Remember, you can always revoke your Michigan Designation of Patient Advocate for Health Care or your Caring Connections Living Will.
6. Be aware that your Michigan documents will not be effective in the event of a medical emergency. Ambulance personnel are required to provide cardiopulmonary resuscitation (CPR) unless they are given a separate order that states otherwise. These orders, commonly called "non-hospital do-not-resuscitate orders," are designed for people whose poor health gives them little chance of benefiting from CPR. **Caring Connections does not distribute these forms.**

These orders must be signed by your physician and instruct ambulance personnel not to attempt CPR if your heart or breathing should stop. Currently not all states have laws authorizing non-hospital do-not-resuscitate orders. **Caring Connections does not distribute these forms.** We suggest that you speak to your physician.

If you would like more information about this topic contact Caring Connections or consult the Caring Connections booklet "Cardiopulmonary Resuscitation, Do-Not-Resuscitate Orders and End-Of-Life Decisions."

INSTRUCTIONS

MICHIGAN DESIGNATION OF PATIENT ADVOCATE  
FOR HEALTH CARE – PAGE 1 OF 5

PRINT YOUR NAME  
AND ADDRESS

I \_\_\_\_\_  
(name)

-----  
(address)

am of sound mind, and I voluntarily make this designation.

PRINT THE NAME,  
ADDRESS AND  
PHONE NUMBERS  
OF YOUR PATIENT  
ADVOCATE

I designate  
\_\_\_\_\_  
(name of patient advocate)

residing at  
\_\_\_\_\_  
(address)

-----  
(home phone number) (work phone number)

as my patient advocate to make care, custody, medical or mental health treatment decisions for me only when I become unable to participate in medical treatment decisions. The determination of when I am unable to participate in medical and/or mental health treatment decisions shall be made by my attending physician and another physician or licensed psychologist.

PRINT THE NAME,  
ADDRESS AND  
PHONE NUMBERS  
OF YOUR  
ALTERNATE  
PATIENT ADVOCATE

If the first individual is unable, unwilling, or unavailable to serve as my patient advocate, then I designate:

-----  
(name of successor agent)

residing at  
\_\_\_\_\_  
(address)

-----  
(home phone number) (work phone number)

to serve as my patient advocate.

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**MICHIGAN DESIGNATION OF PATIENT ADVOCATE FOR  
HEALTH CARE - PAGE 2 OF 5**

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I authorize my patient advocate to decide to withhold or withdraw medical and mental health treatment which could or would allow me to die. I am fully aware that such a decision could or would lead to my death.

In making decisions for me, my patient advocate shall be guided by my wishes, whether expressed orally, in a living will, or in this designation. If my wishes as to a particular situation have not been expressed, my patient advocate shall be guided by his or her best judgment of my probable decision, given the benefits, burdens and consequences of the decision, even if my death, or the chance of my death, is one consequence.

My patient advocate shall have the same authority to make care, custody, and medical and mental health treatment decisions as I would if I had the capacity to make them EXCEPT (*here list the limitations, if any, you wish to place on your patient advocate's authority*):

In the hope that I may help others, I authorize my patient advocate to make this anatomical give if medically acceptable, to take effect upon my death. The words and marks below indicate my desires.

I give (a) \_\_\_\_\_ any needed organs or physical parts.

(b) \_\_\_\_\_ only the following organs or physical parts (*here specify the organ(s) or physical parts, if any, that you wish to donate*):

For purposes of transplantation, therapy, medical research or education;

(c) \_\_\_\_\_ my body for anatomical study, if needed.

This authority granted to my patient advocate to make an anatomical gift is limited as follows (*here list limitations or special wishes, if any*):

LIST LIMITATIONS  
TO YOUR PATIENT  
ADVOCATE'S  
AUTHORITY  
(IF ANY)

CROSS OUT THIS  
STATEMENT IF YOU  
DO NOT  
AUTHORIZE YOUR  
PATIENT ADVOCATE  
TO MAKE AN  
ANATOMICAL GIFT  
OF YOUR ORGANS  
OR PHYSICAL  
PARTS.

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**MICHIGAN DESIGNATION OF PATIENT ADVOCATE FOR  
HEALTH CARE - PAGE 3 OF 5**

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This designation of patient advocate shall not be affected by my disability or incapacity. This designation of patient advocate is governed by Michigan law, although I request that it be honored in any state in which I may be found. I reserve the power to revoke this designation at any time by communicating my intent to revoke it in any manner in which I am able to communicate.

Photostatic copies of this document, after it is signed and witnessed, shall have the same legal force as the original document.

I voluntarily sign this designation of patient advocate after careful consideration. I accept its meaning and I accept its consequences.

\_\_\_\_\_ (your signature)

\_\_\_\_\_ (date)

\_\_\_\_\_ (your street address)

\_\_\_\_\_ (city, Michigan, zip code)

SIGN AND DATE  
YOUR DOCUMENT  
AND PRINT YOUR  
ADDRESS

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**MICHIGAN DESIGNATION OF PATIENT ADVOCATE FOR  
HEALTH CARE — PAGE 4 OF 5**

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WITNESSING  
PROCEDURE

**Statement of Witnesses**

We sign below as witnesses. This designation was signed in our presence. The designator appears to be of sound mind, and to be making this designation voluntarily, and under no duress, fraud, or undue influence.

Witness 1:

\_\_\_\_\_  
(signature)

-----  
(print or type full name)

-----  
(address)

Witness 2:

\_\_\_\_\_  
(signature)

-----  
(print or type full name)

-----  
(address)

**Acceptance by Patient Advocate and Successor Advocate (If Any)**

(A) This designation shall not become effective unless the patient is unable to participate in treatment decisions. If the patient advocate designation includes the authority to make an anatomical give, that authority remains exercisable only after the patient's death.

(B) A patient advocate shall not exercise powers concerning the patient's care, custody and medical and/or mental health treatment that the patient, if the patient were able to participate in the decision, could not have exercised on his or her own behalf.

(C) This designation cannot be used to make a medical treatment decision to withhold or withdraw treatment from a patient who is pregnant that would result in the patient's death.

(D) A patient advocate may make a decision to withhold or withdraw treatment which would allow a patient to die only if the patient has expressed in a clear and convincing manner that the patient advocate is authorized to make such a decision, and that the patient acknowledges that such a decision could or would allow the patient's death.

(E) A patient advocate shall not receive compensation for the performance of his or her authority, rights, and responsibilities, but a patient advocate may be reimbursed for actual and necessary expenses incurred in performance of his or her authority, rights, and responsibilities.

ACCEPTANCE  
STATEMENT

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**MICHIGAN DESIGNATION OF PATIENT ADVOCATE FOR  
HEALTH CARE — PAGE 5 OF 5**

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(F) A patient advocate shall act in accordance with the standards of care applicable to fiduciaries when acting for the patient and shall act consistent with the patient's best interests. The known desires of the patient expressed or evidenced while the patient is able to participate in medical and/or mental health treatment decisions are presumed to be in the patient's best interests.

(G) A patient may revoke his or her designation at any time and in any manner sufficient to communicate an intent to revoke.

(H) A patient may waive his or her right to revoke the patient advocate designation as to the power to make mental health treatment decisions, and if such a waiver is made, his or her ability to revoke the designation as to certain treatment will be delayed 30 days after the patient communicates his or her intent to revoke.

(I) A patient admitted to a health facility or agency has the rights enumerated in Section 20201 of the Public Health Code, Act No. 368 of the Public Acts of 1978, being section 333.20201 of the Michigan Compiled Laws.

(J) A patient advocate may choose to have the patient placed under hospice care.

(K) A patient advocate may choose to have the patient placed under hospice care.

I understand the above conditions and I accept the designation as patient advocate

for \_\_\_\_\_  
(name of principal)

Dated \_\_\_\_\_ Signed \_\_\_\_\_

I understand the above conditions and I accept the designation of successor patient

advocate for  
\_\_\_\_\_  
(name of principal)

Dated \_\_\_\_\_ Signed \_\_\_\_\_

YOUR PATIENT  
ADVOCATE MUST  
SIGN AND DATE  
YOUR DOCUMENT  
HERE

YOUR ALTERNATE  
PATIENT ADVOCATE  
MUST SIGN AND  
DATE YOUR  
DOCUMENT  
HERE

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INSTRUCTIONS

PRINT YOUR NAME

I, \_\_\_\_\_,  
being of sound mind, make this statement as a directive to be followed if I  
become permanently unable to participate in decisions regarding my  
medical care. These instructions reflect my firm and settled commitment  
to decline medical treatment under the circumstances indicated below:

I direct my attending physician to withhold or withdraw treatment that  
merely prolongs my dying, if I should be in an **incurable or irreversible  
mental or physical condition with no reasonable expectation of  
recovery**, including but not limited to: (a) **a terminal condition**; (b) **a  
permanently unconscious condition**; or (c) **a minimally conscious  
condition in which I am permanently unable to make decisions or  
express my wishes**.

I direct that treatment be limited to measures to keep me comfortable  
and to relieve pain, including any pain that might occur by withholding or  
withdrawing treatment.

While I understand that I am not legally required to be specific about  
future treatments, **if I am in the condition(s) described above I feel  
especially strongly about the following forms of treatment**:

- I do not want cardiac resuscitation.
- I do not want mechanical respiration.
- I do not want tube feeding.
- I do not want antibiotics.

However, **I do want** maximum pain relief, even if it may hasten my  
death.

CROSS OUT ANY  
STATEMENTS  
THAT DO NOT  
REFLECT YOUR  
WISHES

**CARING CONNECTIONS LIVING WILL - PAGE 2 OF 2**

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ADD PERSONAL  
INSTRUCTIONS  
(IF ANY)

Other directions (insert personal instructions):

These directions express my legal right to refuse treatment under federal and state law. I intend my instructions to be carried out, unless I have revoked them in a new writing or by clearly indicating that I have changed my mind.

SIGN AND DATE  
THE DOCUMENT  
AND PRINT  
YOUR ADDRESS

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

WITNESSING  
PROCEDURE

I declare that the person who signed this document appeared to execute the living will willingly and free from duress. He or she signed (or asked another to sign for him or her) this document in my presence.

TWO WITNESSES  
MUST SIGN AND  
PRINT THEIR  
ADDRESSES

Witness: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Witness: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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## Appendix A

### Glossary of Terms About End-of-life Decision Making

**Advance directive** - A general term that describes two kinds of legal documents, living wills and medical powers of attorney. These documents allow a person to give instructions about future medical care should he or she be unable to participate in medical decisions due to serious illness or incapacity. Each state regulates the use of advance directives differently.

**Artificial nutrition and hydration** – Artificial nutrition and hydration (or tube feeding) supplements or replaces ordinary eating and drinking by giving a chemically balanced mix of nutrients and fluids through a tube placed directly into the stomach, the upper intestine or a vein.

**Assisted Suicide** - Providing someone the means to commit suicide, such as a supply of drugs or a weapon, knowing the person will use these to end his or her life.

**Best Interest** - In the context of refusal of medical treatment or end-of-life court opinions, a standard for making health care decisions based on what others believe to be "best" for a patient by weighing the benefits and the burdens of continuing, withholding or withdrawing treatment.

**Brain Death** -The irreversible loss of all brain function. Most states legally define death to include brain death.

**Capacity** - In relation to end-of-life decision-making, a patient has medical decision making capacity if he or she has the ability to understand the medical problem and the risks and benefits of the available treatment options. The patient's ability to understand other unrelated concepts is not relevant. The term is frequently used interchangeably with competency but is not the same. Competency is a legal status imposed by the court.

**Cardiopulmonary Resuscitation** - Cardiopulmonary resuscitation (CPR) is a group of treatments used when someone's heart and/or breathing stops. CPR is used in an attempt to restart the heart and breathing. It may consist only of mouth-to-mouth breathing or it can include pressing on the chest to mimic the heart's function and cause blood to circulate. Electric shock and drugs also are used frequently to stimulate the heart.

**Do-Not-Resuscitate (DNR) order** - A DNR order is a physician's written order instructing health care providers not to attempt cardiopulmonary resuscitation (CPR) in case of cardiac or respiratory arrest. A person with a valid DNR order will not be given CPR under these circumstances. Although the DNR order is written at the request of a person or his or her family, it must be signed by a physician to be valid. A non-hospital DNR order is written for individuals who are at home and do not want to receive CPR.

**Emergency Medical Services (EMS)**: A group of governmental and private agencies that provide emergency care, usually to persons outside of health care facilities; EMS personnel generally include paramedics, first responders and other ambulance crew.

**Euthanasia** - The term traditionally has been used to refer to the hastening of a suffering person's death or "mercy killing". Voluntary active euthanasia involves an intervention

requested by a competent individual that is administered to that person to cause death, for example, if a physician gives a lethal injection with the patient's full informed consent. Involuntary or non-voluntary active euthanasia involves a physician engaging in an act to end a patient's life without that patient's full informed consent. See also Physician-hastened Death (sometimes referred to as Physician-assisted Suicide).

**Guardian ad litem** - Someone appointed by the court to represent the interests of a minor or incompetent person in a legal proceeding.

**Healthcare Agent:** The person named in an advance directive or as permitted under state law to make healthcare decisions on behalf of a person who is no longer able to make medical decisions.

**Hospice care** - A program model for delivering palliative care to individuals who are in the final stages of terminal illness. In addition to providing palliative care and personal support to the patient, hospice includes support for the patient's family while the patient is dying, as well as support to the family during their bereavement.

**Incapacity** - A lack of physical or mental abilities that results in a person's inability to manage his or her own personal care, property or finances; a lack of ability to understand one's actions when making a will or other legal document.

**Incompetent** – Referring to a person who is not able to manage his/her affairs due to mental deficiency (lack of I.Q., deterioration, illness or psychosis) or sometimes physical disability. Being incompetent can be the basis for appointment of a guardian or conservator.

**Intubation-** Refers to "endotracheal intubation" the insertion of a tube through the mouth or nose into the trachea (windpipe) to create and maintain an open airway to assist breathing.

**Life-Sustaining Treatment** - Treatments (medical procedures) that replace or support an essential bodily function (may also be called life support treatments). Life-sustaining treatments include cardiopulmonary resuscitation, mechanical ventilation, artificial nutrition and hydration, dialysis, and certain other treatments.

**Living Will** - A type of advance directive in which an individual documents his or her wishes about medical treatment should he or she be at the end of life and unable to communicate. It may also be called a "directive to physicians", "health care declaration," or "medical directive." The purpose of a living will is to guide family members and doctors in deciding how aggressively to use medical treatments to delay death.

**Mechanical ventilation** - Mechanical ventilation is used to support or replace the function of the lungs. A machine called a ventilator (or respirator) forces air into the lungs. The ventilator is attached to a tube inserted in the nose or mouth and down into the windpipe (or trachea). Mechanical ventilation often is used to assist a person through a short-term problem or for prolonged periods in which irreversible respiratory failure exists due to injuries to the upper spinal cord or a progressive neurological disease.

**Medical power of attorney** - A document that allows an individual to appoint someone else to make decisions about his or her medical care if he or she is unable to communicate. This type of advance directive may also be called a health care proxy, durable power of attorney for health care or appointment of a health care agent. The person appointed may be called a health care agent, surrogate, attorney-in-fact or proxy.

**Palliative care** - A comprehensive approach to treating serious illness that focuses on the physical, psychological, spiritual, and existential needs of the patient. Its goal is to achieve the best quality of life available to the patient by relieving suffering, by controlling pain and symptoms, and by enabling the patient to achieve maximum functional capacity. Respect for the patient's culture, beliefs, and values are an essential component. Palliative care is sometimes called "comfort care" or "hospice type care."

**Power of Attorney** – A legal document allowing one person to act in a legal matter on another's behalf pursuant to financial or real estate transactions.

**Respiratory Arrest:** The cessation of breathing - an event in which an individual stops breathing. If breathing is not restored, an individual's heart eventually will stop beating, resulting in cardiac arrest.

**Surrogate Decision-Making** - Surrogate decision-making laws allow an individual or group of individuals (usually family members) to make decisions about medical treatments for a patient who has lost decision-making capacity and did not prepare an advance directive. A majority of states have passed statutes that permit surrogate decision making for patients without advance directives.

**Ventilator** – A Ventilator, also known as a respirator, is a machine that pushes air into the lungs through a tube placed in the trachea (breathing tube). Ventilators are used when a person cannot breathe on his or her own or cannot breathe effectively enough to provide adequate oxygen to the cells of the body or rid the body of carbon dioxide.

**Withholding or withdrawing treatment** - Forgoing life-sustaining measures or discontinuing them after they have been used for a certain period of time.

## Appendix B

### Legal & End-Of-Life Care Resources Pertaining to Health Care Advance Directives

#### LEGAL SERVICES

The Office of Services to the Aging (OSA) and the Aging Network's MiSeniors.net provides web-based information, online service referral, and assistance to senior citizens. OSA staff provides information, help and professional guidance to support these resources.

Legal assistance services include:

- Advice and counsel
  - Referral
  - Representation
  - Legal research
  - Preparation of legal documents
  - Negotiation
  - Legal education and more
- 
- Must be 60 and older
  - Free for individuals over 60 who meet income guidelines

**For more information about the services click on the link below:**

<http://www.miseniors.net/MiSeniors+Home/>

**OR**

**Call:** 517-373-8230

#### END-OF-LIFE SERVICES

The Office of Services to the Aging (OSA) and the Aging Network's MiSeniors.net provides web-based information, online service referral, and assistance to senior citizens. OSA staff provides information, help and professional guidance to support these resources.

Typical areas covered include:

- Public benefit programs
  - Social Security
  - Supplemental Security Income
  - Medicare/Medicaid
  - Financial concerns and more
- 
- Must be 60 and older
  - Free for individuals with low to moderate incomes
  - Home visits can be arranged in some areas when needed

**For more information about the services click on the link below:**

<http://www.miseniors.net/MiSeniors+Home/>

**OR**

**Call:** 517-373-8230