

# Living Will Declaration and Appointment of Health Care Proxy

*Instructions: Fill this form out and sign it in front of two witnesses. You must be 18 or more years of age to execute this form. Make any changes you want before signing and having it witnessed.*

IF I SHOULD HAVE AN INCURABLE OR IRREVERSIBLE CONDITION THAT WILL CAUSE MY DEATH WITHIN A RELATIVELY SHORT PERIOD OF TIME, AND I AM NO LONGER ABLE TO MAKE DECISIONS REGARDING MY MEDICAL TREATMENT, I DIRECT MY ATTENDING PHYSICIAN, PURSUANT TO THE ARKANSAS RIGHTS OF THE TERMINALLY ILL OR PERMANENTLY UNCONSCIOUS ACT, TO:

**(Choose one of the following)**

\_\_\_\_\_ Withhold or withdraw treatment that only prolongs the dying process and is not necessary to my comfort or to alleviate pain, such as respiratory/ ventilation support, CPR, surgery, kidney dialysis or antibiotics.

\_\_\_\_\_ follow the instruction of \_\_\_\_\_ whom I have appointed as my Health Care Proxy to decide whether life-sustaining treatment should be withheld or withdrawn.

IF I SHOULD BECOME PERMANENTLY UNCONSCIOUS, I DIRECT MY ATTENDING PHYSICIAN, PURSUANT TO THE ARKANSAS RIGHTS OF THE TERMINALLY OR PERMANENTLY UNCONSCIOUS ACT, TO:

**(Choose one of the following)**

\_\_\_\_\_ Withhold or withdraw treatment that only prolongs the dying process and is not necessary to my comfort or to alleviate pain, such as respiratory/ ventilation support, CPR, surgery, kidney dialysis or antibiotics.

\_\_\_\_\_ follow the instruction of \_\_\_\_\_ whom I have appointed as my Health Care Proxy to decide whether life-sustaining treatment should be withheld or withdrawn.

**(Choose one of the following)**

\_\_\_\_\_ It is my specific directive that nutrition may be withheld, including Tube Feedings, after consultation with my attending physician.

\_\_\_\_\_ It is my specific directive that nutrition may not be withheld.

**(Choose one of the following)**

\_\_\_\_\_ It is my specific directive that hydration may be withheld, including IV Fluids, after consultation with my attending physician.

\_\_\_\_\_ It is my specific directive that hydration may not be withheld.

Other personal instructions: \_\_\_\_\_



Appointment of Health Care Proxy (Optional)

Should there be any doubt as to these directions, I appoint \_\_\_\_\_ as my Health Care Proxy to decide whether life-sustaining treatment should be withheld or withdrawn. In making this decision, I request that my Proxy weigh the benefits against the burdens of such treatment, considering specifically such issues as quality of life and economic burdens caused by such treatment.



**Declarant's Signature**

Date \_\_\_\_\_ Name (print) \_\_\_\_\_  
Signature \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The Declarant voluntarily signed this writing in my presence. I am at least eighteen (18) years of age.

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

# **LIVING WILL DECLARATION**

## **What is a “Living Will”?**

A Living Will is a document which tells your doctor or other health care providers whether or not you want life-sustaining treatments or procedures administered to you if you are in a terminal condition or a permanently unconscious state. It is called a “Living Will” because it takes effect while you are still living. This document helps assure future health care choices are in accordance with your wishes.

Arkansas Methodist Medical Center respects your right to make medical and surgical decisions; the presence or absence of a Living Will is not required to receive health care at our facility, one will be provided for you.

The following information is provided to you by Arkansas Methodist Medical Center to further explain Living Wills and other health care choices.

## **Should I have a Living Will?**

It is not necessary that you be seriously ill or anticipating illness in order to benefit from having a Living Will. In fact, a Living Will can help protect your family members from unnecessary emotional stress resulting from having to make important decisions in an unexpected crisis. A Living Will enables you to control the extent to which extraordinary measures will be used to prolong your life, and it relieves others from the responsibility of having to make such decision.

## **Are Living Wills required?**

No. However, Arkansas Methodist Medical Center is required by the law to give all adult patients information about Living Wills. You will be asked to sign a form stating that Arkansas Methodist Medical Center has provided you with this information.

## **When does a Living Will go into effect?**

A Living Will goes into effect when:

- 1) Your doctor has a copy of it, and
- 2) Your doctor and another doctor have concluded that you are no longer able to make your own health care decisions, and

3) Your doctor and another doctor have determined that you are in a terminal condition or a permanently unconscious state.

### **What is a “terminal condition”?**

A terminal condition is defined as an incurable condition for which administration of medical treatment will only prolong the dying process and without administration of these treatments or procedures, death will occur in a relatively short period of time.

### **What is a “permanent unconscious state”?**

A permanent unconscious state means that a patient is in a permanent coma, caused by illness, injury or disease. The patient is totally unaware of himself, his surroundings and environment, and to a reasonable degree of medical certainty, there can be no recovery.

### **What are Life-Sustaining Procedures?**

Your Living Will affects only those types of treatment, which in the opinion of your doctor, would postpone the moment of death by artificially altering your body's vital functions. Examples are mechanical respirators which help you breathe, kidney dialysis which clears your body of wastes and cardiopulmonary resuscitation (CPR) which restores your heartbeat. The following are the most common procedures that are addressed by Living Wills.

**Cardiopulmonary Resuscitation (CPR):** These are special measures taken to restore stopped breathing or a stopped heartbeat. These could include manual pressure to the chest, the use of electrical shock, intravenous medications, and mechanical ventilation.

**Mechanical Ventilators/Respirators:** These are machines used to assist or control breathing. The ventilator can help sustain a patient through a serious illness. However, in some cases breathing cannot be restored and a patient becomes permanently dependent on the machine. A Living Will can address the question of starting or continuing such support when there is no prospect of improvement.

**Tube Feeding and Intravenous Fluids:** These are used to provide food, water, and/or medications through a tube placed in a vein, nose, throat, or the abdominal wall when patients can no longer eat by normal means.

Having a Living Will enables you to speak your wishes in the use of these and other medical procedures.

### **Is a Living Will the same as a “Do Not Resuscitate” (DNR) order?**

No. A Living Will covers almost all types of life-sustaining treatments and procedures. A “Do Not Resuscitate” order covers two types of life-threatening situations. It states that if you suffer cardiac arrest (your heart stops beating) or respiratory arrest (you stop breathing), your health care providers are not to try to revive you by any means. A DNR order is a document prepared by your doctor at your direction and placed in your medical records.

### **Will I receive medication for pain?**

Unless you state otherwise in the Living Will, medication for pain will be provided where appropriate to make you comfortable and will not be discontinued.

A Living Will does not mean that your comfort needs will be ignored. Every effort will be made at Arkansas Methodist Medical Center to meet your physical, emotional, and spiritual needs, as well as, the needs of your loved ones.

### **Does a Living Will apply if a woman is pregnant?**

Arkansas law is very specific on this subject. The instructions given in the Living Will cannot apply as long as it is possible that the child could develop to the point of live birth with the continued application of life-sustaining procedures.

## **How to Make a Living Will**

You may fill out the *Living Will Declaration Form* included in this booklet or you may contact social services by dialing (0) or informing your nurse and she will assist you. You can also obtain copies at your local doctor's office. Help may also be obtained from your local attorney and/or your State Attorney General's Office. If you have decided to name a health care proxy, please complete the *Optional: Proxy Directive* information located on the *Living Will Declaration Form*.

### **Does a Living Will have to be signed and witnessed?**

Yes. You must sign (or have someone sign the document in your presence and at your direction, if you are unable to sign) and date the Living Will. Then it must be witnessed by 2 adults, 18 years or older.

Although age is the only legal restriction as to who can witness the Living Will, it is recommended that the following people SHOULD NOT witness your signature:

- 1) Your attending physician or an employee of your attending physician
- 2) Anyone related to you by blood, marriage or adoption;
- 3) Any person you may have appointed as your Health Care Proxy;

- 4) Anyone who is entitled to any part of your estate upon your death;
- 5) Anyone who has a claim against any portion of your estate; or
- 6) Any person directly financially responsible for your medical care.

There is no legal requirement in Arkansas to have the Living Will notarized. But several states, like Missouri, require all or parts of their Living Will documents to be notarized. If you want to try to ensure that your Living Will is valid in other states, having your signature and your witnesses' signatures notarized is a good idea.

## **What is a Health Care Proxy?**

You can choose to have another person make health care choices for you, if you should become unable to make decisions. The person you choose is called your "health care proxy". A proxy can be helpful if circumstances arise that are not covered in your Living Will.

### **Who can I select to be my Proxy?**

You can appoint any adult, at least 18 years of age, to be your Proxy. You should select a person knowledgeable about your wishes, values, religious beliefs, in whom you have trust and confidence and who knows how you feel about health care. You should discuss the matter with the person you have chosen and make sure that they understand and agree to accept the responsibility.

Members of your family, such as your spouse, a child, a brother or a sister, or even a close friend are usually a good choice to be your Proxy.

## **What to do with your Living Will.**

We encourage you to discuss your wishes with your family and/or your health care proxy and your doctor, and then give copies of your Living Will to them. DO NOT place it in a safe-deposit box. Try to always bring a copy with you to the Medical Center. When traveling it may be helpful to carry a copy with you in your wallet, luggage or glove box. A wallet card is provided for you in this booklet.

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

Your Living Will and/or Healthcare Proxy can be revoked at any time by telling your doctor and family members that your wishes have changed. In the event you change your mind, all copies of a Living Will to be revoked should be torn up and thrown away.