

Instructions Booklet

Please use the instruction booklet to complete the form.

DISCARD THESE INSTRUCTIONS WHEN THE DOCUMENT IS COMPLETE

The Advance Healthcare Directive Document has 5 sections.

Section 1. Appointing a Healthcare Agent

Appoint a specific person who will have the power to make healthcare decisions for you.

Section 2. Healthcare Agent Powers

Authorize your Healthcare Agent to make certain decisions for you.

Section 3. Healthcare Treatment Instructions – Living Will

Tell your Healthcare Agent and your healthcare providers about the specific healthcare treatments you do want and do not want to receive to prolong life in certain situations.

Section 4. Organ Donation and Anatomical Gifts

Choose to donate organs or make other anatomical gifts.

Section 5. Signature, Witnesses, Notarization

Your signature and two witnesses are required by law.

NOTE: This document is a template that does not include all possible medical situations and outcomes. The document can be modified as needed.

Sections 1-4: You may choose which of these sections you wish to complete. We highly recommend that you complete at least Section 1. Because you cannot predict your future medical needs, it is critical to appoint a Healthcare Agent to make decisions for you when you cannot.

Section 5: You must have your signature and two witness signatures at the end of the document.

Instructions for Section 1

Specific Instructions for Section 1 – Appointing a Healthcare Agent

Name and County.

Fill in your full name and the county where you live.

Appointment of Healthcare Agent and Alternates.

Fill in the full name, address, telephone numbers, and email address of your Healthcare Agent and any alternative agents. Note that you may not appoint your doctor or other healthcare provider as your Healthcare Agent unless they are family members. If, for any reason, your agent is not reasonably available, your alternative agents will be contacted in the order you list them.

Only One Healthcare Agent at a Time.

This form gives only one Healthcare Agent the power to act at any time. You are strongly urged to discuss your wishes with your Healthcare Agent, alternate agent, other family members, clergy and other trusted advisors. You are strongly urged to advise your Healthcare Agent to discuss decisions with the alternate healthcare agents, other family members, clergy and other trusted advisors, if possible, to ensure that your wishes are followed. If you wish for two or more of your Healthcare Agents to act together, you should consult with your attorney and physician to prepare a form that deals with an agent's unavailability or disagreement among the Healthcare Agents.

Separate HIPAA Authorization (optional HIPAA waiver).

Your Healthcare Agent has full access to your medical records when they are acting on your behalf, but before that time, those records are private. However, it may be helpful for your doctor to be able to discuss your medical records with your Healthcare Agent even while you are still able to make your own decisions for yourself. In this document you can give your doctor permission to provide access to and discuss your medical records with your Healthcare Agent immediately. Even without this HIPAA waiver, your doctor may still be able to discuss your medical records with your family as necessary for treatment.

Instructions for Section 2

Specific Instructions for Section 2 – Healthcare Agent Powers

List of Healthcare Agent’s Powers.

The form lists nine broad powers for your agent.

Pay particular attention to number 2, which gives your agent the power to withhold or withdraw food or water supplied by tube. You may wish to consult with a religious advisor if you have questions about whether this decision agrees with the teachings of your faith.

If you have any questions about these powers, consult a doctor and an attorney for guidance. You may cross out any power you do not wish to give to your agent, but if you do, be sure to discuss it with your doctor and your lawyer to make sure that your wishes are clearly expressed.

If in this form you allow your Healthcare Agent to carry out funeral and burial arrangements, this form should not conflict with any other documents or plans you may have that state your funeral and burial wishes.

Mental Healthcare.

This form grants powers to your Healthcare Agent which generally include both physical and mental healthcare. It does not include specific wishes concerning mental health conditions apart from severe brain damage or brain disease. It assumes that you do not have a separate mental healthcare power of attorney or mental healthcare declaration which deals directly with specific mental health issues and is governed by Chapter 58 of the Probate, Estates and Fiduciaries Code. If you do have such a separate document, or you wish to express specific wishes concerning mental healthcare, you should consult with your lawyer and your doctor and use a different form or forms to do so.

Appointment of Healthcare Agent as Guardian of the Person.

By signing a Healthcare Power of Attorney appointing a Healthcare Agent to make decisions for you when you are unable to do so yourself, you reduce the chance that a court proceeding will be necessary under Pennsylvania’s Guardianship laws to appoint a guardian of your person to make decisions about your care. However, should such a guardian of your person be required for any reason, (e.g. if your Healthcare Agent’s decisions are challenged, or if your other family members or your doctors cannot agree with your agent’s decisions) you can nominate your Healthcare Agent, or another person as guardian.

Healthcare Agent Authority.

You can choose to have your Healthcare Agent make decisions for you only when you cannot understand, make or communicate your own healthcare choices. This helps you keep control of your healthcare decisions as long as you can. You can also choose to have your Healthcare Agent make healthcare decisions for you right away.

Guidance for Healthcare Agent.

This section gives you the opportunity to separately state your healthcare goals should you suffer from an end-stage medical condition or other extreme and irreversible medical condition. This is an opportunity to express the values that are most important to you, whether it is the preservation of your life for as long as possible, or to be cared for at home as long as possible- even if this might result in a shortened life, or whether you want to let your agent decide what is best, or any other preference you may have. You may also include any religious, personal, or spiritual values.

Instructions for Section 2 (Continued)

Specific Instructions for Section 2 – Healthcare Agent Powers

Severe Brain Damage or Brain Disease.

This section refers to conditions currently believed to be irreversible, including:

- Severe brain damage, or
- Permanent unconsciousness, or
- Severe brain disease such as advanced dementia (e.g. severe Alzheimer’s Disease)

In such situations, you might not be in an end-stage medical condition or permanently unconscious. However, you might not be able to care for yourself, recognize loved ones, or communicate or interact with other people. You may find there is still meaning and quality to life, and you may wish to continue living as long as possible. On the other hand, you may consider such conditions unacceptable and may find any aggressive medical care to extend your life to be burdensome. You can tell your Healthcare Agent and your doctor whether you wish medical care to be applied aggressively or not in that situation. You may also insert any other personal priorities, to help to guide your agent.

For example, if you had severe Alzheimer’s Disease and developed a life-threatening but curable illness (e.g. curable pneumonia) and needed life preserving measures (e.g. a ventilator), you may wish for your doctor and your Healthcare Agent to use aggressive medical treatment to keep you alive. On the other hand, if you had severe brain damage, and developed an incurable condition such as incurable cancer, you may wish only to be kept comfortable, avoid aggressive medical treatment, and allow death to occur.

This form contains limited options for treatment. You may modify it or use a different form e.g. a dementia-specific advance directive. You should review your choices with your physician and religious advisor if applicable.

Agent’s Use of Instructions.

Initial the first choice if you want your Healthcare Agent to be bound by your instructions. Initial the second choice if you want your Healthcare Agent to be able to override your instructions and do what he or she thinks is best for you. It is important to select a Healthcare Agent who knows you and your values, and to have conversations with your agent about your wishes and preferences to help guide your agent.

Instructions for Section 3

Healthcare Treatment Instructions – Living Will

1. End-Stage Medical Condition.

In this document you can decide what medical care you do want or do not want, if you are in an end-stage medical condition. This is different from your Healthcare Power of Attorney, which applies whenever you are unable to understand, make or communicate a healthcare decision.

Aggressive medical care. By initialing your choice that you do or do not want aggressive medical care in those situations, you agree to the instructions set out below those statements. Read these instructions carefully to make sure they state your wishes accurately. If they do not, you may modify them. You should review any modifications to these instructions with your physician and an attorney to make sure that your wishes are expressed clearly.

Special Rules for Pregnancy. If you are a woman and are diagnosed as being pregnant at the time a healthcare decision would otherwise be made pursuant to this form, special rules apply. Pennsylvania law directs that life-sustaining treatment, including nutrition and hydration, be given unless your attending physician and an obstetrician who have examined you certify in your medical record that such treatment will not permit the continuing development and birth of the unborn child, will be harmful to you, or will cause pain that cannot be alleviated by medication. If you wish to express your wishes in this regard, and it is different from the Pennsylvania law, you may wish to discuss this matter with your physician and an attorney.

2. Tube Feedings.

Initial one of the three choices. Note: the option of tube feeding (nutrition) without hydration (water) is intentionally omitted.

3. Guidance for Healthcare Agent.

This section gives you the opportunity to separately state your healthcare goals, or religious, spiritual, or personal values should you suffer from an end-stage medical condition. For example, your **goals** may be:

- To preserve my life as long as possible, even if I am suffering.
- To attempt all treatments, even if they are painful.
- To be kept comfortable, and to be treated for physical, mental, or emotional pain, even if it may shorten my life.
- To keep my mental function.
- To be able to eat and drink on my own.
- To not be kept on a ventilator or dialysis if there is no meaningful chance of recovering.
- To receive care at home, even if it might shorten my life.
- To be kept alive long enough for my loved ones to have an opportunity to say goodbye.
- To not have CPR, surgery, or treatment if there is no meaningful chance of recovering.
- To let my Healthcare Agent decide what is best for me.

Instructions for Section 3 (Continued)

Healthcare Treatment Instructions – Living Will

4. Agent's Use of Instructions.

Initial the first choice if you want your Healthcare Agent to be bound by your instructions. Initial the second choice if you want your Healthcare Agent to be able to override your instructions and do what he or she thinks is best for you. It is important to select a Healthcare Agent who knows you and your values, and to have conversations with your agent about your wishes and preferences to help guide your agent.

Follow your Instructions. If you direct that your Healthcare Agent is to follow your instructions, you are taking full responsibility for the choices that you have directed. Your doctor and your Healthcare Agent will still have a lot of authority to make judgments about your healthcare choices since they must decide if there is realistic hope of a significant recovery. But otherwise, your instructions must be followed.

Full Power to Healthcare Agent. If you give your Healthcare Agent full power and final authority, even to override your instructions, you will have given your Healthcare Agent all of the power which you yourself possess over your healthcare. If you choose to give your Healthcare Agent this full power and authority, you may list any limitations on that authority in the lines below. If you list such limitations, it is extremely important that you express your wishes clearly, so it is advisable to review the wording with your doctor and your lawyer. Allowing your Healthcare Agent to override your instructions may let your agent respond flexibly to changes in your medical condition.

INSTRUCTIONS

Instructions for Section 4

Specific Instructions for Section 4 – Organ Donation and Anatomical Gifts

Organ Donation and Anatomical gifts. This section allows you to state your preference about donating your organs or other body parts. It is important that you make your wishes known so that your loved ones are prepared.

Your organs can only be donated after you are declared legally dead. In Pennsylvania, in accordance with accepted medical standards, a determination of death is made when:

1. your circulatory (heart) and respiratory (lungs) functions irreversibly stop, or
2. all functions of your entire brain, including the brain stem irreversibly stop (brain death)

It is important to know the effect of organ and anatomical donations on your decisions about end-of-life care so that your wishes about end-of-life care will be fulfilled. For example:

- For an organ transplant to be successful, the dead donor may be kept on a ventilator in order to keep oxygen flowing until transplant surgery is performed. You may want to review your organ donation choices with your physician, and with your religious advisor to determine whether your decision agrees with the teachings of your faith. Most major religions support organ donation.
- Donating a hand, limb or facial tissue may impact funeral arrangements and an open casket may not be possible.

You may wish to donate all or only some organs (e.g., heart, lung, liver, kidney), tissue, eyes, or other body parts (e.g., hands, facial tissue and limbs, also known as vascularized composite allografts). The organ donor designation on the driver's license authorizes you to donate what we traditionally think of as organs (e.g. heart, lung, liver, kidney) and tissue. The driver's license donor designation does not authorize donation of hands, facial tissue, limbs, or other vascularized composite allografts.

Under Pennsylvania law, you must *explicitly* and *specifically* consent to donate hands, facial tissue, limbs or other vascularized composite allografts. You may use this document to make clear your wish to donate or not to donate hands, facial tissue or limbs.

Note that if you wish to allow organ donation for transplant only, and not for medical study or other purposes, you may indicate that preference in this document or write in that limitation.

Instructions for Section 5

Specific Instructions for Section 5 – Signature, Witnesses, Notarization

Legal Protection.

This provision is added so that you and your financial estate stand behind your agent and healthcare providers to protect them from lawsuits against them simply because they followed your wishes. It does not excuse negligence or malpractice in the way your instructions are carried out. If you have any questions about this release, consult an attorney for guidance.

Signature and Witnessing.

Date and sign the document with your full name in the presence of two witnesses who are at least 18 years old. Your address and birth date are added to ensure that your Advance Healthcare Directive is not confused with that of another person of the same or similar name.

Signature by Mark or by Another.

If you are physically unable to sign your name, you may sign by making your mark in place of your signature, and then have another person subscribe your name either before or after you make your mark. Or you may have someone sign or initial for you at your direction. Note that neither a healthcare provider nor an employee of a healthcare employer who provides healthcare services to you can sign your name for you.

Witnesses.

Two witnesses' signatures are required for your Advance Healthcare Directive to be valid in Pennsylvania. If you sign by mark or if you direct someone to sign your name for you, that person who signs your name may not be a witness. It is best where possible to avoid the use of witnesses who may be financially interested persons such as your heirs, your creditors, or your healthcare providers.

Notarization.

Notarization is not required in Pennsylvania, but it is required in some other states, such as West Virginia. The form is more likely to be followed in other states if it is notarized.

What to do now?

Carefully remove the sheets which are your Advance Healthcare Directive from this brochure, and discard the instructions. Make copies of your Advance Healthcare Directive to give to your doctor and your Healthcare Agents. Tell your doctor to add your Advance Directive to your medical record. Keep the original in a safe and accessible place. Make sure to tell your agents where you keep your original.

NEXT STEPS

- **YOU ONLY NEED ONE ORIGINAL SIGNED FORM**
- **MAKE COPIES OF YOUR SIGNED FORM AND GIVE COPIES TO:**
 - **YOUR HEALTHCARE AGENTS**
 - **YOUR PHYSICIAN**
 - **YOUR HOSPITAL MEDICAL RECORDS OFFICE**
 - **ANY OTHER FAMILY MEMBERS YOU WISH**
- **DISCARD THESE INSTRUCTIONS WHEN THE FORM IS COMPLETE**