

Three Critical Points to Remember

There are three critical points to remember about advance directives.

1. Complete the paperwork while you are still healthy and alert. Keep the original in a safe deposit box or with your important papers. Some elderly patients tape copies to their refrigerator or closet door. If an ambulance is called, the emergency medical services staff can see them and take the documents with them to the hospital.

2. Give a copy of your advance directives to the hospital's medical records department so the documents can become part of your permanent record. Copies should also be given to your primary care physician, your attorney, and to your spouse or the person you name to make health care decisions on your behalf in the event of your incapacitation.

3. Discuss your wishes with your family so that they don't reverse or override your decision in a time of crisis. Advance directives take the burden off your loved ones by making your wishes clear in a serious situation. We've all heard of families who fought over whether or not to withdraw life support from a loved one who was declared brain dead. In these and other similar cases, if the patient had advance directives and had discussed their wishes in such an emergency, the family disagreements might be avoided.

If patients don't know if they have completed advance directives or where they put them, new advance directives can be signed at the hospital. This will override any previous documents. A copy will go immediately into the patient's medical record where it can be retrieved easily.

Otherwise, when planning for a surgery or any kind of hospital stay, patients should always bring copies of their advance directives with them to make sure the documents are accessible.

Further questions?

The following resources can assist you should you have questions beyond our expertise:

Kansas Bar Association
1200 SW Harrison
Topeka, KS 66612
(785) 234-5696

Center for Practical Bioethics
1111 Main Street, #500
Kansas City, MO 64105
(816) 221-1100

Kansas Advocates for Better Care
913 Tennessee Street, Suite #2
Lawrence, KS 66044
(785) 842-3088



Geary
Community
Hospital

**1102 St. Mary's Road
P.O.Box 490
Junction City, KS 66441
(785) 238-4131**

www.gchks.org

Do you have Advance Directives on file at GCH?



Advance directives are a must in health care

There are three advance directives that you, the patient, should complete to ensure that your wishes about life and death issues are followed.

They are:

1. ***Kansas Durable Power of Attorney for Health Care***
2. ***Living Will***
3. ***Allow Natural Death (If this is your wish)***

Kansas Durable Power of Attorney for Health Care

The first is the *Kansas Durable Power of Attorney for Health Care*. This gives a person of your choosing the power to make decisions regarding your healthcare treatment when and only when you are physically or mentally unable to make those decisions yourself. You may not necessarily be terminally ill, but rather incompetent or incapacitated concerning these decisions. This person is chosen while you are still competent and while details of the decisions this person may make can be discussed with your physicians, family, and attorney.

The *Kansas Durable Power of Attorney for Health Care* may be the best document because it appoints a person or “agent” to speak on your behalf. The agent can be given the power to make decisions, give consent, refuse consent, or withdraw consent for organ donation, autopsy, or the treatment of any physical or mental condition if the patient chose those options when completing the form. The agent can also make all necessary arrangements for hospitalization, physicians or other care, and request and receive all information and records.

Living Will

A *Living Will* is a legal document that allows you to state in advance whether you wish to have life-sustaining medical treatment withdrawn or withheld in the event of a terminal condition. It basically allows you to decide if you want to receive medical treatment that would only delay death when there is no chance for survival or return to a useful life. A *Living Will* does not allow for mercy killings. Medications or procedures necessary for comfort care or pain reduction are usually given.

A *Living Will* can only take affect in very specific circumstances. Two physicians, including your personal physician, must examine you and determine that you are indeed in a terminal state. The *Living Will* cannot be used during pregnancy, even if a woman’s condition is terminal. In some emergency situations, it may be difficult to determine your chances of survival, making the *Living Will* of minimal value.

Do Not Resuscitate/Allow Natural Death: 2 forms

A *Do Not Resuscitate (DNR)*, which is sometimes called *Allow Natural Death (AND)* order is initiated by you and your primary care physician. It allows you to request that medical procedures not be used to restart breathing or heart functioning. This can be helpful when you are in a nursing home, hospital, or in between locations.

A DNR is rescinded during surgery and reinstated in the recovery room. DNR orders are written by the physician directly onto your chart, but only after the forms in the next paragraph are completed. There are two DNR forms. One limits the scope of emergency medical care you receive outside the hospital. It is called the *Outside the Hospital DNR Request Form*. The second form is called *Do Not Resuscitate, Prehospital DNR Request Form*, and is basically the same as the one for outside use, but concerns care received while a hospital patient.

Who Can Help You?

Hospital case management staff deal with advance directives every day. They can answer your questions, help you fill out the documents, and assist you.

785-210-3342 extension 4155 or 3347

