



For Your Information

Advance Directive: Living Will and Decision Maker

GENERAL INFORMATION:

Advance Directive is a form you fill out while you are feeling well and thinking clearly. The form explains to your family and your health care providers how much medical care you wish to receive, or **not** to receive, if you become unconscious or too ill to make this decision.

There are two different parts to an Advance Directive

- Power of Attorney for Health Care Decisions. This is a form where you name another person as your “agent” who can make health care decisions for you any time you are can not able to do so yourself because you are sick or hurt.
- Individual Instructions (used to be called a living will)

What is a Living Will? A living will is a written record of the care you would choose for yourself during terminal injury or illness. A terminal illness or injury is one that will cause you to die within the near future. It is called a “living will” because it is used while you are still alive, but your death is very near. Your living will usually describes what kind of care you do or do not want. Your decision maker (agent) and caregivers are required to follow your instructions in a living will. Christiana Care offers the 5 Wishes advance directive form. Talk with your family about what your wishes are for care at the end of your life, so they understand how to decide for you. Also, make sure your family and caregivers have a copy of your advance directive.

When does an advance directive go into effect?

- When your doctors decide that you have an injury or illness that cannot be cured and that will cause you to die. Also, you must be unable to make decisions or tell others what you have decided.
- A living will also goes into effect if you should be in a coma, or unconscious for some time and expected to not wake up. Usually this is at least a week, or longer.

What are some of the things I will need to think about? You need to think about the following questions when deciding if you want to have a living will.

Do I want to attempt to delay my dying by medical treatments or procedures? People who sign advance directives want to communicate what treatments or procedures they might want or would not want, to try to delay their death. You may choose to have treatments or procedures continued, stopped, or not given at all. You may also request to limit types of treatments and care that may not help you. This does not mean that if you refuse life-supporting care that you will not receive any care at all. You will still be given palliative (pah-lee-uh-tiv) care. This is also called comfort care that keeps you pain-free and comfortable.

Do I want to have food and liquids given to me through a tube or an IV? The advance directive form has a place that asks what you want done about food, liquids, and other treatments. If you are being given food and liquid through a tube or an IV, you may decide when to stop them. You may decide that they should be stopped right away, or that they should continue for a certain time period. You may also decide that they should be continued for as long as you are alive.

Are there any special limits I want on when care will or will not be given, or what type of care will be given?

The advance directive form you fill out may have a place for you to tell caregivers about any limits on health decisions. You may be able to choose certain conditions where you do not want to have procedures and treatments to make your life longer. This may include length of time to any care that you have said you do, or do not want. For example, you may choose to have all treatments and care while you are in a long-term coma. But, you may also be able to write that “if I am still in a coma after 6 months, I want all care including food and fluids to stop.”

You may be able to include your wishes about organ and tissue donation in the form. And, you may write your beliefs about how long you want to live (quantity of life), and how you want to live (quality of life). You may also include your views on

health, being independent and in control.

Ask caregivers questions about anything you do not understand. Make sure you fully understand treatments or care you may receive before you write down your wishes.

Plan your living will when you are not upset, or having an emergency medical problem.

Look at the benefits and burdens (problems) that each of your decisions may cause for you and your family.

The following may help you to write down your thoughts and beliefs about certain medical situations. Your ideas about each of these may help your family and caregivers to better understand your wishes.

- Medical procedures you may need, or that you have liked or disliked.
- What you think about organ and tissue donation?
- Your views on health, being independent, and in control.
- Your beliefs about religion, God, and heaven.
- Your beliefs about quality of life (how you want to live) and quantity of life (how long you want to live).

Think about the following 4 situations when you make decisions about what you want medically:

- What if I am in a coma and I have no possible chance of waking up from it?
- What if I am in a coma where I might wake up and be OK?
- What if I have brain damage?
- What if I have brain damage and a terminal illness (sickness that causes death)?

Then think about the treatments below that might be offered in each of these situations above.

- Antibiotics.
- Blood transfusions (trans-few-shun).
- Chemotherapy (cancer fighting medicine).
- CPR (Trying to re-start your heart and breathing after you die)
- Invasive (in-vah-siv) tests (tests that are uncomfortable or cause pain).
- Surgery.
- Tubes or IV's to give you food or fluids.
- Ventilator (machine that breathes for you).

The following choices may be possible for the above treatments for short-term or long-term brain damage or coma.

- I would want it.
- I want the treatment tried; but if I do not clearly get better, then stop it.
- I do not know if I want it.
- I do not want it.

Do I need someone to watch me sign my living will?

You are required to have two people watch you sign your living will. And, then they will also sign to say that they were witnesses. Certain people are not allowed to be a witness, such as your doctor or anyone who works for the hospital. A person also cannot be a witness if you owe money to them or if they will inherit money or property from you when you die.

Where can I get more information about living wills?

The information in this handout is not legal advice. Each state has a special form for a legal living will. The state where you live may require more or less information in your living will. Some states may not allow caregivers to follow the terms of a living will. Talk to one of the following people or groups to get more help on what you need to do in your state to fill out a living will.

- Your caregiver or doctor.
- Hospitals, hospices, home healthcare agencies and long-term care facilities (nursing homes).
- Your state attorney general's office.
- Your lawyer.