



Information Regarding
Advance Directives



Información Sobre
Directivas Previas

Updated: March 2009



Lourdes Health Network

Information Sheet Regarding Advance Directives

In compliance with state and federal law, Lourdes Health Network provides the following information to all patients. Lourdes Health Network is dedicated to the care of sick, suffering and dying persons. Respect for life, support of individual dignity, and the pursuit of patient well-being are Christian values central to the mission of Lourdes Health Network.

An Advance Directive is a document which allows you to give directions about your future medical care. An Advance Directive will let your family, friends, and health care providers know your wishes regarding medical care if you are ever unable to express them.

Under Washington State law, you have the right:

1. To make decisions concerning your medical care;
2. To accept or refuse surgical or medical treatment and;
3. To formulate Advance Directives.

During the admission process to Lourdes Health Network you will be asked if you have an Advance Directive. Your reply will be documented on your Nursing Admission Assessment. If you have an Advance Directive, a copy will be placed in your medical record.

Advance Directives include:

- **Living Will**
This is a document which allows you to tell others your wishes regarding health care if you become terminally ill and can no longer make healthcare decision.
- **Durable Power of Attorney**
This legal document allows you to name a person to make healthcare decisions on your behalf.

It is the policy of Lourdes Health Network to follow the guidelines set forth in your living will or durable power of attorney, provided the document is filed in your medical record.

Information packets about Advance Directives are available to you at your request. Counseling regarding an Advance Directive is available from your physician or at Lourdes Medical Center from Pastoral Care or Social Services, or at Lourdes Counseling Center, ask for Social Services.

“Today I have life, how long will it last ---- The days go so quickly, the months pass so fast. My death I don’t fear, but how will I die? Will I recognize loved ones as they bid me good-bye? Please, let us talk now and make plans that are real, put them in writing so you’ll know how I feel. It’s my life, you know, and I want to make sure if my last illness is serious, and there is no cure, you’ll carry out my wishes, and know in your heart, that I am at peace and with dignity depart.” Ida M. Pyeritz

Revised: 5/7/03



Sistema de Salud Lourdes

Advance Directives

Today I have life,
How long will it last—
The days go so quickly,
the months pass so fast.
My death I don't fear,
but how will I die?
Will I recognize loved ones
as they bid me good-bye?
Please, let us talk now
and make plans that are real,
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It's my life, you know,
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if my last illness is serious,
And there is no cure,
You'll carry out my wishes,
and know in your heart,
that I am at peace, and
with dignity depart.

Las Directivas Previas de Salud

*Hoy tengo vida,
¿Cuánto tiempo durará?----
Los días pasan rápidamente.
Los meses se van pronto.
No temo mi muerte.
Pero ¿cómo moriré?
¿Reconoceré a mis seres queridos
cuando me digan adiós?
Por favor hablemos ahora.
Hagamos planes realistas.
Pongámoslos por escrito.
Para que ustedes sepan lo que pienso.
Es mi vida ¿saben?
Y deseo asegurarme
que si mi última enfermedad es grave,
y no existe una cura para ella,
ustedes llevarán a cabo mis deseos y
su corazón les dirá
que estaré en paz.
Y que partiré con dignidad.*

Ida M. Pyritz
St. Clair Hospital Auxilian

THE ADVANCE DIRECTIVES

Dying is one of the most important moments in our lives and deserves thoughtful preparation. All of us must learn to prepare better for dying.

Each of us is the primary decision-maker about the kind of care we will receive while dying. The purpose of this packet is to help us make health care decisions early in our lives before a problem arises, using trusted health care professionals and clergy as resources if desired. This packet is an invitation to talk with our families, physicians, and others with whom we are intimately involved so they know and understand our wishes. By having these discussions while we are healthy, thinking clearly, and in control of our lives, we can help our families to understand our feelings and carry out our wishes on a variety of serious concerns.

In making these decisions, our own values need to be considered. Included in religious and moral values are the values of sanctity of life and personal autonomy. We realize that life is a gift from God and we hold that it is sacred but we still have control. This packet will help us exercise that control while safeguarding the sanctity of life. It should be noted here that assisted suicide is NOT consistent with the value of sanctity of life in the Christian tradition and therefore is not an option presented.

May the following article by Father Lawrence Reilly, the questions for reflection and discussion, and the documents themselves provide a context for the careful consideration of these important issues.

LAS DIRECTIVAS PREVIAS DE SALUD (Advanced Directive)

El morir es uno de los momentos más importantes en nuestras vidas y merece una preparación meticulosa. Todos debemos aprender a prepararnos mejor para morir.

Cada uno(a) de nosotros es el (la) principal ejecutor de las decisiones respecto a la clase de atención que vamos a recibir antes de morir.

El propósito de este paquete es el de ayudarnos a tomar decisiones sobre la atención médica antes de que surja un problema; utilizando si lo deseáramos recursos como la ayuda de profesionales médicos confiables o ayuda espiritual. Éste paquete es una invitación a que platiquemos con nuestros familiares, con los médicos, y todos aquellos(as) con quienes estamos involucrados(as) íntimamente para que conozcan y comprendan nuestros deseos. Al sostener estas conversaciones mientras estamos sanos(as), pensando de manera clara y estando en control de nuestras vidas, podemos ayudar a nuestras familias a comprender nuestros sentimientos y a llevar a cabo nuestros deseos sobre diversas inquietudes importantes.

Para tomar éstas decisiones debemos considerar nuestros propios valores. Dentro de los valores religiosos y morales están los valores de la inviolabilidad de la vida y de la autonomía personal. Nosotros reconocemos que la vida es un regalo de Dios y sostenemos que es sagrada pero aún tenemos control (sobre ella). Éste paquete nos ayudará a ejercer ese control al mismo tiempo que salvaguardamos la santidad de la vida.

Debemos hacer notar que dentro de la tradición Cristiana el suicidio asistido **NO** es compatible con el valor de la santidad de la vida y por lo tanto no se presenta como una opción.

Esperamos que el artículo del Padre Lawrence Reilly, las preguntas para reflexión y diálogo y los documentos mismos proporcionen un contexto para la reflexión minuciosa de estos importantes asuntos.

Living and Dying Well...Choices About Health Care

By Rev. Lawrence Reilly

Dying is one of the most important moments in our lives. Like all important moments, it deserves thoughtful preparation. The better we prepare to live our experience of dying, the greater the likelihood we will die in a context of love and respect. Our Church has a long history of helping people to die well. We should take advantage of this help.

Some of us, of course, will die sudden, unexpected deaths. But most of us will not. All of us must learn to prepare better for dying. Even if our own deaths are sudden, we want to be supportive of our family and friends who die before us.

Each one of us is the primary decision-maker about the kind of care he or she will receive while dying. In other words, you have the first responsibility to make decisions about your care. As we do in most important decisions in our lives, we should seek others' advice about how to live while dying and we should let others know how we want to die. It is very important to communicate our wishes to our families, friends and health care providers.

When we fail to do this, we run the risk of having decisions made for us by others, decisions which may well contradict our wishes, even be contrary to our best interest.

In the 1950's, Pope Pius XII spoke clearly and forcefully about ordinary and extraordinary means. His teaching has been reiterated often, most recently by Pope John Paul II. Pope Pius taught that we all have a moral obligation to take ordinary means to preserve our health and our lives. We do not have a moral obligation to take extraordinary means to preserve our health or our lives. Extraordinary means are those which place a grave burden on a dying person or on the dying person's family. Who determines whether a specific course of treatment or technological intervention is extraordinary or a grave burden? You do. Of course, it's important to discuss your situation with others, but ultimately only you can say whether or not something is a grave burden for you. That is why some persons (both young and old) refuse kidney dialysis and die, while others accept it and live. For some, kidney dialysis is a grave burden, therefore extraordinary means, therefore not morally obligatory; for others, dialysis is not a grave burden, therefore ordinary means, therefore morally obligatory. Only the person who must undergo the treatment can say whether it is a grave burden.

This principle—the human person has a moral obligation to take ordinary means to preserve life but not extraordinary means—is a universal moral principle. We apply it to all treatments and technologies.

Another important principle is: there must be a due proportion between the benefit I wish to achieve and the burden I bear to achieve it. What is the benefit of certain treatments and therapies that are routinely prescribed for dying people in the United States? When you have only a short time to live, do you want to receive aggressive or invasive treatments that have little chance of doing anything but make your dying last longer? What is the true benefit of such treatments and what burden do they place on you or your family? If there is no clear benefit to some therapies or if their burden is too great, there is no moral obligation to undertake those therapies.

These two principles—extraordinary means and burden-benefit—are universally applicable. Some of these situations to which they apply are the following: cardio-pulmonary resuscitation, cardiac support, respiratory therapy, artificial nutrition and hydration, chemotherapies, dialysis, surgeries without clear benefit, and so forth.

Catholic teaching is unambiguous in its support of drug management to relieve pain, even if this shortens life. At the same time, the Church condemns all those actions whose direct purpose is to terminate another person's life. Since dying persons are very vulnerable, it is most important to do everything we can to relieve their physical and emotional pain. At the same time, because we respect dying persons, we must do all we can to prevent others from killing them with impunity.

Open discussion about dying and death in the State of Washington is healthy. The discussion itself challenges us to think clearly and to join our loved ones and friends in making good decisions.

Father Reilly is staff ethicist for the Providence Health Care Network.

The Advance Directive

As part of your right to make your personal health care decisions, you may accept or refuse any recommended medical treatment. This is relatively easy when you are well and can speak for yourself. Unfortunately, during severe illness, you may be unconscious or otherwise unable to communicate your wishes—at the very time when many critical decisions may need to be made. An Advance Directive communicates your wishes for medical care so that the choices people make on your behalf reflect your wishes. An Advance Directive comes into effect only if you become incapacitated (unable to make decisions or to express your wishes), and you can change it at any time until then.

The materials in this packet are born in a spirit of respecting a full measure of human life for every person and in the commitment and desire for communication within the extended family. The purpose is to help you make these decisions early in your life before a problem arises. This packet is an invitation to talk with your family, physicians, and others with whom you are intimately involved so they know and understand your wishes. By holding these discussions while you are healthy, thinking clearly, and in control of your life, you can help your family to understand your feelings and carry out your wishes on a variety of serious concerns. This packet will present introductions to many of these concerns, such as: cardiopulmonary resuscitation, mechanical breathing, artificial nutrition and hydration. This is not intended to be a complete list of possible problems and concerns, but rather an introduction to open discussions with your family, physician, and others intimately involved in your care. Dying is one of life's most personal moments—it should be one of dignity.

You may also want to be in touch with others who can help you with your choices. Since such choices usually reflect personal, philosophical and religious views, you may want to discuss the issues with your clergy or a nurse in addition to your family and your physician. Resource people are available to assist you with questions on this packet. An appointment to speak or meet with a resource person can be made by asking for a social worker or chaplain while at Lourdes Health Network.

Note:

Lourdes Health Network is committed to the fundamental values of respect for the sacredness of life, and compassionate care of dying and vulnerable persons. Lourdes Health Network does not participate nor in any way assist with physician-assisted suicide on any Lourdes Health Network campus.

THE DIRECTIVE TO PHYSICIANS (LIVING WILL)

The standard operating procedures of most health care facilities assume you want life-sustaining procedures provided unless you indicate otherwise.

The directive to physicians (Living Will) deals with withholding or withdrawing medical treatments. It does not permit any active measure to deliberately end life, such as a lethal injection.

INFORMATION TO GUIDE YOUR CHOICES IN THE EVENT OF SUDDEN DEATH OR CARDIAC ARREST

Description of Cardiopulmonary Resuscitation

In the event of sudden collapse without heartbeat, CPR can be started by any person who is trained in the technique. This procedure involves forceful pressing on the chest and mouth-to-mouth resuscitation. This is continued until paramedics arrive with equipment to shock the heart, put in a breathing tube and transport to a hospital where further treatment is available.

CPR was developed to reverse sudden unexpected death in healthy individuals. For CPR to be effective, it has to begin immediately. Therefore, you should make your preferences known regarding CPR in advance.

The following general information about sudden death may be helpful in your decision making:

1. Many deaths in older people follow a long decline in the person's health. Such deaths are neither sudden nor unexpected and they rarely respond to CPR.
2. Sudden death occurring from heart attack or unexpected heart stoppage is painless and often a release from long-term disability.

Facts About Cardiopulmonary Resuscitation

- Possible complications of CPR include broken ribs, punctured lungs and other damage from chest compressions.
- A successful resuscitation may be followed by a period of time requiring artificial life support with little hope of full recovery.
 - For persons resuscitated outside the hospital for heart stoppage, approximately 20% are discharged alive from the hospital.
 - For hospitalized individuals over the age 70, survival will be less than 2%.
 - For elderly individuals in nursing homes, survival from CPR is rare.
- There is a possibility of surviving and returning to the previous level of health.

COMPLETING THE FORMS

There are several forms in this advance directive package. The first form is a **DIRECTIVE TO PHYSICIANS—(LIVING WILL)**. In the State of Washington, under the Natural Death Act (RCW 70.122), you can instruct your physician to withhold or withdraw life-sustaining procedures when you are in a terminal condition. The **DIRECTIVE TO PHYSICIANS—(LIVING WILL)** must be signed by you in the presence of two witnesses not related to you by blood or marriage and who would not be entitled to any portion of your estate in the event of your death. In addition, a witness to the Directive may not be your doctor, or an employee of the doctor, or an employee of the health care facility in which you are a patient.

The next two forms are supplemental directives, which provide direction for your physician in circumstances not covered by the Natural Death Act, that is, those circumstances in which you are not terminal. The supplemental directives include questions about your wishes for organ donation and other end of life choices.

In the fourth form, you will be given the opportunity to designate a **DURABLE POWER OF ATTORNEY** for health care. This person would be asked to make healthcare decisions under circumstances in which you are incapacitated. The **DURABLE POWER OF ATTORNEY** (RCW 11.94) must be signed in the presence of Notary Public.

The **CONSENT FOR HEALTH CARE DECISION LAW (7.70.065)** mandates the following descending order of priority for decision—makers:

1. The appointed guardian of the patient, if any;
2. The individual, if any, to whom the patient has given durable power of attorney for health care decisions;
3. The patient's spouse;
4. Children of the patient. Children must be at least eighteen years of age;
5. Parents of the patient;
6. Adult brothers and sisters of the patient.

As you can see, by creating a **DURABLE POWER OF ATTORNEY** for healthcare you can choose who will make health care decisions for you and you can direct them regarding such decisions.

Finally, you will have the opportunity to make a personal statement. You may find it helpful to answer the **QUESTIONS FOR REFLECTION AND DISCUSSION** before you make your personal statement.

WHAT TO DO WITH THESE FORMS

You should give a copy of the completed **ADVANCE DIRECTIVES** to your personal physician, as well as to a family member or a friend, to ensure that it will be available if it is needed. Your physician should have a copy of it placed in your medical records and should flag it so that anyone who might be involved in your care can be aware of its presence.

DIRECTIVE TO PHYSICIANS, FAMILY AND OTHERS

DIRECTIVE made this _____ day of _____, 20_____.

I, _____, being of sound mind, willfully and voluntarily make known my desire that my life shall not be artificially prolonged under the circumstances set forth below, and do hereby declare that:

- a. If at any time I should have an incurable injury, disease, or illness certified to be a terminal condition by two physicians, and where the application of life-sustaining procedures would serve only to artificially prolong the moment of my death and where my physician determines that my death is imminent whether or not life-sustaining procedures are utilized, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally.
- b. In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this directive shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and I accept the consequences from such refusal.
- c. If I have been diagnosed as pregnant and that diagnosis is known to my physician, this directive shall have no force or effect during the course of my pregnancy.
- d. I understand the full import of this directive and I am emotionally and mentally competent to make this directive.

Signed: _____

City, County and State of Resident

The declarer has been personally known to me and I believe him or her to be of sound mind. I affirm that I am not related to the declarer, that the declarer has stated I am not mentioned in his/her will, that I have no claim against the declarer, and that I am not an employee of an attending physician of the declarer or of the health care facility (if any) in which the declarer is a patient.

Witness: _____ Witness: _____

Address: _____ Address: _____

**SUPPLEMENTAL DIRECTIVE TO PHYSICIANS
AND CAREGIVERS**

Concerning Sudden Death or Cardiac Arrest

_____ INITIATE CARDIOPULMONARY RESUSCITATION (CPR) (full code)
All efforts should be made at resuscitation in the event of sudden death or cardiac arrest.

_____ NO CPR (no code)
No efforts at resuscitation should be made in the event of sudden death. I will accept sudden death as the end of my natural life. I request that my physician will write NO CPR in my medical records.

THE DECISION MAY BE CHANGED AT ANY TIME.

Signed: _____

_____ City, County, State of Residence

The declarer has been personally known to me and I believe him or her to be of sound mind. I affirm that I am not related to the declarer, that the declarer has stated I am not mentioned in his/her will, that I have no claim against the declarer, and that I am not an employee of an attending physician of the declarer or of the health care facility (if any) in which the declarer is a patient.

Witness: _____ Witness: _____

Address: _____ Address: _____

SUPPLEMENTAL DIRECTIVE TO PHYSICIANS

Directive made this _____ day of _____ (month, year).
I, _____, being of sound mind, willfully, and voluntarily make known the circumstances set forth below, and do hereby declare that:

(You may choose to check, by initialing, any or all of the following options in order to provide direction to your physician in the event that you are not terminally ill, but can no longer communicate your wishes.)

1. _____ I wish to be an organ donor.

2. _____ If I am in a coma, which my doctors reasonably believe to be permanent, or if I am in a persistent vegetative state, (no cognitive function), I do not want any life-prolonging treatment to be provided or continued.

3. _____ If I should have a disease that my doctors reasonably believe cannot be reversed or cured, and/or a condition that makes my quality of life intolerable, I do not want any life-prolonging treatment to be provided or continued.

4. _____ I consider nutrition and hydration which is provided artificially through a tube in the veins, nose, or stomach to be life-prolonging treatment. I do not want it provided in the above circumstances.

Signed: _____

City, County, State of Residence

The declarer has been personally known to me and I believe him or her to be of sound mind. I affirm that I am not related to the declarer, that the declarer has stated I am not mentioned in his/her will, that I have no claim against the declarer, and that I am not an employee of an attending physician of the declarer or of the health care facility (if any) in which the declarer is a patient.

Witness: _____ Witness: _____

Address: _____ Address: _____

DURABLE POWER OF ATTORNEY LIMITED TO HEALTH CARE

I understand that my wishes as expressed here may not cover all possible aspects of my care if I become incapacitated. Consequently, there may be a need for someone to accept or refuse medical interventions for me in consultation with my physician.

I, _____,
Your Name

as principle, designate and appoint the person(s) listed below as my attorney-in-fact for health care decisions.

1. **Regarding Health Care.** The attorney-in-fact shall have the authority to make all decisions that a court appointed guardian would have authority to make under the laws of the State of Washington, including, but not limited to the authority to provide informed consent to any medical treatment, all health care decisions, the choice of living accommodations, if necessary, and to hire professional help and consultants and to pay all necessary and reasonable expenses incurred in relation to the broad authority herein given.
2. **Regarding the Right to Die.** If the situation should arise in which there is no reasonable expectation of my recovery from physical or mental disability, I request that I be allowed to die and not be kept alive by artificial means or “heroic measures”, the attorney-in-fact shall have the power to order and consent to withdrawing the artificial means of prolonging my life, terminating the “heroic measures”, ordering that medicine be mercifully administered to me to alleviate suffering even though this may hasten the moment of death. Nothing herein shall ever be construed to enable the attorney-in-fact to authorize a lethal injection terminating my life.

First Designee:

Name _____

Address _____

City/State/Zip Code _____

Telephone Number _____

Social Security Number _____

Second Designee:

Name _____

Address _____

City/State/Zip Code _____

Telephone Number _____

Social Security Number _____

I have also initiated:

- A SUPPLEMENTAL DIRECTIVE TO PHYSICIANS—LIVING WILL
 A SUPPLEMENTAL DIRECTIVE(S) TO PHYSICIAN

and these are known to my attorney-in-fact.

By completing this document, I intend to create a DURABLE POWER OF ATTORNEY for health care under chapter 11.94 of the Revised Code of Washington. It shall take effect upon my incapacity to the extent permitted by law and until I revoke it, by filing a revocation in the auditors office of Franklin County, Washington.

By signing this document, I indicate that I understand the purpose and effect of this DURABLE POWER OF ATTORNEY for health care.

(You must sign this in the presence of a Notary Public for it to be valid.)

Dated this _____ day of _____, 20_____.

Signed: _____

State of Washington

County of _____

On this day personally appeared before me,

to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that he/she signed the same as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

Given under my hand and official seal this _____ day of

_____, 20_____.

Notary Public in and for the State of Washington

residing in _____

My appointment expires:

MY PERSONAL STATEMENT

QUESTIONS FOR REFLECTION AND DISCUSSION:

1. What kind of medical condition, if any, would make life hard enough that you would find attempts to prolong it undesirable?

None?

Intolerable pain?

Permanent dependence on others?

Irreversible mental damage?

Another condition you would regard as intolerable?

2. Which treatments would you want in any event?
Consider the following:

Ordinary treatments?

Comfort treatments?

Treatments that offer improved function?

Artificially administered nutrition and hydration?

3. What would you consider burdensome treatment?

Cardiopulmonary Resuscitation—use of drugs and electric shock to keep the heart beating; artificial breathing?

Mechanical Breathing—breathing my machine?

Kidney Dialysis—cleaning the blood by machine or fluid passed through the belly?

Chemotherapy—using drugs to fight cancer?

Artificial Nutrition and Hydration—giving nutrition and fluid through a tube in the veins, nose, or stomach?

You should record here anything you feel is necessary to clarify your personal values concerning the limits of life and the goals of medical intervention.

MY PERSONAL STATEMENT:

Use another page if necessary.