Advance Directives

Planning for Your Future Medical Care

MLTCOP

MICHIGAN LONG TERM CARE OMBUDSMAN PROGRAM

This booklet is based on and largely tracks the *Advance Directives* booklet written by Bradley Geller when he was staff to the State Long Term Care Ombudsman Program. Various versions of this publication have been offered for free through a number of state websites. This edition is based on Mr. Geller's work but adds a section on Physician Orders for Scope of Treatment (POST), a new type of advance directive.

The Michigan Long Term Care Ombudsman Program wishes to recognize and thank Mr. Geller for his initial authorship of this publication.

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Foreword

We all value the right to make decisions for ourselves. Whether we term this autonomy, liberty, or independence, making decisions is central to our concept of dignity.

One important area in which we exercise independence is in choosing the medical care we receive. Few would deny that a competent adult has the right to consent to or refuse particular medical treatments or services.

Unfortunately, due to illness or injury, we may not always be able to participate in treatment decisions. In that case, the disability may be temporary or permanent.

No one likes to consider the possibility of becoming unable to make decisions. It is easy to put off thinking about that happening and about what treatment we would like in those circumstances.

Although it is difficult to confront these issues, by doing so, we can help ensure our wishes are honored in the future. Expressing our wishes now can also help our loved ones feel confident about the choices they may have to make on our behalf.

Once you determine your wishes, the process of planning is relatively simple and inexpensive or free. This booklet contains information on advance directives to assist you. The fill-in-the-blanks forms at the end of the booklet are just one option you can choose if you decide to proceed.

Questions and Answers About Advance Directives

A. Introduction

What is an advance directive?

An advance directive is a written document in which you specify what type of medical care you want in the future, or who you want to make decisions for you, should you lose the ability to make decisions for yourself.

Why is there a need for advance directives?

Years ago, most individuals died in their own homes. Today, there is greater chance of dying in a hospital or nursing home.

Expanding technology has increased available treatment choices available and improved public health has increased life expectancy. Decisions may have to be made concerning our care at a time we can no longer communicate our wishes.

What are the advantages of having an advance directive?

We each have our own values, wishes and goals. Having an advance directive provides you some assurance your wishes concerning medical and mental health treatment will be honored at a time when you are not able to express them. Having an advance directive may also prevent the need for a guardian to be appointed by a probate court and help guide your loved ones about what choices you would want them to make for you.

Must I have an advance directive?

No. The decision to have an advance directive is purely voluntary. No family member, hospital or insurance company can force you to have one, or dictate what the document should say if you decide to write one.

A hospital or nursing home or hospice organization cannot deny you service because you do or don't have an advance directive.

Are there different types of advance directives?

Yes. Three types are a durable power of attorney for health care, a living will, and a do-not-resuscitate order. And another option, Physical Orders for Scope of Treatment, may be available where you live.

There is also a declaration of anatomical gift, to take effect when you die.

Can I have more than one type of advance directive?

Yes. You may choose to have any number of advance directives, or to have none at all. If you have more than one, it is wise to make sure they are consistent so that your caregivers and decision-makers are clear what you want.

B. Durable Power of Attorney For Health Care

What is a durable power of attorney for health care?

A durable power of attorney for health care, also known as a health care proxy or a patient advocate designation, is a document in which you appoint another individual to make medical treatment and related personal care decisions for you when you can no longer make them for yourself.

You can, in addition, choose to give your patient advocate power to make decisions concerning mental health care you may need.

Finally, you can empower your patient advocate to donate specific organs or your entire body upon your death.

Is a durable power of attorney for health care legally binding?

Yes.

Who is eligible to have a durable power of attorney for health care?

You must be at least 18 years old and you must understand you are giving another person power to make certain decisions for you if you become unable to make them.

Is there a required form for a durable power of attorney for health care?

No. You may choose to use the sample form in this booklet. There are a number of organizations that provide different forms for free.

Make sure you type or print clearly when completing any document.

Must I use a fill-in-the-blanks form?

No. You may write out your own document or have a lawyer draft a document for you. You may use the form in this booklet if you would like to do so.

What is the person to whom I give decision-making power called?

That person is known as your patient advocate.

When can the patient advocate act in my behalf?

Your patient advocate can make decisions for you only when you are unable to participate in medical treatment decisions yourself.

If you choose to give your patient advocate power to make decisions about mental health treatment, your patient advocate can only act if you cannot give informed consent to mental health treatment.

How might I become unable to participate in medical or mental health decisions?

You might have a temporary loss of ability to make or communicate decisions if, for example, you have a stroke or are unconscious after a car accident. You might suffer a permanent loss through a condition such as dementia.

You might become unable to make mental health decisions if a condition such as severe depression or schizophrenia affects your mood or thought process.

Who determines I am no longer able to participate in these decisions?

For medical decisions, the doctor responsible for your care and one other doctor or psychologist who examines you will make that determination.

After examining you, a doctor and a mental health professional (physician, psychologist, registered nurse or masters-level social worker) must each make the determination with respect to mental health treatment. In your documents, you may choose the doctor and mental health professional you wish to make this determination.

What if my religious beliefs prohibit an examination by a doctor?

You should state in your durable power of attorney document that your religious beliefs prohibit an examination by a doctor, and explain how you want it to be determined that you are unable to participate in health care decisions.

What powers can I give a patient advocate?

You can give a patient advocate power to make those personal care decisions you normally make for yourself. For example, you can give your patient advocate power to consent to or refuse medical treatment; arrange for mental health treatment, home health care or adult day care; or admit you to a hospital, nursing home or home for the aged.

You can also authorize your patient advocate to make a gift of your organs or body when you die.

Will my patient advocate have power to handle my financial affairs?

You can give your patient advocate power to arrange for medical and personal care services and to pay for those services using your funds. Your patient advocate will not have general power to handle all your property and finances.

If you wish another person to handle all your property and financial affairs if you become incapacitated, you could seek a lawyer's help to draft a durable power of attorney for finances or other legal documents.

Can I give my patient advocate the right to withhold or withdraw treatment that would allow me to die?

Yes, but you must express in a clear and convincing manner that the patient advocate is authorized to make such decisions, and you must acknowledge these decisions could or would result in your death.

Can I authorize my patient advocate to decide to withhold or withdraw food and water administered through tubes?

Yes. If you want to give your patient advocate this authority, you can describe in the document the specific circumstances in which he or she can act. For example, you could allow your patient advocate to withhold food or water administered through a tube if you have a terminal illness or are permanently unconscious.

Can I give my patient advocate authority to sign a Do-Not-Resuscitate Order?

Yes.

Do I have the right to express other wishes in the document?

Yes. You might, for example, express your wishes concerning other types of care you would want if you had a terminal illness. You could also express a desire not to be placed in a nursing home and a desire to die at home. Your patient advocate has a duty to try to follow your wishes.

What are my options about mental health care?

First, you have a choice whether or not to give your patient advocate any powers concerning mental health care.

If you choose to give your patient advocate powers concerning mental health care, you should specify clearly which powers he or she can exercise. Some powers to consider are authorizing outpatient treatment, hospitalization, administration of psychotropic medication, and electro-convulsive therapy (ECT).

You can also provide greater detail - what hospital you prefer and what medications you want or don't want, for instance.

What are my options concerning organ donation after I die?

You can choose whether or not to give your patient advocate this power.

If you wish your patient advocate to have this power, you can specify which organs you want donated, or whether you want your whole body donated. You can specify where or to whom you wish your organs donated.

Is there an alternative to using a durable power of attorney for health care to arrange for organ donation after I die?

Yes. You can complete the separate form in this booklet, *Declaration of Anatomical Gift*.

If you state your wishes both in the durable power of attorney and in the declaration of anatomical gift, make sure your wishes are the same in both documents.

Is it important to express my specific wishes in an advance directive?

Your wishes cannot be followed if no one is aware of them. It can also be a burden for your patient advocate to make a decision for you without guidance from you. If you have specific desires, make these clear to your patient advocate in talking to him or her. Also consider including these wishes in the document.

What is the duty of my patient advocate?

Your patient advocate has a duty to take reasonable steps to follow your desires and instructions, oral and written, expressed while you were able to make and express your wishes.

Are there exceptions?

A mental health professional can refuse to honor your wishes concerning a specific mental health treatment, location, or professional, if there is a psychiatric emergency endangering your life or the life of another person.

What if I never express any specific wishes concerning medical treatment?

Your patient advocate must act in your best interests.

Will a hospital or nursing home allow my patient advocate to review my records?

Yes. A patient has the right to inspect and copy his or her hospital or nursing home records. Your patient advocate will have the same right you have, once you are no longer able to participate in treatment decisions.

The form in this booklet allows a patient advocate to have access to your medical records at any time after you appoint him or her even if you still have the ability to make decisions for yourself.

Whom can I appoint as patient advocate?

Any person age 18 or older is eligible; you can appoint your spouse, an adult child, a friend or other individual. You should choose someone you trust, who can handle the responsibility, and who is willing to serve.

You should speak with the individual you propose to name as patient advocate before you complete and sign the document to make sure she or he is willing to serve.

Can I appoint a second person to serve as patient advocate in case the first person is unable to serve?

Yes. It is a good idea to do so.

There is no provision in law that states that more than one person can serve as your patient advocate at the same time.

What must I do to have a valid durable power of attorney for health care?

You must put your wishes in writing, sign that document, and have it witnessed by two adults.

There are restrictions on who can be a witness. You need witnesses who are not family members, not your doctor or proposed patient advocate, and not an employee of a health facility or program where you are a patient or client.

What does a patient advocate need to do before acting on my behalf?

Before the patient advocate can act, he or she must sign an acceptance that he or she is willing to serve as your advocate. This can be done at the time you complete the document or at a later time. The general language of the acceptance is stated in the law.

Once I sign a durable power of attorney, may I change my mind?

Yes. Regardless of your physical or mental condition, you can revoke or cancel the durable power of attorney by indicating in any way (writing, speaking, or any other means of communication) that the document does not reflect your current wishes.

What if two physicians have determined I can no longer participate in treatment decisions?

You still have the right to revoke the document even if two doctors have found you are unable to participate in treatment decisions.

Can I change my mind without revoking the document?

Yes. Any spoken wish to have a specific life-extending treatment provided must be honored at the time by a patient advocate, even if the wish contradicts a written directive.

Are there different rules for mental health treatment regarding revocation?

Yes. You can choose in the document to waive your right to immediately revoke the durable power of attorney related to mental health treatment.

In the document you can specify any period up to 30 days after you communicate your intent to revoke, during which time your patient advocate is still authorized to make decisions for you.

If I revoke my durable power of attorney for health care, can I sign a new one?

Yes, but only if you are of sound mind.

You may want to name a different patient advocate or change how you express your wishes. If you sign a new document, destroy the old one and all copies of it and make sure your health care providers are aware that you have a new document.

Can my patient advocate refuse to act on my behalf?

Yes. A patient advocate can revoke his or her *acceptance* at any time. If so, the person you named as your successor patient advocate, if you have named one, would become patient advocate.

What if there is a dispute when my patient advocate is making decisions for me?

If an interested person disputes whether the patient advocate is acting in your best interests, or has the authority to act on your behalf, the interested person may petition the local probate court to resolve the dispute.

What if I regain the ability to participate in medical or mental health decisions?

The powers of your patient advocate are suspended at any time you are able to participate in decisions, and your patient advocate will have no power to make those decisions for you if you can make them for yourself.

Who decides whether I have regained the ability to participate in medical decisions?

The statute is silent on the issue. It is likely the determination of an attending physician or a psychologist is sufficient.

Is there a statewide registry of durable powers of attorney for health care?

Yes. You have the right to voluntarily have your durable power of attorney for health care on a statewide registry. Health care providers will have immediate access to your information.

How do I register my durable power of attorney?

You can submit your durable power of attorney electronically or through regular mail. If through regular mail, the original will be returned to you.

Is there any cost?

No. The registry is free to both you and to health care providers.

Who operates the registry?

The registry is operated by Gift of Life Michigan, under contract from the Michigan Department of Health and Human Services. For more information, visit www.mipeaceofmind.org or call 1-(800) 482-4881.

If my durable power of attorney is registered, can I still revoke it?

Yes. You maintain the right to revoke the document at any time by notifying the registry.

What if I have no one to appoint as a patient advocate?

You can still choose to complete a living will or a do-not-resuscitate order, or both. You and your doctor may also complete a POST form if and when that form is available in your community. All three documents are discussed below.

C. Physician Order for Scope of Treatment (POST)

What is a physician order for scope of treatment (POST) form?

A POST form is another kind of advance directive that gives instructions for the care of seriously ill patients. POST forms are more specific than advance directives and out-of-hospital Do-Not-Resuscitate (DNR) forms. They address medical procedures or treatments such as Intubation (that allows a person to breathe through his or her trachea), antibiotics, cardioversion (a treatment for irregular heartbeat), tube feeding, and hospitalization.

The patient's instructions in this form apply even when the patient becomes unable to make his or her own medical decisions.

Are POST forms legally binding?

The Michigan law creating POST forms became effective on February 6, 2018. However, the state is still in the process of creating a standardized form to be used state-wide. The use of POST forms will be delayed until this process is complete, which may take years.

Currently, POST forms are available in some Michigan communities under programs created locally. These communities include Jackson County, Lansing, Grand Rapids, Houghton, and Marquette. In some parts of Michigan, these forms have already been used for many years.

Must I sign a POST form?

No. Like all advance directives, signing a POST form is completely voluntary.

Can my patient advocate sign the POST form instead of me?

If your patient advocate has authority, he or she can sign the form instead of you. Your doctor will also need to sign.

If I have a guardian, can the guardian sign a POST form for me?

A court can grant a guardian the power to sign a POST form.

Does my guardian have to speak with me before signing a POST form?

Yes, unless you are unable to communicate your wishes.

Do I have the right to revoke a POST form?

Yes. Whether you have signed it, your patient advocate has signed it, or your guardian has signed it, you always have the right to revoke the form.

How do I revoke a POST form?

You can revoke the POST form at any time and in any manner you are able to communicate your wishes.

How is a POST form different from a durable power of attorney?

POST forms are signed by both a patient and his or her doctor. Before the patient and doctor or the patient representative and doctor sign the POST form, the doctor provides the patient or patient representative with an information form and explains the nature and content of the POST form and how the medical treatment discussed in the form will affect the patient.

Can I have a POST form as well as other advanced directives?

Yes. However, POST forms are presumed to supersede previous medical directives. If the POST form is executed after you sign any advance directive that contains written instructions about your medical treatment, the POST form is presumed to express your current wishes. This also applies to do-not-resuscitate orders.

If you have more than one document, make sure your wishes expressed in the documents are consistent.

What are the circumstances where a POST form expires and is no longer in effect?

A POST form expires and is no longer controlling under four circumstances, unless the form is reviewed, initialed, and dated by the doctor and patient or patient representative. Those circumstances are:

1. One year has passed since the initial POST form was signed,
2. The patient is transferred from one care setting or level to another care setting or level,
3. The patient's treatment preferences have changed, and
4. The patient's doctor has changed.

D. Living Will

What is a living will?

A living will is a written document in which you inform doctors, family members and others what type of medical care you wish to receive should you become terminally ill or permanently unconscious.

When will a living will take effect?

A living will only takes effect after a doctor diagnoses you as terminally ill or permanently unconscious and determines you are unable to make or communicate decisions about your care.

How is a living will different from a durable power of attorney for health care?

Although there can be overlap, the focus of a durable power is on who makes the decision; the focus of a living will is on what the decision should be.

A living will is limited to care during terminal illness or permanent unconsciousness, while a patient advocate may also have authority in circumstances of temporary disability.

Are there advantages to each type?

A durable power of attorney for health care may be more flexible because your patient advocate can respond to unexpected circumstances, but a living will might be honored without the presence of a third person making the actual decision.

What might a living will include?

You might express your wishes in general terms - "Do whatever is necessary for my comfort, but nothing further." Or, "I authorize all measures be taken to prolong my life."

You might instead state whether or not you wish specific medical interventions, such as a respirator, cardiopulmonary resuscitation (CPR), surgery, antibiotic medication, and blood transfusions. You could authorize experimental or non-traditional treatment. Whichever approach you choose, you should express your wishes concerning whether you would want food and water administered through tubes.

Is a living will legally binding on health care providers?

Although almost all states have statutes giving living wills legal force, Michigan has not passed such a law. However, based on a Michigan court decision, there is an argument living wills are binding in this state. No one, however, can provide absolute assurance your wishes will be honored.

Is it worth having a living will?

Yes, in some circumstances. It is particularly important to have a living will if you don't have a durable power of attorney for health care. Your wishes cannot be honored if they are not known.

Can I have both a durable power of attorney for health care and a living will?

Yes. Your patient advocate can read your living will as an expression of your wishes. The living will might also be valuable if your patient advocate is unavailable when a decision needs to be made.

If you have both documents, make sure your wishes expressed in the documents are consistent.

What are the requirements for a living will?

Since there is no state law, there are no formal requirements. But it is strongly recommended the document be entitled, "Living Will," be dated, signed by you, and signed by two witnesses who are not family members.

E. Do-Not-Resuscitate Order

What is a do-not-resuscitate order?

A do-not-resuscitate order (DNR order) is a written document in which you express your wish that if your breathing and heartbeat cease, you do not want anyone to attempt to resuscitate you.

Must I sign a DNR order?

No.

For whom might such a document be particularly useful?

For example, a hospice patient who has chosen to be at home to die as peacefully as possible might wish to consider signing a DNR order.

Must I be terminally ill before signing a DNR order?

No. For example, you may be in good health but still not want to be resuscitated should your heart and lungs fail.

Are such documents legally binding?

Yes. A Michigan law provides these documents are valid in settings other than hospitals.

Are there standard forms for a DNR order?

Yes. One form provides spaces for your doctor to sign, for you to sign, and for two witnesses to sign.

There is an alternate form for individuals who have religious beliefs against using doctors. Both forms are included in this booklet.

Can my patient advocate sign the form instead of me?

If your patient advocate has authority, he or she can sign the form instead of you. Your doctor would also sign.

If I have a guardian, can the guardian sign a DNR order for me?

A court can grant a guardian power to sign a DNR order.

Does my guardian have to speak with me before signing a DNR order?

Yes, unless you are unable to communicate your wishes. In any circumstance your doctor would also have to sign the document.

Do I have the right to revoke a DNR order?

Yes. Whether you, your patient advocate, or your guardian has signed it, you always have the right to revoke it.

How do I revoke a DNR order?

You can communicate your wishes to a health care provider or you can tear up the document if you have signed it.

Is it necessary to have a DNR order if I have a durable power of attorney or living will?

Perhaps. A durable power of attorney for health care and a living will only take effect when you are unable to participate in treatment decisions. If you are competent until the moment your heart and breathing stop, these documents will never take effect. The DNR order takes effect when it is executed and is applicable while you are competent.

What else can be done to prevent unwanted resuscitation?

If you are home, ask your relatives in advance not to call 9-1-1 or the police if your breathing should stop. If you are under the care of a registered nurse, she or he has the authority to pronounce death.

What about when I am in a hospital?

These facilities can set their own policies about resuscitation. Upon admission or afterward, you should express your wishes on this issue and ask that these wishes be reflected in your medical chart.

F. General Information

In general, what should I do before completing an advance directive?

Take your time; these are difficult decisions. Think about what treatment you would like under various circumstances in the future. Consider whom you might choose as your patient advocate, and make sure that person is willing to serve.

Discuss the issue with family members. Talk with your minister, rabbi, priest or other spiritual leader if you have one and feel it would be helpful.

Should I also talk with my doctor?

Yes! Bring the subject up with your doctor. Have a discussion about the benefits and burdens of various types of treatment. Express at least your general wishes and make sure the doctor is comfortable with carrying them out.

Are there issues to which I should give particular attention?

Yes. Many people have strong feelings about the administration of food and water. If you become unable to swallow, nutrients can be supplied by a tube down your throat, a tube surgically placed into your stomach, or intravenously. Consider in what circumstances, if any, you would want or not want these procedures. Also consider if you do receive food and water in one of these ways, if there might be a time at which you want to stop receiving food and water.

What should I do with my advance directive after it is signed?

Give the original durable power of attorney for health care to your patient advocate (or at least make sure she or he knows where it is). Give a copy to your doctor and keep a copy yourself. Let people know whom you have chosen as your patient advocate.

Decide whether you want to register your durable power of attorney with the statewide registry. If so, contact them as explained earlier in this booklet.

What will the doctor do with the copy of my durable power of attorney?

She or he will make the document part of your medical record.

What should I do with my living will?

Keep the original of a living will. Give a copy to family members who are close to you, a friend and your doctor. Keep a list of these people.

What should I do with my do-not-resuscitate order?

Always keep the order with you, in plain sight, while you are at home. Give a copy to family members who might be with you at your death.

You also have the option of wearing a DNR bracelet.

Should I bring a copy of my advance directive(s) with me if I go in the hospital or nursing home?

Yes.

After I sign one or more advance directives, should I continue to discuss the issue of my care?

Yes. Sit down with the person you have chosen as patient advocate. The clearer picture he or she has of your wishes, the better. If some time has passed since you signed the document, discuss the issue again.

It is almost always a good idea for you to make relatives and friends aware of your desires.

When should I review an advance directive?

Since medical technology is constantly changing, and since there may be changes in your outlook, it would be wise to review your advance directives once a year. Upon review, you can decide to keep the document, write a new one, or have no advance directive at all.

If you decide to keep the advance directive, you can put your initials and the date on the bottom.

What should I do if I write a new advance directive?

Whether you choose a different person to be your patient advocate or alter your wishes for care, try to get back copies of the old document and destroy them. Contact the statewide registry if you have registered the document

Distribute copies of the new document.

What are the responsibilities of health care facilities or agencies?

Hospitals, nursing homes, hospice organizations and home health agencies receiving federal funds have an obligation to inform incoming patients, clients or residents of their rights to consent to or refuse treatment, including the right to have advance directives.

A health care facility or agency cannot force you to sign an advance directive, or refuse to care for you if you have signed one.

Will the hospital or nursing home honor my advance directive?

If given an advance directive, the hospital or nursing home must make it part of your medical record.

If the facility has no reason to question the document's authenticity, has evidence you are no longer able to participate in treatment decisions, and believes a patient advocate is acting consistent with your wishes, the facility has a responsibility to comply.

Be aware that even though you have an advance directive, unfortunately, there is no absolute assurance your wishes will be honored. The more you talk to people about your wishes, the more likely it is that they will be followed.

What if I decide not to have an advance directive?

Decisions would still have to be made for you should you become unable to make them. Sometimes, a doctor or hospital will accept a spouse or child as an informal decision-maker. In some situations, a family member has some role by law. At other times, a guardianship proceeding will have to be initiated in probate court so that another person obtains legal authority to act for you.

DURABLE POWER OF ATTORNEY
FOR HEALTH CARE

I, _____, am of
(Print or type your full name)

sound mind and I voluntarily make this designation.

APPOINTMENT OF PATIENT ADVOCATE

I designate _____, my _____
(Insert name of patient advocate) (Spouse, child, friend …)

living at _____
(Address and telephone number of patient advocate)

as my patient advocate. If my first choice cannot serve, I designate

_____, my _____,
(Name of successor patient advocate) (Spouse, child, friend ...)

living at _____
(Address and telephone number of successor patient advocate)

to serve as my patient advocate.

My patient advocate or successor patient advocate must sign an acceptance before he or she can act. I have discussed this appointment with the individuals I have designated as patient advocate and successor patient advocate.

GENERAL POWERS

My patient advocate or successor patient advocate shall have power to make care, custody and medical treatment decisions for me if my attending physician and another physician or licensed psychologist determine I am unable to participate in medical treatment decisions.

In making decisions, my patient advocate shall try to follow my previously expressed wishes, whether I have stated them orally, in a living will, or in this designation.

My patient advocate has authority to consent to or refuse treatment on my behalf, to arrange medical and personal services for me, including admission to a hospital or nursing care facility, and to pay for such services with my funds.

My patient advocate shall have access to any of my medical records to which I have a right, immediately upon signing an Acceptance. This shall serve as a release under the Health Insurance Portability and Accountability Act.

Immediately upon signing an Acceptance, my patient advocate shall have access to my birth certificate and other legal documents needed to apply for Medicare, Medicaid, and other government programs.

POWER REGARDING LIFE-SUSTAINING TREATMENT

(OPTIONAL)

I expressly authorize my patient advocate to make decisions to withhold or withdraw treatment which would allow me to die, and I acknowledge such decisions could or would allow my death. My patient advocate can sign a do-not-resuscitate declaration for me. My patient advocate can refuse food and water administered to me through tubes.

_____

(Sign your name if you wish to give your patient advocate this authority)

POWER REGARDING MENTAL HEALTH TREATMENT

(OPTIONAL)

I expressly authorize my patient advocate to make decisions concerning the following treatments if a physician and a mental health professional determine I cannot give informed consent for mental health care:

(check one or more consistent with your wishes)

❑ outpatient therapy

❑ my admission as a formal voluntary patient to a hospital to receive inpatient mental health services. I have the right to give three days notice of my intent to leave the hospital.

❑ my admission to a hospital to receive inpatient mental health services

❑ psychotropic medication

❑ electro-convulsive therapy (ECT)

❑ I give up my right to have a revocation effective immediately. If I revoke my designation, the revocation is effective 30 days from the date I communicate my intent to revoke. Even if I choose this option, I still have the right to give three days notice of my intent to leave a hospital if I am a formal voluntary patient.

_____

(Sign your name if you wish to give your patient advocate this authority

POWER REGARDING ORGAN DONATION

(OPTIONAL)

I expressly authorize my patient advocate to make a gift of the following

(check any that reflect your wishes)

❑ any needed organs or body parts for the purposes of transplantation, therapy, medical research or education

❑ only the following listed organs or body parts for the purposes of transplantation, therapy, medical research or education: _____

❑ my entire body for anatomical study

❑ (optional) I wish my gift to go to -

_____

(Insert name of doctor, hospital, school, organ bank or individual)

The gift is effective upon my death. Unlike other powers I give to my patient advocate, this power remains after my death.

_____

(Sign your name if you wish to give your patient advocate this authority)

STATEMENT OF WISHES

My patient advocate has authority to make decisions in a wide variety of circumstances. In this document, I can express general wishes regarding conditions such as terminal illness, permanent unconsciousness, or other disability; specify particular types of treatment I do or not want in such circumstances; or I may state no wishes at all. If you have chosen to give your patient advocate power concerning mental health treatment, you can also include specific wishes about mental health treatment such as a preferred mental health professional, hospital or medication. (Choose A or B.)

A. My wishes are as follows (you may attach more sheets of paper):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

<u>or</u>

B. I choose not to express any wishes in this document. This choice shall not be interpreted as limiting the power of my patient advocate to make any particular decision in any particular circumstance.

I may change my mind at any time by communicating in any manner that this designation does not reflect my wishes or that I do not want my patient advocate to have authority to make decisions for me.

It is my intent no one involved in my care shall be liable for honoring my wishes as expressed in this designation or for following the directions of my patient advocate.

Photocopies of this document can be relied upon as though they were originals.

SIGNATURE

I sign this document voluntarily, and I understand its purpose.

Dated: _____

Signed: _____

(Your signature)

_____

(Your address and telephone number)

STATEMENT REGARDING WITNESSES

I have chosen two adult witnesses who are not named in my will; who are not my spouse, parent, child, grandchild, brother or sister; who are not my physician or my patient advocate; who are not an employee of my life or health insurance company, an employee of a home for the aged where I reside, an employee of community mental health program providing me services or an employee at the health care facility where I am now.

STATEMENT AND SIGNATURE OF WITNESSES

We sign below as witnesses. This declaration was signed in our presence. The declarant appears to be of sound mind, and to be making this designation voluntarily, without duress, fraud or undue influence.

_____ __ _____

(Print name) (Signature of witness)

_____

(Address)

_____ __ _____

(Print name) (Signature of witness)

_____

(Address)

ACCEPTANCE BY PATIENT ADVOCATE

(1) This designation shall not become effective unless the patient is unable to participate in decisions regarding the patient's medical or mental health, as applicable. If this patient advocate designation includes the authority to make an anatomical gift as described in section 5506, the authority remains exercisable after the patient's death.

(2) A patient advocate shall not exercise powers concerning the patient's care, custody and medical or mental health treatment that the patient, if the patient were able to participate in the decision, could not have exercised in his or her own behalf.

(3) This designation cannot be used to make a medical treatment decision to withhold or withdraw treatment from a patient who is pregnant that would result in the pregnant patient's death.

(4) A patient advocate may make a decision to withhold or withdraw treatment which would allow a patient to die only if the patient has expressed in a clear and convincing manner that the patient advocate is authorized to make such a decision, and that the patient acknowledges that such a decision could or would allow the patient's death.

(5) A patient advocate shall not receive compensation for the performance of his or her authority, rights, and responsibilities, but a patient advocate may be reimbursed for actual and necessary expenses incurred in the performance of his or her authority, rights, and responsibilities.

(6) A patient advocate shall act in accordance with the standards of care applicable to fiduciaries when acting for the patient and shall act consistent with the patient's best interests. The known desires of the patient expressed or evidenced while the patient is able to participate in medical or mental health treatment decisions are presumed to be in the patient's best interests.

(7) A patient may revoke his or her designation at any time or in any manner sufficient to communicate an intent to revoke.

(8) A patient may waive his or her right to revoke the patient advocate designation as to the power to make mental health treatment decisions, and if such waiver is made, his or her ability to revoke as to certain treatment will be delayed for 30 days after the patient communicates his or her intent to revoke.

(9) A patient advocate may revoke his or her acceptance to the designation at any time and in any manner sufficient to communicate an intent to revoke.

(10) A patient admitted to a health facility or agency has the rights enumerated in Section 20201 of the Public Health Code, Act No. 368 of the Public Acts of 1978, Being Section 333.20201 of the Michigan Compiled Laws.

I, _____ understand the above
(Name of patient advocate)

conditions and I accept the designation as patient advocate or successor patient

advocate for _____, who signed a
(Name of patient)

durable power of attorney for health care on the following date: _____

Dated: _____

Signed: _____
(Signature of patient advocate)

_____
(Signature of successor patient advocate)

Living Will

I, _____ am of sound mind, and I voluntarily make this declaration.

If I become terminally ill or permanently unconscious as determined by my doctor and at least one other doctor, and if I am unable to participate in decisions regarding my medical care, I intend this declaration to be honored as the expression of my legal right to authorize or refuse medical treatment.

My desires concerning medical treatment are -

_____

_____

_____

_____

_____

_____

_____

_____

_____

(attach additional sheets if you wish)

My family, the medical facility, and any doctors, nurses and other medical personnel involved in my care shall have no civil or criminal liability for following my wishes as expressed in this declaration.

I may change my mind at any time by communicating in any manner that this declaration does not reflect my wishes.

Photostatic copies of this document, after it is signed and witnessed, shall have the same legal force as the original document.

I sign this document after careful consideration. I understand its meaning and I accept its consequences.

Dated: _____ Signed: _____
(Your signature)

_____
(Your address)

STATEMENT OF WITNESSES

We sign below as witnesses. This declaration was signed in our presence. The declarant appears to be of sound mind, and to be making this designation voluntarily, without duress, fraud or undue influence.

_____ _____
(Print Name) (Signature of Witness)

_____
(Address)

_____ _____
(Print Name) (Signature of Witness)

_____
(Address)

DO-NOT-RESUSCITATE ORDER

This do-not-resuscitate order is issued by _____,
(Type or print physician's name)

attending physician for _____.
(Type or print declarant's or ward's name)

Use the appropriate consent section below, A. or B. or C.

A. DECLARANT CONSENT

I have discussed my health status with my physician named above. I request that in the event my heart and breathing should stop, no person shall attempt to resuscitate me.

This order will remain in effect until it is revoked as provided by law.

Being of sound mind, I voluntarily execute this order, and I understand its full import.

_____ _____
(Declarant's signature) (Date)

_____ _____
(Signature of person who signed for declarant, if applicable) (Date)

_____
(Type or print full name)

B. PATIENT ADVOCATE CONSENT

I authorize that in the event the declarant's heart and breathing should stop, no person shall attempt to resuscitate the declarant. I understand the full import of this order and assume responsibility for its execution.

This order will remain in effect until it is revoked as provided by law.

_____ _____

(Patient advocate's signature) (Date)

_____

(Type or print patient advocate's name)

C. GUARDIAN CONSENT

I authorize that in the event the ward's heart and breathing should stop, no person shall attempt to resuscitate the ward. I understand the full import of this order and assume responsibility for its execution.

This order will remain in effect until it is revoked as provided by law.

_____ _____

(Guardian's signature) (Date)

_____

(Type or print guardian's name)

PHYSICIAN'S SIGNATURE

_____ _____

(Physician's signature) (Date)

_____

(Type or print physician's full name)

ATTESTATION OF WITNESSES

The individual who has executed this order appears to be of sound mind, and under no duress, fraud, or undue influence. Upon executing this order, the individual has (has not) received an identification bracelet.

_____ _____

(Witness signature) (Date)

_____

(Type or print witness's name)

_____ _____

(Witness signature) (Date)

_____

(Type or print witness's name)

THIS FORM WAS PREPARED PURSUANT TO, AND IN COMPLIANCE WITH, THE MICHIGAN DO-NOT-RESUSCITATE PROCEDURE ACT

DO-NOT-RESUSCITATE ORDER

Use the appropriate consent section below, A or B.

A. DECLARANT CONSENT

I request that in the event my heart and breathing should stop, no person shall attempt to resuscitate me.

This order is effective until it is revoked as provided by law.

Being of sound mind, I voluntarily execute this order, and I understand its full import.

_____ _____
(Declarant's signature) (Date)

_____ _____
(Signature of person who signed for declarant, if applicable) (Date)

_____
(Type or print full name)

B. PATIENT ADVOCATE CONSENT

I authorize that in the event the declarant's heart and breathing should stop, no person shall attempt to resuscitate the declarant. I understand the full import of this order and assume responsibility for its execution.

This order will remain in effect until it is revoked as provided by law.

_____ _____

(Patient advocate's signature) (Date)

_____

(Type or print patient advocate's name)

ATTESTATION OF WITNESSES

The individual who has executed this order appears to be of sound mind, and under no duress, fraud, or undue influence. Upon executing this order, the individual has (has not) received an identification bracelet.

_____ _____

(Witness signature) (Date)

_____

(Type or print witness's name)

_____ _____

(Witness signature) (Date)

_____

(Type or print witness's name)

THIS FORM WAS PREPARED PURSUANT TO, AND IN COMPLIANCE WITH, THE MICHIGAN DO-NOT-RESUSCITATE PROCEDURE ACT

Declaration of Anatomical Gift

I, _____, am of sound mind, and I voluntarily make this declaration. In the hope I may help others, I make the following anatomical gift to take effect upon my death: (You may check any one box or both boxes A and C)

❑ A. Any needed organs or body parts for the purposes of transplantation, therapy, medical research or education.

❑ B. Only the following listed organs or body parts for the purposes of transplantation, therapy, medical research or education: _____, _____, _____.

❑ C. My entire body for anatomical study.

Dated: _____ Signed: _____
(Your Signature)

_____
(Address)

OPTIONAL

I wish my gift to go to _____.
(Insert name of doctor, hospital, school, organ bank or individual)

I wish to have my body at my funeral: ____ yes ____ no

STATEMENT OF WITNESSES

This declaration was signed in our presence by the declarant or at his or her direction. We sign below as witnesses in the presence of the declarant.

_____ _____

(Print Name) (Signature of Witness)

_____

(Address)

_____ _____

(Print Name) (Signature of Witness)

_____

(Address)

The Michigan Long Term Care Ombudsman Program strives to improve the quality of care and quality of life for residents of nursing homes, homes for the aged, and adult foster care homes. The program has local ombudsmen located throughout the state who make frequent visits to facilities and work directly with residents to resolve their problems.

For more information about the Ombudsman Program or to get free and confidential help, please contact a local ombudsman by calling **1-866-485-9393.**