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Advance Directives INFORMATION PACKET

SEE ALSO: [ELDER RIGHTS](#) | [FALLS PREVENTION](#) | [ELDER FINANCIAL PLANNING](#) | [CAREGIVER SUPPORT](#)

The Summit Senior Coalition is proud to offer this packet of information for your use. We've collected resources from local offices and website from around the Internet. We believe this is a good start to building your toolkit as you research the topic.

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How to Use This Packet

Your life is your own. Make sure that the people around you know exactly how you want to spend the end of that life. Record now who, what and where is important so that your plans can be carried out flawlessly (pages 3-6). Learn about living wills and health care power of attorney so that you can have any desired instructions on file before they are needed (pages 7-14). Inform your doctor of your wishes (pages 15-17). Learn about making the best choices for you and your loved ones (pages 18-21) and how to talk with them about those choices for the most understanding and clarity (pages 22-24).



Judge Elinore Marsh Stormer
Summit County Probate Court, 209 S. High Street, Akron, OH 44308
330-643-2350 www.summitohioprobate.com

Personal Records and Important Documents - Yellow Sheet

Name: _____ Date: _____

Fill out this form and store it in a safe place along with other important documents. Tell your spouse or partner, adult child, trusted friend or relative where this information could be found in an emergency. Fill out any section that applies. If you need additional space, please attach the information on a separate sheet indicating the title of those sections.

Social Security _____ Date of Birth _____

Contact regarding S.S. information and benefits: _____

Other Pension information: _____ Contact: Phone and/ or email _____

Family: (Spouse/Partner, Children, Close Relative or Trusted Friend)

Name: _____ Relation: _____ Contact: Phone/email _____

Name: _____ Relation: _____ Contact: Phone/email _____

Name: _____ Relation: _____ Contact: Phone/email _____

Name: _____ Relation: _____ Contact: Phone/email _____

Doctor and other trusted advisors: (Examples might be: Lawyer, Accountant, Pastor, Friend)

Name: _____ Relationship: _____ Contact: Phone/email _____

Name: _____ Relationship: _____ Contact: Phone/email _____

Name: _____ Relationship: _____ Contact: Phone/email _____

Name: _____ Relationship: _____ Contact: Phone/email _____

My Church home (if applicable): _____

Healthcare Checklist

Driver's License/Organ Donor Card: Location: _____

Health Insurance Co., Medicare Original or Medicare Advantage Company: _____

ID Number: _____

Healthcare, Medicare Prescription Drug Coverage Company: _____

ID Number: _____

Other Health Insurance Policy (Medigap) Company: _____

Healthcare Power of Attorney: Name: _____

Contact: Phone/email: _____ Location: _____



Living Will/Advanced Directives

Location: _____ Contact: Phone/email _____

Do Not Resuscitate (DNR) Order:

Location: _____ Contact: _____

Last Will and Testament: Location: _____

Burial Policy/Funeral Plan/Declaration for Funeral Arrangements: Location: _____

Contact: Phone/email _____

Cemetery Property: Ownership Certificate location: _____

Document Checklist

Birth Certificate: Location: _____

Name on Certificate: _____

Date of Birth: _____ City/County: _____ State: _____

Father's Name: _____

Mother's Name: _____

Marriage License: Location: _____

Wedding Date: _____ City/County: _____ State: _____

Divorce Records: Location: _____

Divorce Date: _____ City/County: _____ State: _____

Military Records

DD214 Location: _____ Military ID No.: _____

Veterans Benefits/Info.: _____

Military Retirement Benefits (Branch of Military/Contact: Phone No.): _____

Financial Checklist

Financial Power of Attorney:

Name: _____ Contact: Phone/email _____ Location: _____

Assets: (Checking Accounts, Savings Accounts, CDs, etc.)

| Bank/Institution | Account Number | Name(s) on Account | Branch Location/Phone | Online banking: |
|------------------|----------------|--------------------|-----------------------|--|
| | | | | Username: Password: Answer to security question: |
| | | | | Username: Password: Answer to security question: |
| | | | | Username: Password: Answer to security question: |

Investment Checklist:

Safe Deposit Box: Location: _____ Key Location: _____ Contents: _____

Retirement, 401(k) and/or IRA Documents

Company/Contact: Phone/email _____

Investments-Stocks/Bonds and Brokerage Accounts

Location/contact person: _____ Contact/Phone No. /email: _____

Life Insurance Policies:

| Name of Ins. Co. | Phone/email | Policy No. | Beneficiary | Value |
|------------------|-------------|------------|-------------|-------|
| | | | | |
| | | | | |

Deed(s) to Home and/or Property: Location: _____

Mortgage Co. Name/Policy No.: _____ Contact: _____

Additional Property: _____ Mortgage Co. Name/Policy No.: _____

Contact: _____

Rental Agreement: Location: _____ Contact: Phone/email: _____

Automobile and Other Vehicle Ownership: (Auto, truck, motorcycle, motor home, boat, etc.)

| Vehicle ID No. | Year | Make | Model | Title Location |
|----------------|------|------|-------|----------------|
| | | | | |
| | | | | |
| | | | | |

Miscellaneous Valuables/Heirlooms/Items of Sentimental Value:

Item: _____ Location: _____ Who to receive: _____

Item: _____ Location: _____ Who to receive: _____

Item: _____ Location: _____ Who to receive: _____

Item: _____ Location: _____ Who to receive: _____

Item: _____ Location: _____ Who to receive: _____

Debts or Credit Cards (may also include personal, home, car, or student loans):

| Credit Card/Loan Co./Debt | Account Number | Name(s) on Account | Online account/payment information if applicable: | Location of documents and/or cards: |
|---------------------------|----------------|--------------------|--|-------------------------------------|
| | | | Username: Password: Answer to security question: | |
| | | | Username: Password: Answer to security question: | |
| | | | Username: Password: Answer to security question: | |



Electronic & Media Checklist:

Cell Phone Passcode: _____

Computer/l-pad/other:

Item and Location: _____ User Name: _____

Password: _____ Answer to Security Question: _____

Item and Location: _____ User Name: _____

Password: _____ Answer to Security Question: _____

Miscellaneous Online/Digital Accounts and Websites (E-mail, Facebook, Twitter, PayPal, eBay, etc)

Name of Website and Web Address: _____

User Name: _____ Password: _____

Name of Website and Web Address: _____

User Name: _____ Password: _____

Name of Website and Web Address: _____

User Name: _____ Password: _____

Name of Website and Web Address: _____

User Name: _____ Password: _____

What to pay, close, or cancel:

| Utilities: | Company | Account No. | Contact | Username/Password if applicable |
|----------------|---------|-------------|---------|---------------------------------|
| Gas | | | | |
| Electric | | | | |
| Water | | | | |
| Phone | | | | |
| Cable/Internet | | | | |

Please Contact the Following:

| Relationship (Friend, family, employer) | Contact information (Phone, email or address) |
|--|--|
| | |
| | |
| | |
| | |

Information I would like included in my Obituary: _____

Type of Burial/funeral: _____

In the event of my passing, please request 10 copies of my death certificate for legal purposes from the county health department, doctor or funeral director.



*Helping Older Persons With
Legal & Long-Term Care
Problems*

Living Wills

1. What Is A Living Will?

It is an advance directive document that expresses your choices about life-sustaining treatment in case you are later unable to express them. [1] However, its use is restricted to two situations. You must either be in a “terminal condition” or in a “permanently unconscious state.” [2]

2. How Is A Living Will Different From A Durable Power Of Attorney For Health Care?

A living will expresses your desires about administering life-sustaining treatment when you are no longer capable of making a choice. A durable power of attorney for health care (DPOAHC) appoints another person to make all health care decisions for you, after you become incompetent. [3] It is a good idea to have both, so someone you trust can make decisions not covered by a living will. These health care decisions include any choice you would normally make that affects your health, such as whether to take medication, have an operation or end life support.

If your living will says something different from your DPOAHC, the living will must be followed, since it expresses what you want. If the two do not conflict, both will be followed. [4] If your living will does not agree with your general consent to treatment, which most people sign when they enter a nursing home, the living will must be followed. [5]

3. What Is Required To Create A Valid Living Will?

A living will must (a) be signed by you, the declarant (the person who creates the living will); (b) include the date you signed it; and (c) be witnessed by two adults (or acknowledged by a notary public). [6] Witnesses cannot be (a) related to you by blood, marriage or adoption; (b) your attending physician; or (c) the administrator of a nursing facility where you are receiving care. Witnesses must state that you appear to be of sound mind, and that no one is forcing or tricking you into signing a living will. [7]



4. Are Living Wills Created In Other States Valid In Ohio?

Yes. A living will created under the law of another state, if it follows that state's law, is valid in Ohio. [\[8\]](#) A living will created in Ohio before Ohio's living will law was effective (Oct. 1991) must basically follow current Ohio law to be valid. [\[9\]](#)

5. When Does My Living Will Become Effective To Terminate Life Support?

You must tell your attending physician about your living will. He or she must certify that you are not capable of making informed health care decisions for yourself, and that there is no real possibility that you will be able to in the future. Also, the attending physician and one other physician who has examined you must determine that you are in a terminal condition or in a permanently unconscious state. [\[10\]](#)

6. Can My Living Will Order That Artificially Supplied Food And Fluids Be Withheld?

Yes, but if you are permanently unconscious, your living will must specifically say so in capital letters, and you must initial or sign this part of the living will. Only then may artificially supplied food or liquids [\[11\]](#) (such as those given through a tube or an IV) be refused or withdrawn if your attending physician and one other physician who has examined you decide both (a) that you are permanently unconscious; and (b) that food or fluids would not provide comfort or stop your pain. However, even if you have a living will, comfort care such as food, fluids or medication to relieve your pain cannot be withdrawn. [\[12\]](#)

7. What Happens If I Don't Have A Living Will?

If you do not have a living will, and if you are permanently unconscious, the attending physician must seek an order from probate court as to whether to withdraw food or liquids. [\[13\]](#) The court will order withdrawal of food or liquids only if one of the following is clearly shown: (a) you had previously stated that is what you want; or (b) this is the decision you would have made, based on your lifestyle and character. [\[14\]](#) However, if you are in the final stages of a terminal illness, your relatives may consent to the withdrawal of artificially supplied food or liquids without a court order. [\[15\]](#)

8. Can I Revoke My Living Will?

Yes. You may revoke, or cancel, your living will at any time and in any way. If your attending physician knows you have a living will, the will can be revoked as soon as your doctor learns that you have revoked. Your doctor can find this out from you, from someone who witnessed your revocation or health care staff who were told by a witness. [\[16\]](#) Your most recent living will automatically revokes a prior living will, unless the most recent version provides otherwise. [\[17\]](#)

9. Must Doctors And Health Providers Honor My Living Will?

No. Doctors and health care facilities may refuse to follow the instructions in your living will. [18] However, the person who refuses to follow it cannot stop or delay your transfer to a facility or provider who will honor your living will. [19] Providers must notify you of their policy on living wills. [20] Ask about this policy as soon as possible.

10. When It Is Time To Withdraw Life Support, What Must My Attending Physician Do?

Your attending physician must record in your medical record the factors that make your living will go into effect. He or she must also notify certain persons. If you say in your living will who you want to be notified, then those people must be contacted. If you don't make this clear in your living will, then he or she must notify these people in this order: your guardian; your spouse; your adult children who are reasonably available; your parents; or a majority of your adult brothers and/or sisters who are reasonably available. The attending physician must record the names of the people notified. If the physician cannot notify the appropriate person(s), he or she must record the efforts made to try to reach them. Your physician must then wait 48 hours before withdrawing life support to allow time for someone to object. [21]

11. How Does Someone Object To Withdrawing Life Support?

If someone you name in your living will, or someone whom the physician must contact, objects, he or she must tell the attending physician within 48 hours after receiving notice. Then he or she must file an action in probate court within 2 business days, or it will be too late to object. [22] Also, if at any time a person you named in your living will, or your spouse or guardian, believes that you are not receiving proper comfort care, he or she may bring an action in probate court. [23] No one else may participate in any court action.

12. What Does Probate Court Do?

The court can order your attending physician to (a) reevaluate you; (b) invalidate the living will because it does not comply with the law or because you did not voluntarily sign it; or (c) uphold the doctor's decision. [24]

13. Do Living Wills Affect Insurance Policies Or Provider Liability?

No. Having a living will cannot affect the sale or terms of life or health insurance. Your attending physician, the consulting physician and health care providers are not liable for their decisions when they act in good faith and in accordance with reasonable medical standards. [25] However, all health care providers remain liable for negligence which causes you injury or death. [26]

14. After I Create A Living Will, What Should I Do With It?

Discuss your living will with your family and doctor. If you have an attorney, you should advise him or her of your living will and leave a copy there. You should always give a copy of your living will to your attending physician, and to those family members you have chosen to make sure that your wishes are followed. [\[27\]](#)

15. Must I Have An Attorney Write My Living Will?

No, you do not have to have an attorney write a living will. You can use a form, as long as it complies with Ohio law. [\[28\]](#) However, it is always best to be as detailed as possible, so that your wishes in different circumstances will be clearly described. [\[29\]](#) You may want to hire an attorney to help make sure you include everything you want covered in your living will. To order an Advance Directives Packet, which includes a Health Care POA and a Living Will form, send \$4.00 to: Midwest Care Alliance, 2233 North Bank Dr., Columbus, Ohio 43220, 1 (800) 776-9513, or downloaded it free at: http://associationdatabase.com/aws/MCA/pt/sp/advance_directives. You can also download a living will form from Pro Seniors' website at ProSeniors.org.

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Pro Seniors' Legal Hotline for Older Ohioans provides free legal information and advice by toll-free telephone to all residents of Ohio age 60 or older. If you have a concern that cannot be resolved over the phone, then the hotline will try to match you with an attorney who will handle your problem at a fee you can afford.

In southwest Ohio, Pro Seniors' staff attorneys and long-term care ombudsmen handle matters that private attorneys do not, such as nursing facility, adult care facility, home care, Medicare, Medicaid, Social Security, protective services, insurance and landlord/tenant problems.

This pamphlet provides general information and not legal advice. The law is complex and changes frequently. Before you apply this information to a particular situation, call Pro Seniors' free Legal Hotline or consult an attorney in elder law.



*Helping Older Persons with Legal &
Long-Term Care Problems*

Health Care Power of Attorney

1. What Is A Durable Power Of Attorney For Health Care (DPOAHC)?

A DPOAHC allows another person (your agent) to make health care decisions for you when you are no longer able to make those decisions yourself. [1] A health care decision is any choice you would normally make that affects your health, such as whether to take medication, have an operation or terminate life support. [2] The word "durable" means the power you grant to your agent lasts even after you become incompetent. In fact, your DPOAHC does not even become effective, which means your agent has no power to direct your health care, until your attending physician determines that you have lost the capacity to make informed health care decisions. [3]

Also HIPAA requires that the DPOAHC agent be treated as the principal with respect to disclosures of protected health information. An additional box on the DPOAHC form, if initialed, gives your agent permission to immediately access your protected health care information. [4] [5]

2. How Does A DPOAHC Differ From A Living Will?

A living will contains your instructions about withholding or withdrawing life support, food and water if you are terminally ill or permanently unconscious. [6] A DPOAHC, on the other hand, allows your agent to make health care decisions for you and to decide general medical treatment after you become incapacitated. [7] If you have both, the living will controls if you are terminally ill or permanently unconscious. [8]

3. How Does A DPOAHC Differ From A Financial Power Of Attorney?

An agent appointed by a DPOAHC has no authority to manage your financial affairs; and an agent appointed by a financial power of attorney has no authority to handle your medical matters. [9] [10]

4. What Must My Agent Do?



Your agent must make the same health care decisions as you would if you were competent to make those decisions. If your agent does not know what decision you would have made, then he or she must use his or her best judgment to decide what is in your best interest in any particular situation. [11] However, your agent has no authority to refuse or withdraw food and water if you are permanently unconscious, unless you specifically granted him or her such authority or your attending physician and at least one other physician who has examined you determine that nutrition or hydration will not serve to provide comfort, or alleviate pain. [12]

5. What Must A DPOAHC Contain To Be Valid?

A DPOAHC is a form that you fill in with your name and address and the name, address and phone number of the person you choose to be your agent. You may also designate two alternate agents in case the first agent is not readily available or is unwilling or unable to serve. It must then be signed in front of a notary public or two witnesses. [13] A witness can be any adult except for

- (a) any person related to you by blood, marriage or adoption;
- (b) your agent or alternate agent;
- (c) your attending physician; or
- (d) the administrator of a nursing home in which you are receiving care. [14]

6. Who Can Be My Agent?

You may designate any competent adult as your agent in a DPOAHC except

- (a) your attending physician;
- (b) an administrator of a nursing home in which you are receiving care; and
- (c) an employee or agent of one of the above except if they are related to you by blood, marriage, adoption, or if the individual is a competent adult and you and the individual are members of the same religious order. [15]

7. Why Should I Have A DPOAHC?

Everyone should have a DPOAHC. The form is easy to understand, simple to fill out, and puts your future health in the hands of a person you trust. Without it, no one has legal authority to make health care decisions for you. If you are incompetent and you do not have a DPOAHC, it may become necessary for someone to file for guardianship in probate court before any medical treatment can be given. After probate court finds you incompetent, it will appoint a guardian to make health care decisions for you. [16] This procedure involves court costs and attorney fees, and can result in long delays. You may purchase an Advance Directives Packet, which includes a DPOAHC form, for \$4.00 or download the forms for free at:

http://www.midwestcarealliance.org/aws/LAO/pt/sp/advance_directives.

8. Can My Agent Be Sued?

No. The person you choose as your agent must be willing to accept the appointment and should know how you feel about medical procedures and treatments in order to be able to make the same decision you would if you were able to give informed consent. Your agent is not liable for making a good faith effort to fulfill his or her duty even if he or she failed to make the same choice you would have in the same situation. [\[17\]](#) Neither is a physician liable for following the decisions of your agent, but all health care providers remain liable for negligence or deviations from reasonable medical standards causing you injury or death. [\[18\]](#) [\[19\]](#)

9. Can I Change Agents?

Yes, but in order to do so, you must create a new DPOAHC naming the new person as your agent. By doing so, you automatically revoke, or cancel, any earlier DPOAHC. [\[20\]](#) You may also revoke a DPOAHC without creating a new one. You may revoke a DPOAHC in any way at any time, but your revocation does not affect your attending physician until he or she is notified that you revoked your DPOAHC. [\[21\]](#) Unless a DPOAHC contains an expiration date, it remains valid as long as you are alive. If, however, you lack capacity to make informed health care decisions for yourself on the expiration date, the DPOAHC shall continue in effect until you regain the capacity. [\[22\]](#)

10. Can My Agent Withdraw Or Refuse Life-Sustaining Care?

Your agent may not withdraw or refuse life-sustaining treatment unless

- (a) your attending physician and a statutorily qualified physician determine that you are in a terminal condition or permanently unconscious state; and
- (b) your attending physician determines there is no reasonable possibility that you will regain the capacity to make health care decisions for yourself. [\[23\]](#)

“Terminal condition” means there can be no recovery and death is likely to occur within a relatively short time without life-sustaining treatment. [\[24\]](#)

“Permanently unconscious state” means you are irreversibly unaware of yourself and your surroundings, you have lost cerebral cortical functioning and you can’t experience pain or suffering. [\[25\]](#)

11. Can My Agent Refuse Or Withdraw Artificially Supplied Nutrition And Hydration?

Your agent may never refuse or withdraw “comfort care,” which includes nutrition, hydration or any other measure taken to diminish pain or discomfort, but not to postpone death. [\[26\]](#) [\[27\]](#) If you are terminally ill, however, and if your attending physician and a statutorily qualified physician determine that artificially supplied nutrition and hydration will no longer provide comfort or alleviate pain, artificially supplied nutrition and hydration can be refused or withdrawn. [\[28\]](#)

If you are permanently unconscious, artificially provided nutrition and hydration can be refused or withdrawn only if you have authorized your agent to do so by checking and initialing the appropriate paragraph in the DPOAHC and if your attending physician and a statutorily qualified physician determine that the nutrition and hydration will no longer provide comfort or alleviate pain. Also, your agent cannot be subject to a temporary protection order, civil protection order, or any other protection order in this state or another state in which you are the alleged victim. [\[29\]](#)

12. Must A Health Care Provider Follow My Agent's Instructions?

No, but it cannot prevent or unreasonably delay your transfer to the care of a physician or health care facility that is willing to comply. [\[30\]](#)

13. May Someone Object To My Agent's Instructions?

If your agent makes a decision regarding life-sustaining treatment, your attending physician must make a good faith effort to contact a certain person or group of persons, and only that person or group, and the next person or group on the list, has a right to file a complaint in probate court objecting to the decision. [\[31\]](#) The same people may also object to lack of proper comfort care. [\[32\]](#) These are the only persons and situations where an objection can be filed. The one person or group that must be contacted is, in order:

- (a) your guardian, if any;
- (b) your spouse;
- (c) your adult children (if easily available);
- (d) your parents; or
- (e) a majority of your adult siblings who are easily available. [\[33\]](#) [\[34\]](#)

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A Letter to My Doctor

Dear Doctor,

My Doctor's Name: _____

RE: What matters most to me at the end of my life

I have been reading and thinking about end-of-life issues lately. I realize how important it is that I communicate my wishes to you and my family. I know that you are very busy.

You may find it awkward to talk to me about my end-of-life wishes or you may feel that it is too early to have this conversation. So I am writing this letter to clarify what matters most to me.

My Name: _____

What Matters Most to Me

Examples: Being at home, doing gardening, going to church, playing with my grandchildren

My important future life milestones

Examples: My 10th wedding anniversary, my grandson's high school graduation, birth of my granddaughter

Here is how we prefer to handle bad news in my family

Examples: We talk openly about it, we shield the children from it, we do not like to talk about it, we do not tell the patient

Here is how we make medical decisions in our family

Examples: I make the decisions myself, my entire family has to agree on major decisions about me, my daughter who is a nurse makes the decisions, etc.

Here is who I want making medical decisions for me when I am not able to make my own decisions

1. _____
2. _____
3. _____

What I DO NOT want at the end of my life

- I do not want to be on a breathing machine
- I do not want artificial liquid feeding
- I do not want dialysis
- I do not want to spend my last days in a hospital
- I do not want to die at home
- Other: _____

What I DO WANT at the end of life

- I want to be pain free
- I want to spend my last days in the hospital
- I want you to help me die gently and naturally
- I want to die at home
- I want hospice care
- Other: _____

If my pain and distress are difficult to control, please sedate me (make me sleep with medicines) even if this means that I may die sooner

- Yes
- No

What to do when my family wants you to do something different than what I want for myself?

- I am asking you to show them this letter and guide my family to follow my wishes.
- I want you to override my wishes as my family knows best.

Other information you may want to convey

Please scan this letter into my medical records in a place where your colleagues can read this and be guided by it. I thank you, doctor, for listening to me now and for the future work you are about to do, guided by what matters most to me.

Your grateful patient,

Signature

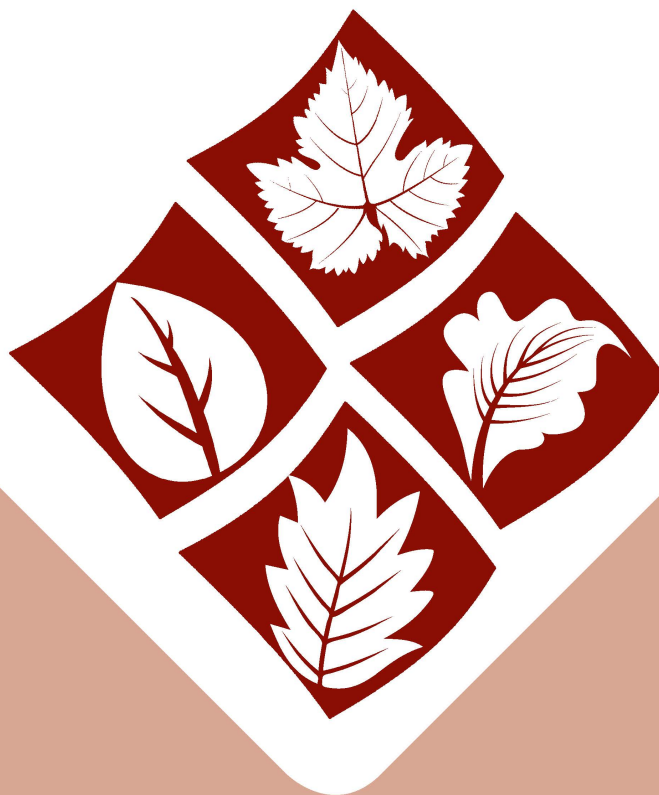
Print Name

Date

For more information about Advance Directives go to: www.summitohioprobate.com

Courtesy of the Stanford Letter Project: <http://med.stanford.edu/letter/about.html>





Choices

Living Well at the End of Life

Advance Directives Packet
Sixth Edition



Introduction

Today, advances in medicine and medical technology save many lives that only 60 years ago might have been lost. Unfortunately, sometimes this same technology also artificially prolongs life for people who have no reasonable hope of recovery.

Death and dying are inescapable realities of life. Armed with the information and forms in this packet, the goal is to provide you with the information you need to document your future health care decisions and take control of many choices regarding your medical future.

It is important to understand what Ohio's laws allow or do not allow in regards to expressing your desires, goals and wishes by using tools such as Ohio's Advance Directives. This packet is meant to educate you about Ohio's Living Will; Health Care Power of Attorney; Anatomical Gifts; and Do Not Resuscitate laws.

In 1991, Ohio recognized your right to have a Living Will. Ohio's other recognized advance directive at that time was the Health Care Power of Attorney. In 1998, Ohio recognized yet another tool to help you and your physician with effective health care planning called a DNR (Do-Not-Resuscitate) Order.

The Living Will allows you to decide and document, in advance, the type of care you would like to receive if you were to become permanently unconscious or terminally ill and unable to communicate. The Health Care Power of Attorney enables you to select someone to make decisions for you.

A person who does not wish to have Cardiopulmonary Resuscitation (CPR) performed may make this wish known through a doctor's order called a DNR Order. A DNR Order addresses the various methods used to revive people whose hearts have stopped (cardiac arrest) or people who have stopped breathing (respiratory arrest). This physician order allows emergency medical workers and health care providers to honor individual wishes about resuscitation inside or outside a hospital, nursing home, home or various other settings.

In contrast, if you choose, you can fill out the Living Will or Health Care Power of Attorney forms without the assistance of a lawyer. However, since these are important legal documents, you may wish to consult a lawyer for advice.

In addition to the Living Will and Health Care Power of Attorney forms, you will find a copy of the Donor Registry Enrollment Form in this packet. Also included in this packet is information on hospice care and end of life issues and options. The last page offers a convenient wallet card that will provide important information to your health care provider.

The elements involved in drafting or determining one's wishes regarding Advance Directives are very important. After reviewing the contents of this packet, you may have additional questions or concerns specific to your personal situation. In such case, it may be important that you discuss your decisions with your family, your clergy, your physician and/or your lawyer.

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Your Questions Answered

“Living Will and Health Care Power of Attorney”

Q: Who should complete a Living Will or Health Care Power of Attorney?

A: Serious illness or injury can strike at any stage of life, so it is important for anyone over age eighteen to think about filling out these documents. A Living Will or Health Care Power of Attorney will help to ensure that your wishes regarding life-sustaining treatment are followed regardless of your age.

Q: Can I indicate that I wish to donate my organs after death through a Living Will or Health Care Power of Attorney?

A: Within this brochure are instructions and a standardized form to register your wishes regarding organ and tissue donation with the Bureau of Motor Vehicles. This is the most appropriate way to document your wishes if you want to be a donor. This form should be filed with the Bureau of Motor Vehicles.

Q: If I state in my Living Will that I don't want to be hooked up to life support equipment, will I still be given medication for pain?

A: Yes. A Living Will affects only care that artificially or technologically postpones death. It does not affect care that eases pain. You would continue to be given pain medication and other treatments necessary to keep you comfortable. The same is true with a Health Care Power of Attorney. The person you name to make your health care decisions may not refuse treatments that alleviate pain.

Q: Which is better to have, a Living Will or a Health Care Power of Attorney?

A: It is a good idea to fill out both documents because they address different aspects of your medical care. A Living Will applies only when you are terminally ill and unable to communicate your healthcare wishes or are permanently unconscious. In both cases, if you have indicated that you do not want your dying to be artificially prolonged and two physicians determine that there is no reasonable hope of recovery, your wishes will be honored.

A Health Care Power of Attorney becomes effective even if you are only temporarily unconscious and medical decisions need to be made. For example, if you were to become temporarily unconscious due to an accident or surgery, the person you name in your Health Care Power of Attorney could make medical decisions on your behalf.

If you have both documents and become terminally ill and unable to communicate or become permanently unconscious, the Living Will would be followed since it identifies your wishes in these situations.

Q: Can I draft a Living Will or Health Care Power of Attorney that says if I become critically ill, I want everything possible done to keep me alive?

A: Yes, but you would need to speak with an attorney about drafting a document expressing those wishes rather than using the standard forms in this packet. You should also discuss your wishes with your personal physician.



Q: If I name someone in my Health Care Power of Attorney to make decisions for me, how much authority does that person have?

A: The person you name as your attorney-in-fact has the authority to make decisions regarding aspects of your medical care if you become unable to express your wishes. For this reason, you should tell the person you name how you feel about life-sustaining treatment, being fed through feeding or fluid tubes, and other important issues.

Also, it is important to remember that a Health Care Power of Attorney document is not the same as a Financial Power of Attorney document, which you might use to give someone authority over your financial or business affairs.

Q: If my condition becomes hopeless, can I specify that I want my feeding and fluid tubes removed?

A: Special instructions are needed to allow for the removal of feeding or fluid tubes if you become permanently unconscious and if the feeding and fluid tubes aren't needed to provide you with comfort. If you want to make certain that the tubes are removed should you become permanently unconscious, you need to place your initials on the space provided on the Living Will or Health Care Power of Attorney form. If you don't want the tubes removed when you are permanently unconscious, don't initial the forms.

Q: If I want to complete a Health Care Power of Attorney, do I also have to nominate a Guardian of my Person and Estate?

A: In 2014, the Ohio Health Care Power of Attorney was expanded to allow you to nominate a guardian to your person and a guardian to your estate. In Ohio, guardianship is typically pursued when a person becomes incompetent, such as with advanced dementia, and there is no family member or significant other willing to undertake the responsibility to

advocate for that person. In some cases, guardianship may also be pursued if there is conflict between responsible family members. By nominating a guardian in the Health Care Power of Attorney, you would communicate your preferences to the probate court to consider your preferences, should a guardianship process ever begin. However, you are not required to complete this section if you do not wish to. If you prefer not to nominate a guardian, simply draw a large "X" over this section of the form.

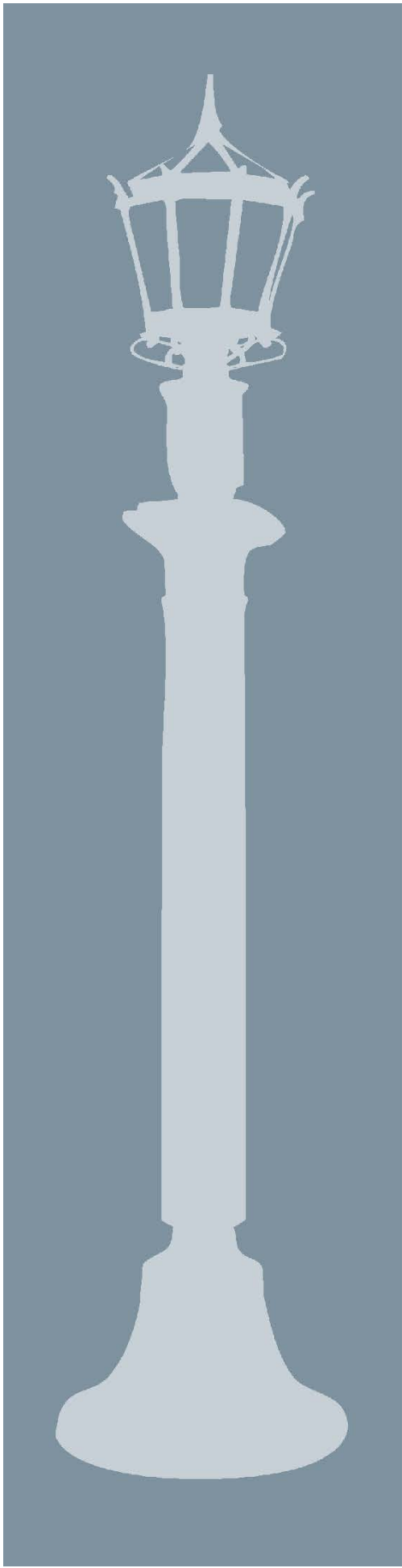
Q: Do I have to use the standard forms for a Living Will or Health Care Power of Attorney or can I draw up my own documents?

A: The enclosed forms were produced jointly by the Ohio State Bar Association, the Ohio State Medical Association, the Ohio Hospital Association, Ohio Osteopathic Association and the Midwest Care Alliance. They comply with the requirements of Ohio law, but you do not have to use these forms. You may wish to consult an attorney for assistance in drafting a document or you may draft your own. In either case, the documents must comply with the specific language spelled out in the Ohio Revised Code.

Q: Can I use Advance Directive or DNR orders from states for healthcare decisions in Ohio?

A: Advance directives and health care decision forms vary from state to state. For example, some states may recognize Five Wishes (www.fivewishes.org) or a POLST form (Physician's Orders for Life-Sustaining Treatment/www.polst.org). Under Ohio law, health care providers should attempt to honor any advance directive presented to them. However, it is strongly recommended that if you spend any regular amount of time in Ohio, that you complete Ohio's advance directives in accordance with Ohio law.





Conversations That Light the Way



*A Document to Guide Advance Care
Planning and Make Your Wishes Known*

A Letter to All Ohioans

Dear Citizens of Ohio,

This document has been created to assist you in making choices about the kind of health care you want as you journey through the final phases of life. Although this subject can be uncomfortable for many people to address, it is important that each person has the opportunity to make these important choices for himself or herself.

Sometimes, individuals are asked to make health care decisions for loved ones who are unable to communicate their wishes. If you haven't talked with your loved ones about your personal preferences, this situation can be very stressful. On the other hand, when these choices have been discussed, family members can make decisions with greater certainty and comfort.

Having these "courageous conversations" with family members and others can actually be a gift to them and relieve them of the burden of trying to imagine what you may want. You can Light the Way for your loved ones. In beginning these discussions, some people have found it helpful to:

- Take advantage of TV programs that highlight themes of death and dying and talk about your reactions.
- Utilize related news and magazine articles to bring up the subject and talk about what you would want if you were the person in the story.
- Cite an event or experience that will open up the conversation, (such as a relative's or friend's health situation or death). Talk about choices that the person made or didn't make.
- Talk about end-of-life choices while you're completing other legal documents or making financial plans.

The pages that follow contain questions, prompts, and information that are designed to help you think and talk about your choices. You may want to revisit this workbook over the years as these conversations take time and your decisions and choices may change. Further assistance can be obtained by referring to the resources listed at the end of this booklet.

We hope you'll use this document as a tool to help you think about your choices. Fill it out and use it to help you talk to your family and friends.

Sincerely,

The Ohio End of Life Collaborative 2003

Midwest Center for Home Hospice & Palliative Care Education is a 501c3 organization that maintains the brochure "Conversations That Light the Way." The organization's mission is to be the cornerstone for education and technical information about home care, hospice and palliative care provided to the public and professional community.

What If? Health Care Scenarios

- *What if you have been diagnosed with Alzheimer's and are having difficulty remembering things and concentrating. In addition, you have a history of heart disease and have had two heart attacks in the last six years. In the event you have another heart attack, what might your thoughts be about cardiopulmonary resuscitation (CPR)? (Please refer to glossary for more information on CPR.)*
- *What if you have a long-term lung disease that has resulted in repeated trips to the Emergency Room of your local hospital. Each time you have survived, but each trip has required longer stays in the hospital. You are no longer able to drive or care for yourself alone at home. If you were to develop a severe crisis like a life-threatening infection, would you want to get antibiotics through your veins or have surgery?*
- *What if you had a stroke that has left you unable to walk, talk, or live alone. You are having more difficulty swallowing and your loved ones are faced with a decision about whether to begin giving you food and water through a tube into your stomach. What would you want them to do for you?*
- *What if you have been diagnosed with cancer of the pancreas and it has spread to the liver. Your doctor has told you this condition is nearly always fatal. If you were to get pneumonia, would you want to be treated with drugs through your veins to try to cure the infection? Or would you prefer the focus switch from cure to keeping you comfortable even if the infection were to worsen?*

Possible Questions to Ask

- What are the possible benefits compared with the possible risks of the treatment?
- What are the best possible and the worst possible outcomes?
- What is your "bottom line" as you think about the "big picture" and the possible effects on the quality of your life?
- Will the treatment make your life better or merely keep you alive longer?
- What may happen if you refuse the treatment?
- Are there any other treatment choices?

In all of the examples, when would you want the goals of your care to shift from trying to keep you alive, (aggressive curative), to keeping you comfortable and out of pain, (providing comfort and symptom management only) and allowing natural death to occur?

gettingwiser.org



Get Started

Our assistance is FREE
to residents of Summit County.

Contact us today
for an in-home assessment.

800.421.7277

info@dhad.org

gettingwiser.org