



YOUR GREATEST PLAN

A Guide to
Advance Care Planning





Empath Health, is pleased to present this guide as a resource to assist you with the advance care planning process. It will provide you with information about medical decision-making, choosing a strong healthcare surrogate and documenting your wishes in a living will.

Please read it carefully and discuss it with your loved ones and doctors. Your discussions can help provide you and your loved ones peace of mind.

For more information:

EmpathHealth.org/Advance-Care-Planning

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The single biggest problem with communication is the illusion that it has taken place. - George Bernard Shaw



Before the Unexpected Happens – Get Your Plan in Order

No one ever expects to have a health emergency, but have you thought about what would happen if you did?

Imagine you were hurt in an accident or became suddenly ill and could not make your own medical decisions. **Who would you trust to make them for you? Do your loved ones know how you want to be treated in a medical emergency?** Who will talk to your doctors about your healthcare wishes when you are too sick to tell them yourself?

The time to have a conversation about your healthcare wishes is now. Do you have a plan?

Health emergencies and sudden illnesses happen. Having a plan that makes your healthcare wishes known is the best way to make sure you get the kind of treatment you want. It also helps your loved ones make tough choices without having to worry whether they are doing the right thing for you.

What kind of choices?

Sometimes, when a person becomes seriously injured or ill, his or her doctors and loved ones must make decisions about the use of life-prolonging treatments. These treatments, commonly known as life support, involve using machines or emergency procedures such as Cardiopulmonary Resuscitation (CPR), dialysis, tube feeding and ventilators to keep people alive. Telling your loved ones how you feel can help eliminate confusion about when and how you would want them used.

How do you make your wishes known?

1. Think about how you would like to be cared for in an emergency. Are there any medical treatments that you absolutely would or would not want to receive?
2. Think about your values. What is important to you? Do you have any special religious, cultural or personal beliefs that you want your healthcare team to know about?
3. Share your thoughts and feelings with your family and friends. Be sure to include anyone that may play a part in your care, including all of your children. Families can be torn apart when caring for loved ones whose wishes are not known ahead of time.
4. Ask questions to find out if your loved ones are willing to honor your wishes. Explain to them why these choices are important to you.

When you have a plan and you share it with your loved ones, you give them a gift. You spare them the stress of deciding what is best for you, by giving them peace in knowing that they are honoring your wishes.

Getting the conversation started

Not everyone is comfortable talking about illness or health emergencies. Sometimes it is hard to get the conversation started. Using an example from everyday life can help break the ice. Here are a few examples of how to start a conversation about healthcare decisions:

“Have you seen that movie *The Bucket List*? I watched it the other day and it really got me thinking about how I want to be treated if I ever get sick...Can I share my thoughts with you?”

“Do you remember how stressful it was for all of us when Grandma got sick? It was hard making decisions for her and never really knowing if we were doing the right thing. I want to tell you about my healthcare wishes so you will know what to do if you ever have to make decisions for me.”

You shared your wishes, now what?

Talking to your family and friends was an important step. Now, to finish your plan, you need to document your wishes and choose someone you trust to carry them out for you.

How do you document your wishes?

The best way to document your wishes is to write them down in a living will. A living will is a statement about the kind of medical treatment you do or do not want to receive. It only goes into effect if you are no longer able to speak for yourself, and it can be revised any time your wishes change. We have included a living will in this guide for your convenience in the Resources section.



**Gather
your loved
ones and
ask...**

**Can We
Talk?**

Who will carry out your wishes?

The most important part of creating a plan is choosing someone to carry it out for you. The person you trust to make healthcare decisions for you when you cannot make them yourself is called a healthcare surrogate (HCS).

Only one person should be your HCS, so talk with your loved ones before making your decision. Think about which of them would carry out your wishes even if they did not agree with the choices you have made. Once you have named a healthcare surrogate, be sure to explain to the rest of your family why you chose that person, so no one feels left out or overlooked. This guide includes important information about being a HCS. You may want to remove this page from the Resources section (page 17) and share it with your chosen surrogate.

Frequently Asked Questions about Advance Care Planning

What is advance care planning?

Advance care planning (ACP) is a thoughtful process of planning for future medical care, should you become unable to make your own decisions due to a life-limiting illness or injury. It involves education, reflection, communication and documentation. It is a valuable tool for your family as they face difficult decisions about caring for you in your final phase of life. Families that engage in the ACP process have less stress, confusion and guilt about their decisions.

What is a Living Will?

A living will is a legal, witnessed, written document or oral statement that expresses your preferences about end-of-life medical treatment. It is an important guide to your loved ones and health care providers if you're terminally ill, seriously injured, in a coma, in late stages of dementia or near the end of life.

Why should you complete a Living Will?

Completing a living will and discussing it with your loved ones while you are well helps to ensure your wishes are honored should you become unable to speak for yourself.

When should a Living Will be prepared?

It should be prepared early as possible for all persons 18 and older. No one can know when an accident or illness may occur.

When does a Living Will take effect?

Your living takes effect when you lose capacity to make healthcare decisions and there is little or no chance of recovery. In the State of Florida, the patient's doctor along with another doctor must determine your condition cannot be made any better before life-prolonging

procedures may be withheld or withdrawn. Your requests to withhold treatments in your living will do not apply when there is reasonable chance of cure or improvement.

Why is there a place for “Other Information” on the Empath Health Living Will?

Many individuals may wish to add details or personal instructions about their choices or even exceptions to the choices provided in the living will. For example, Jehovah's Witnesses may ask that blood products be withheld under all circumstances. Also, instructions such as “I want maximum pain medications, even if it hastens my death,” or “I want to die at home” can be added to this section. Find a copy of this document in the Resources section of this book.

How can you make sure your wishes are followed?

Your living will should be part of your medical record. It should be readily available to doctors and other healthcare providers. It is important to include your healthcare surrogate and your loved ones in your planning and provide them with a copy of your living will.

How often should a Living Will be revised?

It is a good idea to review your living will every few years to make sure it remains current with your wishes. You may also want to check it after major life changes. Consider the five “Ds” - a death, diagnosis, divorce, decline and decade. It is wise to discuss your plan with your primary doctor every few years or whenever you have questions.

Are Living Wills honored in other states?

Every state has its own laws governing living wills, healthcare surrogates and Do Not Resuscitate Orders (DNRO). To be safe, it is important that you check the laws of states where you spend time. Your out-of-state living will is valid in Florida as long as it was legally executed in the other state.

Is a Living Will document revocable?

You can revoke or cancel your living will document orally or in writing at any time. A divorce action will automatically revoke your designation of healthcare surrogate if your spouse is your chosen HCS.

Where should a Living Will be stored and who should have a copy?

After your living will is completed, make certain you have signed and dated the form. Always keep your original document where your loved ones can easily find it. It is not recommended that you store it in a safe deposit box. Provide your hospital with a copy of your living will each and every time you are admitted. In addition, we recommend that you provide a copy to any doctor who participates in your care. You should share a copy and discuss your choices and

goals for care in detail with your designated healthcare surrogate and those who care for you.

No Living Will can be all-inclusive or long enough to provide for all situations.

Discussions about death and end-of-life issues are often avoided in American culture. However, an open, detailed “kitchen table” discussion with your loved ones and doctors is the best way to ensure that your choices will be understood and honored.

Medical Considerations and Living Wills

Which doctors should have a copy of your living will?

Depending upon your illness(es), any or all of your doctors may be involved in your care if you reach a condition in which your living will is needed. Treatment recommendations and decisions are often made through agreement of several doctors. You should discuss and give copies of your living will to all of your doctors, especially your primary care doctor.

How will my healthcare providers know I have a Living Will?

You should tell your doctors, nurses or other healthcare providers that you have a living will and provide them with a copy for your medical record. Any time you are admitted to a hospital, you will be asked if you have a living will. If you know that you will be admitted to a hospital, you should bring a copy of your document with you.

What are the considerations for the use of feeding tubes at the end of life?

A feeding tube is a small tube placed through the nose and into the stomach to deliver artificial liquid feedings. A more permanent form of a feeding tube that is placed through the wall of the abdomen and the stomach is called a gastric tube. Putting in a gastric tube is a surgical procedure.

In most cases, people stop eating and drinking because the dying body no longer has a need for food and fluids. People who are permanently unconscious, in a vegetative state, or who have end-stage dementia (permanent, severe confusion) lose all feeling of thirst or hunger. There is no medical evidence that not using a feeding tube with artificial feedings leads to a more painful death. In fact, research indicates tube-feeding at end of life may increase discomfort. (Annals of Long Term Care, 2013)

What about fluids given by the vein?

Fluids delivered through a small plastic tube inserted into a vein consist of sterile water and sugar. When the body prepares itself to die, intravenous fluids are not necessary and may cause discomfort. In patients who have any awareness, sips of water or ice chips, lubricated lips and good mouth care are enough to relieve a dry mouth and to provide comfort.

Are there conditions when your expressed wishes may not be honored?

Yes. Even though your living will is a legal document, your doctors and HCS are ultimately responsible for interpreting and carrying out your wishes for you when you are no longer able to communicate your choices. These decisions are sometimes difficult and require judgment. When there is a question, they must serve you according to the spirit of your instructions. The clearer your living will is, the better you communicate its contents to your doctors and HCS, the more likely they are to be able to follow your exact wishes. For example, when a condition involves some but very little chance of recovery or when a treatment involves significant risk or added suffering with low potential for benefit, your HCS will be required to make value judgments on your behalf after full medical advice from your doctors.

Why would anyone want “No CPR?”

The success rate of cardiopulmonary resuscitation (CPR) is much less than people think.

- For individuals over 60 years of age, the success rate of CPR in hospitalized patients is approximately 18% (2009, University of Colorado study).
- For victims of cardiac arrest outside a hospital, CPR is successful only 3 to 5% of the time (2012, Journal of the American Medical Association).

Does having a Living Will automatically mean that there will be no resuscitation if your heart and lungs stop?

No. If there is an emergency and paramedics arrive after a call to 911, the presumption on their part is that you want to be saved from death until they receive definitive information to the contrary. They are not doctors and their job is to stabilize you and transport you to a hospital where decisions about treatment can be made. All decisions about CPR should be discussed with your doctor.

If you do not want CPR, you should ask your doctor for a Do Not Resuscitate Order (DNRO) to be entered in your hospital medical record. Currently, in the State of Florida, a separate form (DH Form 1896) must be signed by you (or your HCS, if you are unable to sign) and by your doctor. That form must be with you at all times to ensure that CPR will not be performed in a non-hospital situation.

What is the difference between a DNRO and a living will?

A living will is not a medical order, even though it is a legally recognized document; a DNRO is a medical order signed by a doctor. In the event that your heart stops beating and you stop breathing, a healthcare provider will normally perform CPR to try to restart your breathing and heart. However, you may decide that you do not want CPR performed. In this case, you may

ask for a DNRO to be written.

Why would I want a DNRO?

There is an attempt to provide everyone with CPR unless they indicate otherwise. An attempt at CPR may be successful but studies show may cause harm and suffering when someone is very frail or has a serious illness.

Talking with your doctor can help you understand the potential benefits and burdens of CPR and whether a DNRO is your preferred choice. A DNRO only refers to CPR and does not mean that all other treatments (e.g., pain relief, comfort care, etc.) are stopped.

Does a living will encourage death?

No. Living wills are not an agreement that says that you wish to die. You are making a choice for the future, about medical treatment (breathing machines, tube feeding, CPR, surgery, antibiotics, etc.) that you do and do not want, when there is little or no hope for recovery.

It is legally and ethically appropriate to discontinue medical treatments that are no longer beneficial. It is the underlying disease, not the act of withdrawing treatment, which causes death.

Where can you get the Florida DNRO Form (Florida DH Form 1896)?

Your doctor should be able to provide you with the form. It must be with you at all times to ensure that CPR will not be performed in a non-hospital situation.

Healthcare Surrogates

What is a Healthcare Surrogate?

A healthcare surrogate (HCS) is a trusted person you designate to make medical decisions for you if you should become too sick or injured to make them for yourself.

The HCS makes decisions and takes actions based on what you would make or do if you were able. The law in most states tells HCSs to try to decide as the patient would, even if the decision goes against the way HCSs would decide for themselves. He/She must be able to speak with your voice.

How do you choose a HCS?

You must choose your HCS carefully and then share your choices for medical treatment near the end of life with that person. You want to be sure your HCS is easily accessible by the medical team and is a person that you can count on to honor and communicate your personal wishes even if they do not agree with them. Most people choose a close relative or friend who

knows them best. It is also important to share with your loved ones whom you have chosen.

Consider these four questions when thinking about who to choose:

1. Would this person be willing to speak on your behalf?
2. Would this person be able to handle conflicting opinions among loved ones?
3. Would this person feel comfortable speaking with medical personnel?
4. Would this person be willing to honor your wishes even if he or she disagreed?

It is important to choose an alternate in case your HCS is unwilling, unable, unavailable or not eligible to act as your HCS. Any alternate HCS you choose will then have the same authority to make healthcare decisions for you, if the primary surrogate cannot serve.

What is the difference between a HCS and a healthcare proxy?

If a HCS has not been designated or if it is unknown whether one exists, then a healthcare facility may appoint a default decision-maker called a healthcare proxy. In Florida, proxies are chosen according to the following order of priority:

1. Judicially-appointed guardian (if needed)
2. Patient's spouse
3. Adult child(ren) of the patient
4. Parent(s)
5. Adult sibling(s) of the patient
6. Adult relative of the patient
7. Close friend of the patient*
8. A clinical social worker licensed pursuant to chapter 491, or who is a graduate of a court-approved guardianship program*

* See section 765.401, Florida Statutes.

Can a person have more than one HCS?

Many people want to designate more than one person to be their HCS. For example a person may want all three of their children to be responsible for their medical decisions. If you list more than one person as your HCS, it is important to know that the first person listed will be your decision-maker, followed by the next person listed, and so on. Disagreements among family members happen frequently. It is strongly recommended that you choose one HCS and one alternate HCS.

Resources

Glossary

Advance care planning (ACP) – A thoughtful process of planning for future medical care should you become unable to make your own decisions due to a life-limiting illness or injury. It involves education, reflection, communication and documentation. It is a valuable tool for families as they face difficult decisions about caring for you in your final phase of life.

Advance directive – A broad term that includes documents that allow you to give instructions in the event you can no longer make decisions due to illness or incapacity. (e.g. living will, designation of healthcare surrogate, durable power of attorney, etc.)

Do not resuscitate (DNRO) order – A medical order that instructs medical personnel to not use cardiopulmonary resuscitation (CPR) or ventilation if the person is not breathing or has no pulse after suffering cardiac or respiratory arrest.

Healthcare Surrogate (HCS) - An adult chosen to make healthcare decisions for an individual who is too sick or injured to make decisions for him/herself. The HCS makes decisions and takes actions based on what a patient would make or do if he or she were able.

Healthcare Proxy - If a healthcare surrogate has not been designated or if it is unknown whether one exists, then a healthcare facility may appoint a default decision maker called a healthcare proxy.

Decisional Capacity - the ability for a person to make their own medical decisions. Decisional capacity is different from legal competency. A determination of competency is made by a judge after a hearing. Decisional capacity is assessed on a decision by decision basis.

There are four important factors in determining a person's decisional capacity:

1. The person understands and is able to communicate a consistent choice.
2. The person understands the alternative choices
3. The person understands the importance of the decision.
4. The person is able to understand the risks and benefits of the decision, and makes a choice that is consistent with their own goals and values.

Last Will and Testament (Will) – A legal document that communicates how a person wishes personal assets and property to be passed on after death.

Living Will - A written or oral statement about how you want medical decisions made should you not be able to make them yourself.

Myths About Living Wills

Myth: Living Wills are not legal in every state.

Every state recognizes living wills and healthcare surrogate documents. While the states may use different language, all the states support individuals making decisions for the types of care they desire and choosing someone to speak for them when they cannot speak for themselves. States do have different witnessing requirements and you should consult your state laws to ensure you comply.

Myth: Having a Living Will means I do not want any treatment.

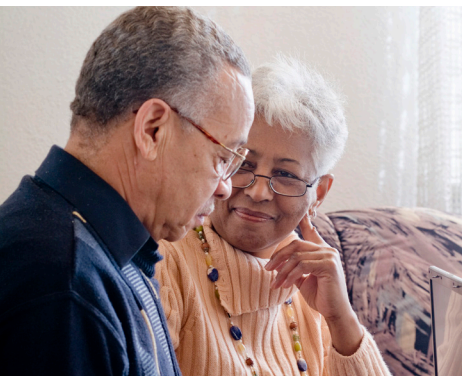
A living will can express both what you want and do not want. It should never be presumed that by having a living will, a person does not want medical treatment.

Myth: Having a Living Will means I won't get treatment.

Hospitals and physicians do not limit treatment options because you have a living will. If you are in an accident, or have a heart attack, or some other injury, a living will does NOT have an impact on your medical care. A living will only takes effect when you are unable to communicate and two doctors agree that you have little or no chance of recovery. Those decisions are not made by emergency medical staff.

Myth: If I choose a Healthcare Surrogate, I give up control over my medical decisions.

You do not give up the right to make your own decisions by signing a living will or choosing a healthcare surrogate. As long as you are able to make decisions, your consent is required for medical treatments.



Waiting hurts. Forgetting hurts. But not knowing which decision to take can sometimes be the most painful...

- José N. Harris

Myth: I need a lawyer to do a Living Will.

Normally you don't need a lawyer to do a living will. The document in this booklet will guide you through the process. Additional help can be requested by contacting us directly or by visiting EmpathHealth.org. However, if you are not comfortable preparing your living will or you need other estate planning documents like a will, living trust or power of attorney form, you may want to contact an attorney.

Myth: Living Wills are for "Old People."

While we tend to think of death and dying as something that only happens when you are older, accidents and illnesses do happen. Younger people have more to lose in a tragedy, and might end up being kept alive for many years in a condition they would not want.

Myth: Doctors don't follow Living Wills anyway, so it doesn't matter if I have one.

Doctors have a legal obligation to respect your clearly communicated medical decisions. They can refuse to comply with your living will if they have an objection of conscience or consider your decisions medically inappropriate. You have the option to transfer to another healthcare provider. Communicating with your doctor ahead of time about your desired medical care is a good strategy in ensuring your wishes are honored.

Myth: If I don't have a Living Will, I can rely on my loved ones to make my health care decisions when I am not able to make them for myself.

Sometimes family members disagree about what to do. Loved ones often do not know what you want, unless you have discussed it in detail with them. They struggle with their decisions, and may suffer with anxiety and depression if placed in the position of making decisions without your guidance.

Choosing a Healthcare Surrogate

Please remove this page and share it with your health care surrogate.

What is a Healthcare Surrogate?

A healthcare surrogate (HCS) is an adult chosen to make healthcare decisions for an individual who is too sick or injured to make decisions for him/herself. The HCS makes decisions and takes actions based on what a patient would make or do if he or she was able.

What are the responsibilities of a HCS?

- Consenting to, withdrawing or refusing medical tests or treatments, including life-prolonging interventions like CPR, breathing machines, artificial nutrition, dialysis, etc.
- Accessing medical records and any information needed about the patient's healthcare
- Deciding whether to transfer the patient to another doctor or healthcare facility
- Asking questions and getting explanations about treatment choices from the medical team
- Authorizing admission to or discharge from any hospital, nursing home or assisted living facility
- Asking for consultations and second opinions
- Applying for public benefits such as Medicare/Medicaid
- Deciding about organ and tissue donations

Who makes a good HCS?

A good HCS knows the patient well and understands what is important to him/her. A HCS must be willing to be a strong advocate. He or she should be able to act on the wishes and values of a loved one. The HCS should live nearby and be available long into the future. He or she must be prepared to respond to conflicting opinions between loved ones and the medical team should they arise.

What are the benefits of having a HCS?

- The HCS knows and understand the individual's wishes about medical treatments.
- The HCS has flexibility. He or she can talk with doctors about changing medical conditions.
- The HCS can interpret living wills in situations that were not foreseen.
- The HCS can advocate. If healthcare providers resist following an individual's wishes, a HCS can negotiate and take any other necessary steps to see that wishes are honored.

Not making a decision IS making a decision.

If a healthcare surrogate has not been designated or if it is unknown whether one exists, then a healthcare facility may appoint a default decision-maker called a healthcare proxy.

In Florida, proxies are chosen according to the following order of priority:

1. Judicially-appointed guardian (if necessary)
2. Patient's spouse
3. Adult child(ren) of the patient
4. Patient's parent(s)
5. Adult sibling(s) of the patient
6. Adult relative of the patient
7. Close friend of the patient*
8. A clinical social worker licensed pursuant to chapter 491, or who is a graduate of a court-approved guardianship program*

* See section 765.401, Florida Statutes.

What should a HCS do when called upon to make decisions?

- Make an appointment to speak with the attending doctor to learn as much about the patient's condition and prognosis
- Make his/her role as the HCS known to the medical staff
- Make sure the living will is in the medical chart and that both he or she and the medical staff know its contents
- Advocate on the patient's behalf
- Speak to the hospital or nursing home administration if not receiving information or answers to questions
- Seek the assistance of a social worker or chaplain if needed
- Ask for an ethics consultation if the issues become too confusing and stressful
- Consider hospice care
- Keep the family informed, if appropriate

Additional Information

- It is a good idea to choose an alternate HCS in case the primary is unable or unavailable to make decisions.
- It is important to give living will copies to the HCS, doctors and loved ones that may be caring for the individual.
- An individual may select a new HCS at any time.

How to Talk with Your Healthcare Providers

Talk with your doctor or healthcare providers about your end-of-life wishes before a crisis occurs. Chances are that he or she is waiting for you to start the conversation.

When you discuss your concerns and choices:

- Ask your doctor to explain treatments and procedures that may seem confusing before you complete your living will.
- Talk about pain management options.
- Let your doctor know that you are completing your living will.
- Make sure your doctor is willing to follow it. The law does not force doctors to follow a living will if they disagree with your wishes for moral or ethical reasons.
- Give your doctor a copy. Make sure he/she knows the name and telephone number of your designated healthcare surrogate.
- Assure your doctor that your loved ones and your appointed healthcare surrogate know your wishes.

You may ask your doctor specifically:

- Will you talk openly and candidly with me and my loved ones about my illness?
- What decisions will my loved ones and I have to make, and what kinds of recommendations will you give to help us make these decisions?
- What will you do if I have a lot of pain or other uncomfortable symptoms?

Provided by the National Hospice and Palliative Care Organization

My Notes



Additional Empath Health Resources

EPIC (Empath Partners in Care)

EPIC (Empath Partners In Care) is a nonprofit provider of medical case management, counseling and pharmacy services to Tampa Bay area residents with HIV. As a member of Empath Health, our focus is helping clients achieve treatment success so they can live a healthy life, providing support to caregivers and family members and educating the community on the prevention of HIV.

EPIC, St. Pete Campus, 3050 1st Ave. S., 33712

EPIC, Clearwater, 5771 Roosevelt Blvd., 33779

EPIC, Tampa Campus, 4703 N. Florida Ave., FL 33603

EPIC at the Tampa Care Clinic 4600 N Habana Ave, #15 Tampa FL 33614 (This location by appointment only)

Daytime, evening and weekend hours vary per location.

Pinellas (727) 328-3260 or Hillsborough (813) 237-3066 | MyEPIC.org

Empath Home Health

A nonprofit provider of comprehensive home healthcare services based in Pinellas County. As a member of Empath Health, our focus is helping homebound patients and their caregivers manage their illness or condition and enjoy a better quality of life.

EmpathHomeHealth.org

Suncoast Hospice

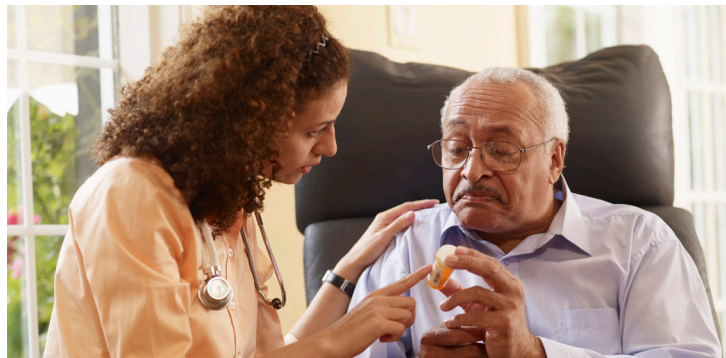
Suncoast Hospice has provided expert and compassionate end-of-life care to Pinellas County residents and support for their caregivers for 40 years. As a member of Empath Health, we are a nonprofit organization. Our care is provided through a team approach and includes palliative care, inpatient centers, integrative medicine and that extra support through our volunteers.

SuncoastHospice.org

Suncoast PACE (Program of All-inclusive Care for the Elderly)

A nonprofit provider of comprehensive healthcare and support services to Pinellas County seniors with chronic health conditions. As a member of Empath Health, our focus is on helping participants remain healthy and independent while living in their own homes.

[\(727\) 289-0062 / 866-458-2933 \(toll free\) | \[SuncoastPACE.org\]\(http://SuncoastPACE.org\)](tel:7272890062)





APPOINTMENT of HEALTHCARE SURROGATE and LIVING WILL

I, _____, want to choose how I will be treated by my healthcare
PRINT NAME

providers. If I am unable to communicate or make my healthcare decisions because of illness or injury, I want my healthcare providers, **healthcare surrogate (HCS)** and loved ones to follow this living will.

In the event that I am unable to communicate or make my medical decisions, my HCS may:

- Talk to my healthcare providers and have access to my medical information
- Authorize my treatment or have it withdrawn based on my choices
- Authorize transportation to another facility
- Make decisions regarding organ/tissue donation based on my choices
- Apply for public benefits, such as Medicare/Medicaid, on my behalf

PART 1: CHOOSE A HEALTHCARE SURROGATE (HCS)

In the event that I am unable or unwilling to communicate or I am incapable of making my decisions about receiving, withholding or withdrawing medical procedures or other treatments, I designate my healthcare surrogate (HCS) to make choices for me according to his/her understanding of my choices and values.

My Appointed HCS

Name: _____

Address: _____

Phone: _____ Alternate phone: _____

Email: _____

Alternate HCS (If my appointed HCS is unwilling, unable, or not reasonably available)

Name: _____

Address: _____

Phone: _____ Alternate phone: _____

Email: _____

HEALTHCARE SURROGATE AUTHORITY (HCS)

My HCS's authority becomes effective when my healthcare provider determines that I am unable to make my own healthcare decisions, unless I initial either or both of the following statements.

If I initial here _____ my HCS's authority to receive my health information takes effect immediately. (upon signing this document)

If I initial here _____ my HCS's authority to make healthcare decisions for me takes effect immediately. (upon signing this document)

While I am able to make my own decisions, my choices will determine the kind of medical treatment I will receive. My healthcare providers will clearly communicate with me about my treatment and any changes even if I allow my HCS to make decisions immediately.

Cut Here

PART 2: INDICATE YOUR MEDICAL CHOICES

I understand that this living will only becomes effective when I am:

1. No longer able to communicate or when I am not capable of making my healthcare decisions known **AND**
2. Two physicians have determined that I have one of the following:
 - ⇒ A terminal or end-stage condition and there is little or no chance of recovery
 - ⇒ A condition of permanent and irreversible unconsciousness, such as a coma or vegetative state
 - ⇒ An irreversible and severe mental or physical illness, such as end-stage dementia, that prevents me from communicating with others, recognizing my loved ones or caring for myself in any way

If I develop one of these conditions, I want my healthcare providers and my HCS to follow the choices I have made in this living will.

My specific choices if I have one of the above conditions	Circle Your Choice	
Cardio-pulmonary resuscitation (CPR) if my heart and breathing stops	Yes I Want	No I Do Not Want
A breathing machine (ventilator) if I am unable to breathe on my own	Yes I Want	No I Do Not Want
Nutrition and fluids through tubes in my veins, nose or stomach	Yes I Want	No I Do Not Want
Kidney dialysis, a pacemaker or a defibrillator, or other such machines	Yes I Want	No I Do Not Want
Surgery or admission to a hospital Intensive Care Unit	Yes I Want	No I Do Not Want
Medications that can prolong my dying, such as antibiotics	Yes I Want	No I Do Not Want

Cut Here

Place your initials by the statements below that are important to you.

_____ I want my HCS and my healthcare providers to ensure my comfort and the management of my pain. I understand that the use of pain medications may cause side effects, such as drowsiness or confusion.

_____ I want palliative care provided to ensure my comfort.
 (Palliative care provides relief from the symptoms, pain and stresses of any serious illness. Palliative care can be provided along with curative treatment.)

_____ To ensure my comfort, I want hospice involved in my care at the earliest opportunity.
 (Hospice care focuses on comfort and quality of life rather than a cure.)

PART 3: INDICATE GOALS OF CARE

This page is optional, but highly recommended.

Suppose there is a time when you are too sick or hurt to communicate. Your healthcare providers believe there is little chance you will recover the ability to know who you are or who you are with. What would be most important to you in this situation? (level of care, location of care, description of a good quality of life) _____

What cultural, spiritual, religious or personal beliefs do you have that you want your healthcare providers to know about? (customs, practices, meals, services, music)

Please contact my religious/spiritual advisor to support me.

Name: _____

Contact information: _____

I want my HCS, loved ones, and healthcare providers to know these things about me. What fears, worries or concerns do you have about serious illness or injury? _____

PART 4: MAKE IT LEGAL

I fully understand the meaning of this Appointment of Healthcare Surrogate and Living Will. I am emotionally and mentally capable of signing this document. This document reflects my personal choices regarding medical care.

Signature _____ Printed name _____ Date _____

Witness 1: _____
Print name _____ Signature _____

Address: _____

Witness 2: _____
Print name _____ Signature _____

Address: _____

*** Your healthcare surrogate(s) cannot serve as a witness to this living will.
At least one witness must be someone other than your spouse or a blood relative.**

Next Steps

- Discuss your living will with your healthcare provider(s).
- Communicate your choices to your HCS and alternate surrogate.
- Once your living will has been signed and witnessed, give copies to: your doctor(s), your HCS and alternate surrogate and your loved ones.
- Keep your original copy where it can be easily found.
- Review your living will on a regular basis. A living will can be changed at any time.

Copies of this document have been given to: _____

*The state of Florida does **NOT** require notarization of living wills, however some states do. Please check your state's requirements. This space is being provided for those individuals who need notarization.*

Signature: _____ County of: _____

The foregoing instrument was acknowledged before me on _____ (date).

By: _____ Signature of Notary: _____

Seal of Notary:

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(727) 467-7423 | EmpathChoicesforCare.org

My Wishes Wallet Cards

Instructions

1. Complete the information on the front of the card
2. Use the back blank side for any additional emergency contact information
3. You may want to laminate the card with clear tape
4. Fold and place in your wallet behind your driver's license or ID card

For more information on living wills and healthcare surrogates contact

Contact Empath Health at EmpathHealth.org for more information on Advance Care Planning.

I DO HAVE A LIVING WILL.

My Name: _____

My Doctor is: _____

My Doctor's Ph. #: _____

My Healthcare Surrogate is: _____

My Surrogate's Ph. #: _____



A copy of my living will can be found: _____

Other copies of my living will are held by:

Name: _____ Ph: _____

Name: _____ Ph: _____

EmpathHealth.org

I DO HAVE A LIVING WILL.

My Name: _____

My Doctor is: _____

My Doctor's Ph. #: _____

My Healthcare Surrogate is: _____

My Surrogate's Ph. #: _____



A copy of my living will can be found: _____

Other copies of my living will are held by:

Name: _____ Ph: _____

Name: _____ Ph: _____

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