

SURGICAL HOSPITAL OF OKLAHOMA OKLAHOMA ADVANCE DIRECTIVE Planning for Important Healthcare Decisions rev6/06bb

It's About How You LIVE

It's About How You LIVE is a national community engagement campaign encouraging individuals to make informed decisions about end-of-life care and services. The campaign encourages people to:

- L**earn about options for end-of-life services and care
- I**mplement plans to ensure wishes are honored
- V**oice decisions to family, friends and health care providers
- E**ngage in personal or community efforts to improve end-of-life care

Your Advance Care Planning Packet

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Using These Materials

BEFORE YOU BEGIN

1. Check to be sure that you have the materials you need.

These materials include:

- Instructions for preparing your advance directive.
- Oklahoma specific advance directive forms, which are the pages with the instruction bar on the left side.

PREPARING TO COMPLETE YOUR ADVANCE DIRECTIVE

1. Read all the instructions, on pages 2 through 4, as they will give you specific information about the requirements in Oklahoma.
2. Refer to the Glossary of Terms About End-of-Life Decision-making if any of the terms are unclear, located in Appendix A.

ACTION STEPS

1. You may want to photocopy these forms before you start so you will have a clean copy if you need to start over.
2. When you begin to fill out the forms, refer to the instruction bars - they will guide you through the process.
3. Talk with your family, friends, and physicians about your advance directive. Be sure the person you appoint to make decisions on your behalf understands your wishes.
4. Once the form is completed and signed, photocopy the form and give it to the person you have appointed to make decisions on your behalf, your family, friends, health care providers and/or faith leaders so that the form is available in the event of an emergency.

If you have questions or need guidance in preparing your advance directive or about what you should do with it after you have completed it, please refer to the list of state-specific contacts for Legal Assistance for Questions Pertaining to Health Care Advance Directives located in Appendix B.

Our Director of Nursing is also available to answer any questions or assist in any way.

INTRODUCTION TO YOUR OKLAHOMA ADVANCE DIRECTIVE

This packet contains a legal document, the **Oklahoma Advance Directive for Health Care**, that protects your right to refuse medical treatment you do not want or to request treatment you do want, in the event you lose the ability to make decisions yourself.

1. Section I of the Advance Directive is the **Living Will**. It lets you state your wishes about medical care in the event that you can no longer make your own medical decisions and you are terminally ill or persistently unconscious.
2. Section II is the **Appointment of Health Care Proxy**. This section lets you name someone to make decisions about your medical care if you can no longer speak for yourself. Decisions regarding life-sustaining treatment can be made by your health care proxy when you can no longer speak for yourself and your doctor and one other doctor have determined that you are persistently unconscious or terminally ill.

Your Oklahoma Advance Directive for Health Care goes into effect once it is given to your doctor and you are unable to make your own medical decisions. In order to follow your instructions regarding life-sustaining treatment, your doctor must first consult another doctor to determine that you are persistently unconscious or suffering from a terminal condition. If you do not have a personal doctor because of established religious beliefs or tenets, you may designate an individual other than your health care proxy to determine your lack of decisional capacity instead of your doctor in consultation with another doctor. In order to do this, you must designate the person who will make this decision in your Advance Directive for Health Care. Under Oklahoma law, a terminal condition is an incurable and irreversible condition that, even with the administration of life-sustaining treatment, will result in death within six months. A persistently unconscious condition is an irreversible condition in which thought and awareness of self and environment are absent.

It is recommended that you complete section I and section II of this document to best ensure that you receive the medical care you want when you can no longer speak for yourself. *Note: This document will be legally binding only if the person completing it is 18 years of age or older.*

How do I make my Advance Directive legal?

The law requires that you sign your Oklahoma Advance Directive for Health Care in the presence of two witnesses who are at least eighteen years of age. Your witnesses cannot be any person who would inherit from you under any existing will or by operation of law. *Note: You do not need to notarize your Oklahoma Advance Directive.*

What if I change my mind?

You may cancel your Oklahoma Advance Directive for Health Care at any time and in any manner, regardless of your mental or physical condition. Your revocation goes into effect once you, or a witness to your revocation, notify your doctor or other health care provider, who must then make it part of your medical record.

What other important facts should I know?

Many of the paragraphs in your Oklahoma Advance Directive for Health Care have a place for your initials. Put your initials next to the "yes" or "no" box to indicate your wishes.

Section III of your Oklahoma Advance Directive allows you to state your wishes regarding organ donation.

Due to restrictions in the state law, your Oklahoma Advance Directive will not be honored if you are pregnant. If your attending physician does not know if you are pregnant, he or she shall, where appropriate, determine if you are pregnant.

COMPLETING SECTION I: LIVING WILL

Can I add personal instructions to my Living Will section?

Yes. You can add personal instructions in section 3 of your living will." For example, you may want to refuse specific treatments by a statement such as, "I especially do not want cardiopulmonary resuscitation, a respirator, or antibiotics." You may also want to emphasize pain control by adding instructions such as, "I want to receive as much pain medication as necessary to ensure my comfort, even if it may hasten my death." It is important to learn about the kinds of life-sustaining treatment you might receive. Consult your doctor if you have questions.

What other important facts should I know?

If you do not want to receive artificial nutrition and hydration if you are terminally ill or persistently unconscious, you must initial the "yes" boxes section 2 of your living will. Oklahoma law presumes that you want to be provided with nutrition and hydration to sustain life. If you do not initial "yes" for these statements, your attending physician may not withdraw or withhold artificial nutrition and hydration unless certain conditions are met.

COMPLETING SECTION II: APPOINTMENT OF HEALTH CARE

Whom should I appoint as my health care proxy?

An attorney-in-fact is the person you appoint to make decisions about your medical care if you become unable to make those decisions yourself.

Your health care proxy is the person you appoint to make decisions about your medical care if you become unable to make those decisions yourself. Your proxy may be a family member or a close friend whom you trust to make serious decisions. The person you name as your proxy must be at least 18 years of age, and should clearly understand your wishes and be willing to accept the responsibility of making medical decisions for you. (A proxy may also be called an attorney-in-fact" or "agent.")

You can appoint a second person as your alternate proxy. The alternate will step in if the first person you name as your agent is unable, unwilling or unavailable to act for you.

What other important facts should I know?

Your health care proxy is authorized to make medical treatment decisions for you. Your proxy is under a duty to make these decisions based on your known intentions, personal views and best interests. We urge you to talk with your proxy about your future medical care and describe what you consider to be an acceptable "quality of life." If you want to record your wishes about specific treatments or conditions, you should use Section I, part (3) of your living will.

If you have questions about filling out your advance directive, please consult the list of state-based resources located in Appendix B or contact:

Oklahoma State Court Network
Administrative Office of the Courts
1915 N. Stiles, Suite 305
Oklahoma City, Oklahoma 73105
Phone: (405) 521-2450

You Have Filled Out Your Advance Directive, Now What?

Your Oklahoma Advance Directive for Health Care is an important legal document. Keep the original signed document in a secure but accessible place. Do not put the original document in a safe deposit box or any other security box that would keep others from having access to it.

1. Give photocopies of the signed original to your health care proxy and alternate proxy, doctor(s), family, close friends, clergy and anyone else who might become involved in your health care. If you enter a nursing home or hospital, have photocopies of your document placed in your medical records.
2. Be sure to talk to your health care proxy and alternate, doctor(s), clergy, and family and friends about your wishes concerning medical treatment. Discuss your wishes often, particularly if your medical condition changes.
3. If you want to make changes to your document after it has been signed and witnessed, you must complete a new document.
4. Remember, you can always revoke your Oklahoma Advance Directive for Health Care if you change your mind.
5. Be aware that your Oklahoma document will not be effective in the event of a medical emergency. Ambulance personnel are required to provide cardiopulmonary resuscitation (CPR) unless they are given a separate order that states otherwise. These orders, commonly called "non-hospital do-not-resuscitate orders," are designed for people whose poor health gives them little chance of benefiting from CPR. These orders must be signed by your physician and instruct ambulance personnel not to attempt CPR if your heart or breathing should stop. Currently not all states have laws authorizing non-hospital do-not-resuscitate orders. We suggest you speak to your physician.

OKLAHOMA ADVANCE DIRECTIVE FOR HEALTH CARE
– PAGE 1 OF 3

Instructions

Print Your Name

I, _____, being of sound mind
(name)

and eighteen (18) years of age or older, willfully and voluntarily make known my desire, by my instructions to others through my living will, or by my appointment of a health care proxy, or both, that my life shall not be artificially prolonged under the circumstances set forth below. I thus do hereby declare:

Living Will

I. LIVING WILL

a. If my attending physician and another physician determine that I am no longer able to make decisions regarding my medical treatment, I direct my attending physician and other health care providers, pursuant to the Oklahoma Rights for the Terminally Ill or Persistently Unconscious Act, to withhold or withdraw treatment from me under the circumstances I have indicated below by my initials. I understand that I will be given treatment that is necessary for my comfort or to alleviate my pain.

Terminal Condition or Persistently Unconscious

b. If I have a terminal condition or am persistently unconscious:

(1) I direct that life-sustaining treatment shall be withheld or withdrawn if such treatment would only prolong my process of dying, and if my attending physician and another physician determine that I:

Initial the box that reflects your wishes

(a) have an incurable and irreversible condition that even with the administration of life-sustaining treatment will cause my death within six (6) months, or
(Initial one box only)
YES [] NO []

Initial the box that reflects your wishes

(b) am in an irreversible condition in which thought and awareness of self and environment are absent.
(Initial one box only)
YES [] NO []

(2) I understand that the subject of the artificial administration of nutrition and hydration (food and water) that will only prolong the process of dying from an incurable and irreversible condition or for individuals who have become persistently unconscious is of particular importance. I understand that if I do not initial the "yes" boxes below, administered nutrition and hydration will be administered to me. I further understand that if I initial the "yes" boxes below, I am authorizing the withholding or withdrawal of artificially administered nutrition (food) and hydration (water):

Initial the box that reflects your wishes

(a) if I have an incurable and irreversible condition that even with the administration of life-sustaining treatment will cause my death within six (6) months, or
(Initial one box only)
YES [] NO []

Initial the box that reflects your wishes

(b) if I am in an irreversible condition in which thought and awareness of self and environment are absent.
(Initial one box only)
YES [] NO []

Add personal instructions (if any)

(3) I direct that (add other medical directives, if any):

(Initial one box only)
YES [] NO []

HEALTH CARE PROXY

Print the Name of Your Health Care Proxy and Alternate

Initial the box that reflects your wishes

ANATOMICAL GIFTS

Check the box(es) that best reflects your wishes regarding organ donation and initial the yes box

OKLAHOMA ADVANCE DIRECTIVE FOR HEALTH CARE — PAGE 2 OF 3

II. MY APPOINTMENT OF MY HEALTH CARE PROXY

If my attending physician and another physician determine that I am no longer able to make decisions regarding my medical treatment, I direct my attending physician and other health care providers pursuant to the Oklahoma Rights of the Terminally Ill or Persistently Unconscious Act to follow the instructions of

_____, whom I appoint as my (name of health care proxy)

health care proxy. If my health care proxy is unable or unwilling to serve, I appoint

_____ as my alternate health care proxy (name of alternate health care proxy)

proxy with the same authority. My health care proxy is authorized to make whatever medical treatment decisions I could make if I were able, except that decisions regarding life-sustaining treatment can be made by my health care proxy or alternate health care proxy only as I indicate in the following sections.

(Initial one box only)

YES [] NO []

III. ANATOMICAL GIFTS

I direct that at the time of my death my entire body or designated body organs or body parts donated for the purpose of transplantation, therapy, advancement of medical or dental science or research or education pursuant to the provisions of the Uniform Anatomical Gift Act. Death means either irreversible cessation of circulatory and respiratory functions or irreversible cessation of all functions of the entire brain, including the brain stem. If I initial the "yes" box below, I specifically donate:

- Yes, my entire body; or [] Yes, The following organs or body parts: lungs, liver, pancreas, heart, kidneys, brain, skin, bones/marrow, bloods/fluids, tissues, arteries, eyes/cornea, lens, glands, []other _____

IV. GENERAL PROVISIONS

- a. I understand that if I have been diagnosed as pregnant and that diagnosis is known to my attending physician, this advance directive shall have no force or effect during the course of my pregnancy. b. In the absence of my ability to give directions regarding the use of life-sustaining procedures, it is my intention that this advance directive shall be honored by my family and physicians as the final expression of my legal right to refuse medical or surgical treatment including, but not limited to, the administration of any life-sustaining procedures, and I accept the consequences of such refusal. c. This advance directive shall be in effect until it is revoked. d. I understand that I may revoke this advance directive at any time. e. I understand and agree that if I have any prior directives, and if I sign this advance directive, my prior directives are revoked.

OKLAHOMA ADVANCE DIRECTIVE FOR HEALTH CARE — PAGE 3 OF 3

IV. GENERAL PROVISIONS (Continued)

- (a) I understand the full importance of this advance directive and I am emotionally and mentally competent to make this advance directive.

Signed this _____ day of _____, 20 _____.

(signature)

(city, county and state of residence)

Date of birth

(Optional for identification purposes)

- (b) This advance directive was signed in my presence.

(signature of witness)

(address)

(signature of witness)

(address)

Sign and date
your document
and print your
city, county
and state of
residence

Witnessing
Procedure

Your
witnesses sign
here and print
their
addresses

Appendix A: Glossary of Terms About End-of-life Decision Making

As used in the Oklahoma Advance Directive Act:

1. **"Advance directive for health care"** means any writing executed in accordance with the requirements of Section 3101.4 of this title and may include a living will, the appointment of a health care proxy, or both such living will and appointment of a proxy;
2. **"Attending physician"** means the physician who has primary responsibility for the treatment and care of the patient;
3. **"Declarant"** means any individual who has issued an advance directive according to the procedure provided for in Section 3101.4 of this title;
4. **"End-stage condition"** means a condition caused by injury, disease, or illness, which results in severe and permanent deterioration indicated by incompetency and complete physical dependency for which, to a reasonable degree of medical certainty, treatment of the irreversible condition would be medically ineffective;
5. **"Health care provider"** means a person who is licensed, certified, or otherwise authorized by the law of this state to administer health care in the ordinary course of business or practice of a profession;
6. **"Health care proxy"** is an individual eighteen (18) years old or older appointed by the declarant as attorney-in-fact to make health care decisions including, but not limited to, the provision, withholding, or withdrawal of life-sustaining treatment if a qualified patient, in the opinion of the attending physician and another physician, is persistently unconscious, incompetent, or otherwise mentally or physically incapable of communication;
7. **"Persistently unconscious"** means an irreversible condition, as determined by the attending physician and another physician, in which thought and awareness of self and environment are absent;
8. **"Person"** means an individual, corporation, business trust, estate, trust, partnership, association, joint venture, government, governmental subdivision or agency, or any other legal or commercial entity;
9. **"Physician"** means an individual licensed to practice medicine in this state;
10. **"Qualified patient"** means a patient eighteen (18) years of age or older who has executed an advance directive and who has been determined to be incapable of making an informed decision regarding health care, including the provision, withholding, or withdrawal of life-sustaining treatment, by the attending physician and another physician who have examined the patient;
11. **"State"** means a state, territory, or possession of the United States, the District of Columbia, or the Commonwealth of Puerto Rico; and
12. **"Terminal condition"** means an incurable and irreversible condition that, even with the administration of life-sustaining treatment, will, in the opinion of the attending physician and another physician, result in death within six (6) months.

A few other terms:

13. **Artificial nutrition and hydration** – Artificial nutrition and hydration (or tube feeding) supplements or replaces ordinary eating and drinking by giving a chemically balanced mix of nutrients and fluids through a tube placed directly into the stomach, the upper intestine or vein.
14. **Best Interest** - In the context of refusal of medical treatment or end-of-life court opinions, a standard for making health care decisions based on what others believe to be "best" for a patient by weighing the benefits and the burdens of continuing, withholding or withdrawing treatment.
15. **Brain Death** -The irreversible loss of all brain function. Most states legally define death to include brain death.
16. **Capacity** - In relation to end-of-life decision-making, a patient has medical decision making capacity if he or she has the ability to understand the medical problem and the risks and benefits of the available treatment options. The patient's ability to understand other unrelated concepts is not relevant. The term is frequently used interchangeably with competency but is not the same. Competency is a legal status imposed by the court.
17. **Cardiopulmonary Resuscitation** - Cardiopulmonary resuscitation (CPR) is a group of treatments used when someone's heart and/or breathing stops. CPR is used in an attempt to restart the heart and breathing. It may consist only of mouth-to-mouth breathing or it can include pressing on the chest to mimic the heart's function and cause blood to circulate. Electric shock and drugs also are used frequently to stimulate the heart.
18. **Do-Not-Resuscitate (DNR) order** - A DNR order is a physician's written order instructing health care providers not to attempt cardiopulmonary resuscitation (CPR) in case of cardiac or respiratory arrest. A person with a valid DNR order will not be given CPR under these circumstances. Although the DNR order is written at the request of a person or his or her family, it must be signed by a physician to be valid. A non-hospital DNR order is written for individuals who are at home and do not want to receive CPR.
19. **Incapacity** - A lack of physical or mental abilities that results in a person's inability to manage his or her own personal care, property or finances; a lack of ability to understand one's actions when making a will or other legal document.
20. **Incompetent** – Referring to a person who is not able to manage his/her affairs due to mental deficiency (lack of I.Q., deterioration, illness or psychosis) or sometimes, physical disability. Being incompetent can be the basis for appointment of a guardian or conservator.
21. **Intubation**- Refers to "endotracheal intubation" the insertion of a tube through the mouth or nose into the trachea (windpipe) to create and maintain an open airway to assist breathing.
22. **Life-Sustaining Treatment** - Treatments (medical procedures) that replace or support an essential bodily function (may also be called life support treatments). Life-sustaining treatments include cardiopulmonary resuscitation, mechanical ventilation, artificial nutrition and hydration, dialysis, and certain other treatments.
23. **Living Will** - A type of advance directive in which an individual documents his or her wishes about medical treatment should he or she be at the end of life and unable to communicate. It may also be called a "directive to physicians", "health care declaration," or "medical directive." The purpose of a living will is to guide family members and doctors in deciding how aggressively to use medical treatments to delay death.
24. **Mechanical ventilation** - Mechanical ventilation is used to support or replace the function of the lungs. A machine called a ventilator (or respirator) forces air into the lungs. The ventilator is attached to a tube inserted in the nose or mouth and down into the windpipe (or trachea).

Mechanical ventilation often is used to assist a person through a short-term problem or for prolonged periods in which irreversible respiratory failure exists due to injuries to the upper spinal cord or a progressive neurological disease.

25. **Medical power of attorney** - A document that allows an individual to appoint someone else to make decisions about his or her medical care if he or she is unable to communicate. This type of advance directive may also be called a health care proxy, durable power of attorney for health care or appointment of a health care agent. The person appointed may be called a health care agent, surrogate, attorney-in-fact or proxy.

26. **Palliative care** - A comprehensive approach to treating serious illness that focuses on the physical, psychological, spiritual, and existential needs of the patient. Its goal is to achieve the best quality of life available to the patient by relieving suffering, by controlling pain and symptoms, and by enabling the patient to achieve maximum functional capacity. Respect for the patient's culture, beliefs, and values are an essential component. Palliative care is sometimes called "comfort care" or "hospice type care."

27. **Power of Attorney** – A legal document allowing one person to act in a legal matter on another's behalf pursuant to financial or real estate transactions.

28. **Respiratory Arrest:** The cessation of breathing - an event in which an individual stops breathing. If breathing is not restored, an individual's heart eventually will stop beating, resulting in cardiac arrest.

29. **Surrogate Decision-Making** - Surrogate decision-making laws allow an individual or group of individuals (usually family members) to make decisions about medical treatments for a patient who has lost decision-making capacity and did not prepare an advance directive. A majority of states have passed statutes that permit surrogate decision making for patients without advance directives.

30. **Ventilator** – A Ventilator, also known as a respirator, is a machine that pushes air into the lungs through a tube placed in the trachea (breathing tube). Ventilators are used when a person cannot breathe on his or her own or cannot breathe effectively enough to provide adequate oxygen to the cells of the body or rid the body of carbon dioxide.

31. **Withholding or withdrawing treatment** - Forgoing life-sustaining measures or discontinuing them after they have been used for a certain period of time.

Appendix B

Legal & End-Of-Life Care Resources Pertaining to Health Care Advance Directives

LEGAL SERVICES

Individuals over the age of 60 with low to moderate incomes can contact their Area Agency on Aging (AAA) for legal services.

Anyone over the age of 60 can get legal information and advice about most issues, including:

- Power of Attorney
- Living Wills and Trusts
- Pension benefits
- Civil issues and more

- Must be over 60
- Free to individuals with low to moderate incomes

To locate AAA in your area:

Call: 1-800-211-2116 **OR** **Visit their website for locations and information:**

<http://www.okdhs.org/aging/areaagencies.htm>

END-OF-LIFE SERVICES

The Aging Services Division (ASD) helps develop systems to support independence and protect the quality of life of older consumers and promotes citizen involvement in planning and delivering services.

ASD has contracted with the Area Agency on Aging (AAA) to help in assisting individuals over the age of 60 with services and programs for individuals with low to moderate incomes.

AAA resources and services include, but are not limited to:

- Employment and volunteer programs
- Housing
- Meals on Wheels
- Adult Day Care
- Long-term care and more

To locate AAA in your area, click on the following link:

<http://www.okdhs.org/aging/index.html>

OR

Call toll free: 1-800-211-2116 or 1-405-521-2281

REFERENCE:

- Caring Connections www.caringinfo.org, 800/658-8898, May 2006
- Oklahoma HB 1893, c. 114, § 2, eff. September 1, 1992; Amended by Laws 2006, SB 1624, c. 171, § 4, emerg. eff. May 17, 2006

STILL HAVE QUESTIONS? CONTACT:

Oklahoma State Court Network
Administrative Office of the Courts
1915 N. Stiles, Suite 305
Oklahoma City, Oklahoma 73105
Phone: (405) 521-2450