

# ADVANCE DIRECTIVE PACKET Question and Answer Section

Please review the following facts regarding what an Advance Directive is, as well as your right as an adult to create one. If you decide to complete an Advance Directive, a sample form, instructions, and helpful medical terms are also enclosed with this Patient Guide. You may also call a member of our Guest Services department for help if you choose to make one. They will help you to complete your Advance Directive and act as a Notary if you do not want it witnessed.

## What is an Advance Directive?

An Advance Directive is a way for an adult to state to healthcare providers what kind of care he or she permits or rejects in case he or she loses the ability to make choices about healthcare. If you have one, the law requires that the directions in it be followed.

## Can anyone prepare an Advance Directive?

Any adult of sound mind (18 years of age and older) may make an Advance Directive.

## What kinds of Advance Directives are there?

In New Jersey, an Advance Directive (also commonly called a "living will") may come in the form of an Instruction Directive, a Proxy Directive, or a combination of the two.

(1) An **Instruction Directive** describes the care you want to refuse or accept if you are unable to make decisions for yourself. You can identify care and choose to accept or refuse each kind (an example of this is a breathing machine). You can express your values about life: you might want life sustained no matter what, or you might say when you think your life would have no value to you so that you would want all life-saving care stopped.

(2) A **Proxy Directive** is also known as a Durable Power of Attorney for Healthcare. This document names one (or more) persons to speak for you when you have lost the ability to think well or make decisions. This healthcare representative could be a relative or friend. It cannot be your physician. It should be someone willing to make decisions for you about accepting, refusing, or withdrawing treatment if you cannot do so yourself. A good choice is a person willing to uphold your wishes. Thus, you should tell this person your values about life and treatment. If you name more than one person, state who is to make decisions first, and who second.

(3) A **Combined Directive** is when you complete a document which is both an instructional directive and proxy directive. You note care you will accept or refuse, you set goals, and you name someone to speak for you. The healthcare representative is supposed to uphold your wishes as stated in your Instruction Directive.

## Which one should I use?

You must decide which one is best for you. Usually, the combined directive (# 3 above) is best and easiest for the family and physician. However, if you have no one to name as representative, you could choose the Instruction Directive only.

## When should I create an Advance Directive?

It is better to create an Advance Directive when you are not in the middle of a healthcare crisis. Advance directives are helpful to have for any adult – young or old. Advance care planning helps to relieve your family of deciding what care you would want if you were unable to make a decision. The goal is for you to always take part in your care decisions even when you cannot actively participate.

## Is an Advance Directive legal?

Yes. New Jersey law authorizes an individual to make an Advance Directive of any of the three types. They must be signed and witnessed. They are recognized in all 50 states. Advance Directives written in other states should be honored in accordance with our state law.

## Must I hire an attorney to prepare an Advance Directive or Proxy Directive?

No. You may do so, but it is not necessary. Guest Services Representatives are available to assist you in writing your Advance Directive. They will help you complete and witness to ensure it is valid. They also may act as a notary if you do not want it witnessed.

## When is an Advance Directive legal?

It is important for the Advance Directive to be made properly. A New Jersey law lists what is required to make one. The document must be signed by the patient and dated, or made at the patient's direction, in the presence of one of the following:

- two adult witnesses (a designated proxy may not be a witness)
- a notary of the public (our Guest Services Representative is a notary)
- an attorney at law
- person authorized by law to administer oaths

The persons witnessing your signature confirms that you are of sound mind and free of duress and undue influence. When all necessary signatures are completed, the form is then legal if you should become incapable of making a decision by yourself. Your request must be followed by anyone involved in your care.

## Must I consult with my doctor before preparing an Advance Directive?

No, but it is good if you do so that you know how your illness or injury is likely to affect you, and so your physician is aware of your preferences. You may want to know how care or devices will affect you. In addition, it is always better for you to communicate your wishes for care to your doctors.

**Must I consult with family members or others (for example those who are my representative)?**

There is no legal requirement to consult others, but it is only wise to do so. It is also good to discuss your wishes with those you name as your proxy.

**What are some limitations of an Advance Directive?**

Instruction Directives may only enforce the removal of life-sustaining treatment when you are permanently unconscious, terminally ill, or if the treatment is experimental, is likely to be not effective or will merely prolong the dying process. Life-sustaining care may also be withdrawn if the patient has a serious irreversible illness or the treatment is very burdensome. The document does not permit a doctor to take steps to terminate life, but rather permits withholding or withdrawal of care. For example, an Advance Directive allows an individual to stop a breathing machine and provide comfort only. Proxy Directives provide much more flexibility than Instructional Directives.

**When should an Advance Directive be used?**

An Advance Directive is used when you lack ability to make care decisions. Also, your physician and the hospital must have a copy of it and check the conditions you state must be met. It must also agree with the law. Another doctor must confirm the belief that you lack the ability to make decisions when that is questionable.

**Where should I keep my Advance Directive?**

The Advance Directive does you no good if healthcare providers do not have a copy. Since the Advance Directive comes into play when you have lost the ability to express yourself, it is important for others to know where it is. Our hospital will ask you for a copy in pre-admission testing, admissions, and during your initial intake by your nurse and physician. If it is not with you at admission, either ask to create a new one with Guest Services assistance, or ask that your verbal wishes are documented until the actual directive is obtained for the record. Make sure you keep your original and give copies to your proxy, family members, doctor and close friends. It is also a good idea to carry a copy. If you are going to a hospital, bring it and give it to the people taking care of you there. You should provide a copy of the Advance Directive with each hospital visit.

**Whom should I appoint as my healthcare representative or proxy?**

You should choose someone who is aware of your desires and who you trust. You should discuss your Advance Directive with that person and make sure he/she has a copy. It is good to make sure the person you select is willing to take on the role and responsibility of honoring any wishes you have made in your Advance Directive.

**Can I revoke (not use) my Advance Directive?**

Only you may revoke your Advance Directive. It may be revoked at any time by notifying the healthcare representative, doctor, nurse, other healthcare professional, or other reliable witness. Such notice can be written, oral, or by any other act evidencing an intent to revoke the document. Also, you may make new versions and cancel old ones.

**Am I required to create an Advance Directive?**

No. The law gives you the option. No one can force you to create an Advance Directive. In fact, to be valid your document must be made when you are free of duress and undue influence.

**If a person has financial power of attorney, do they also have medical power of attorney?**

Not always. Naming someone as proxy for healthcare must be stated in the power of attorney document or the proxy directive.

**How do I contact a Guest Services Representative for help with creating an Advance Directive?**

These representatives are located in each hospital and can be contacted via your room phone by dialing only the last four digits of the number:

**GUEST SERVICES:**

<b>Cherry Hill:</b>	<b>488-6864</b>
<b>Stratford:</b>	<b>346-6002</b>
<b>Washington Township:</b>	<b>582-3115</b>

# Medical Definitions

The following medical definitions may assist you in creating your Advance Directive (Living Will):

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## **Terminal Condition**

Someone who has a terminal condition is near the end of a non-reversible fatal illness or condition.

## **Permanent Unconsciousness**

A medical condition that is total and irreversible. Permanent unconsciousness means a person cannot interact with his or her surroundings or with others in any way. A person with this condition does not experience pleasure or pain. Sometimes, eyes open and move, and there may be yawning. But these are random events and do not indicate consciousness.

## **Cardiopulmonary Resuscitation (CPR)**

CPR is a procedure used to try to restart the heart when it stops (cardiac arrest) by pushing hard on the patient's chest. Ventilation is used to force air into the lungs when breathing stops (respiratory arrest) by mouth-to-mouth breathing or pumping air using a rubber bag. In some cases, a tube may be inserted into the windpipe (intubation) to connect a breathing machine.

## **Mechanical Ventilation or Respiration**

A machine called a respirator or ventilator forces air into the lungs if the lungs cannot work well enough. The machine uses a tube inserted into the patient's windpipe.

## **Chemotherapy**

A drug treatment for cancer. There are two types. One attempts to cure cancer. The other may be used just to reduce discomfort from the disease.

## **Radiation Therapy (RT)**

Radiation therapy involves the use of high levels of radiation to shrink or destroy a tumor.

## **Dialysis**

Dialysis cleanses the blood when the kidneys cannot function adequately. There are two ways to perform dialysis. Hemodialysis requires the use of a machine that cleanses impurities directly from the bloodstream. The hemodialysis machine is connected to the blood vessels through a special catheter or tube. Peritoneal Dialysis uses a tube in the belly or abdomen in which fluids are used to draw off wastes. Either procedure must be completed on a regular schedule until the kidneys work well again.

## **Transfusion**

This involves giving blood through a tube and needle into a patient's vein.

## **Artificially Provided Nutrition and Fluids**

This involves providing nutrition to patients who are unable to swallow food and fluid. Nourishment is supplied through a tube either into a vein or into the digestive tract. Those that go into the body are one of two types. One is a tube that goes up the nose and into the stomach (nasogastric tube). The other one goes through the skin and muscles into the digestive tract (gastrostomy or PEG tube); the hole is made in the area of the stomach. Those that go into a vein are only useful for a limited time.

## **Antibiotics**

Medications used to fight infections, antibiotics can be administered by mouth, vein or by injection into a muscle or through a feeding tube.

## **Comfort and Supportive Care (Palliative Care)**

Comfort care is any kind of treatment that increases a person's physical or emotional comfort. It includes adequate pain control and may also include oxygen, moistening of the lips, bathing, turning, touching or simply sitting with someone who is bedridden.

## **Hospice Care**

Hospice is not an end to treatment. It is a shift to intensive palliative care that focuses on helping the patient to live his or her life to the fullest. In addition to managing pain, hospice provides extensive counseling and social service support to address the emotional and spiritual aspects of coping with a terminal illness.

# New Jersey Advance Directive Instructions

FOR COMPLETING AN ADVANCE DIRECTIVE (also known as a living will)

Enclosed in your guide is a form that you may use to create your own Advance Directive – either an Instructional Directive, Durable Power of Attorney for Health Care (proxy) or both. You do not have to use the form that is enclosed, however, this version is the one provided for you by the hospital. For personal assistance with this process, please contact Guest Services. To assist you with completing the forms, follow the instructions below. It is important to remember that the signature section of the form on page 2 must be completed to make either of the documents (Option 1 or Option 2) legal.

## Instructions for Page 1

### OPTION I:

#### Creating an Instructional Directive

Fill in your name in the opening statement if completing Option 1: Instructional Advance Directive

**Under each of the following headings:**

**A – TERMINAL CONDITIONS**

**B – PERMANENTLY UNCONSCIOUS**

**C – INCURABLE AND IRREVERSIBLE CONDITIONS THAT ARE NOT TERMINAL**

**D – EXPERIMENTAL AND/OR FUTILE TREATMENT**

**Check number 1** if you wish to direct the withholding (not giving) or discontinuation (stopping) of medical treatment

or

**Check number 2** if you wish to direct continuation of life-sustaining treatment (continuing treatment).

**Under the heading E – BRAIN DEATH**

**Check number 1** if you wish death to be declared if you are diagnosed as brain dead

or

**Check number 2** if you oppose your death being declared based on brain death criteria because of religious restrictions.

**Under the heading F – SPECIFIC PROCEDURES**

**AND/OR TREATMENTS**, you must choose whether you want or do not want the list of treatments if you are in any of the above medical conditions.

**Under the heading G – ORGAN DONATION** provides you with the choice of donating your organs or not. Please check the option you prefer.

**Under the heading SPECIFIC INSTRUCTIONS**, there is a boxed space that enables you to write any wishes, directions and instructions that you wish to add to the document. This space enables you to personalize the document to address your philosophy, value system, religious concerns and any other instructions. For example, if you wish to donate your whole body to science for research or give any specific instructions regarding organ donations, you may write those directions in the box labeled specific instructions.

## Instructions for Page 2

### OPTION II:

#### Creating the Durable Power of Attorney for Health Care (Proxy Directive)

- Fill in your name, telephone number, and address in the opening statement if completing Option II: Durable Power of Attorney for Health Care for the Appointment of a Healthcare Representative (Proxy Directive)
- Fill in the information requested on the form for your appointed primary health care representative and an alternate health care representative.
- The information required is your representative(s) full name, address, and telephone number.

## Instructions for Making Your Advance Directive Legal

### Signature and Witness Box

- The Advance Directive document (whether an Instructional, Power of Attorney for Health Care (proxy), or Combined Directive) is finalized by filling in the date, your address, and signing the form.
- In addition, two witnesses must sign and print their name and address. Your Healthcare Representative (proxy) may not be a witness for this document.
- Although the New Jersey statute does not require notarization, this form provides for this option, instead of obtaining two witnesses. Kennedy's Guest Services Directors also may act as notaries.

## Making Copies of Your Advance Directive

- When you have completed your Advance Directive, make several copies. Keep the original document in a safe and accessible location, and tell others where you have stored it.
- Have it readily available upon admission to a hospital or nursing facility.
- Give copies of your Advance Directive to the individuals you have chosen to be your Health Care Representative and Alternate. You may also give copies of your Advance Directive to your doctor, your family, clergy and to anyone who might be involved with your health care.

**To make your Instructional Directive legal, please remember to complete the signature box at the bottom of page 2, and to have your directive witnessed OR notarized. Although the New Jersey statute does not require notarization, you may notarize the form rather than obtain two witnesses. KHS Guest Services Directors can act as notaries.**



**Use the next page to complete the Advance Directive.**

1) Instructional Directive – Page 1

2) Proxy Directive – Page 2

Both forms must be signed and witnessed using Signature Box on page 2.

# New Jersey Advance Directive for Health Care YOU MAY SELECT OPTION I, II, OR BOTH.

Note: Document must be signed by you, and have 2 valid witnesses (or) be notarized.

## OPTION I: Advance Directive (Living Will)

\* I, \_\_\_\_\_  
(*print name*) being of sound mind and an adult knowing my rights regarding medical care and treatment, do hereby execute this legally binding document expressing my wishes and directions to my family and health care providers of the treatment and care that I desire in the event that I am prevented by either physical or mental incapacity from making future medical decisions.

### A – Terminal Condition

If I am diagnosed as having an incurable and irreversible illness, disease or condition and if my attending physician and at least one additional physician who has personally examined me determine that my condition is terminal:

1. \_\_\_ I direct that life-sustaining treatment, which would serve only to artificially prolong my dying, be withheld or ended. I also direct that I be given all medically appropriate treatment and care necessary to make me comfortable and to relieve pain.
2. \_\_\_ I direct that life-sustaining treatment be continued.

### B – Permanently Unconscious

If there should come a time when I become permanently unconscious, and it is determined by my attending physician and at least one additional physician with appropriate expertise who has personally examined me, that I have totally and irreversibly lost consciousness and my ability to interact with other people and my surroundings:

1. \_\_\_ I direct that life-sustaining treatment be withheld or discontinued. I understand that I will not experience pain or discomfort in this condition, and I direct that I be given all medically appropriate treatment and care necessary to provide for my personal hygiene and dignity.
2. \_\_\_ I direct that life-sustaining treatment be continued.

### F – Specific Procedures and /or Treatments

If I experience any of the conditions described above, I feel especially strong about the following forms of treatment:

- |            |                   |                                      |
|------------|-------------------|--------------------------------------|
| I want ___ | I do not want ___ | <b>Cardiopulmonary Resuscitation</b> |
| I want ___ | I do not want ___ | <b>Mechanical Respiration</b>        |
| I want ___ | I do not want ___ | <b>Artificial Feeding</b>            |
| I want ___ | I do not want ___ | <b>Antibiotics</b>                   |
| I want ___ | I do not want ___ | <b>Maximum Pain Relief</b>           |
| I want ___ | I do not want ___ | <b>Kidney Dialysis</b>               |
| I want ___ | I do not want ___ | <b>Surgery (such as Amputation)</b>  |
| I want ___ | I do not want ___ | <b>Blood Transfusion</b>             |
| I want ___ | I do not want ___ | <b>To Die at Home</b>                |

### C – Incurable and Irreversible Conditions that are not Terminal

If there comes a time when I am diagnosed as having an incurable and irreversible illness, disease or condition which may not be terminal, but causes me to experience severe and worsening physical or mental deterioration and from which I will never regain the ability to make decisions and express my wishes:

1. \_\_\_ I direct that life-sustaining measures be withheld or discontinued and that I be given all medically appropriate care necessary to make me comfortable and to relieve pain.
2. \_\_\_ I direct that life-sustaining treatment be continued.

### D – Experimental and /or Futile Treatment

If I am receiving life-sustaining treatment that is experimental and not a proven therapy, or is likely to be ineffective or futile in prolonging life:

1. \_\_\_ I direct that such life-sustaining treatment be withheld or withdrawn. I also direct that I be given all medically appropriate care necessary to make me comfortable and to relieve pain.
2. \_\_\_ I direct that life-sustaining treatment be continued.

### E – Brain Death

The State of New Jersey has enacted legislation that has determined that an individual may be declared legally brain dead when there has been an irreversible cessation of all functions of the entire brain, including the brain stem. (This is also known as whole brain death). However, should this definition interfere with personal religious beliefs of individuals, they may request that it not be applied.

1. \_\_\_ I wish death to be declared if I am brain dead.
2. \_\_\_ To declare my death on the basis of the whole brain death standard would violate my personal beliefs. I therefore wish my death to be declared only when my heartbeat and breathing has irreversibly stopped.

*Please write any specific end-of-life instructions and treatment preferences in this box.*

### G – Organ Donation

I want \_\_\_ I do not want \_\_\_ **to donate my organs.**

**PLEASE SIGN BACK OF FORM ON PAGE 2 TO LEGALIZE – SEE SIGNATURE BOX**

**SPECIFIC INSTRUCTIONS**

*\*To be valid, this document must be signed by you (the patient) in the presence of two witnesses (your proxy cannot act as a witness). Notarizing is also an option, but not mandated.*

**OPTION II: Durable Power of Attorney for Health Care for the Appointment of a Health Care Representative (Proxy Directive)**

**Note: Document must be signed by you, and have 2 valid witnesses (or) be notarized.**

\* I, \_\_\_\_\_  
(print name) do hereby appoint:

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

to be my healthcare representative to make any and all health care decisions for me, including decisions to accept or to refuse any treatment, service or procedure used to diagnose or treat my physical or mental condition and decisions to provide, withhold or withdraw life-sustaining treatment if I am unable to make such decisions myself. I direct my healthcare representative to make decisions on my behalf in accordance with my wishes as stated in this document, or as otherwise known to him or her. In the event my wishes are not clear or if a situation arises that I did not anticipate, my healthcare representative is authorized to make decisions in my best interest.

If the previously named person is unable, unwilling, or unavailable to act as my healthcare representative, I appoint the following as my **alternate healthcare representative**:

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**SIGNATURE BOX**

**YOUR SIGNATURE**

I sign this document knowingly and after careful deliberation this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\* Signature: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**WITNESSES**

1. Witness Signature \_\_\_\_\_

Witness Name (print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

2. Witness Signature \_\_\_\_\_

Witness Name (print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

OR

**NOTARIZATION**

Sworn and Subscribed before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public – State of New Jersey

**To make this document legal, complete the signature section and ensure the document is witnessed or notarized. KHS Guest Services Directors may act as notaries.**