

# Respecting Patient Autonomy

## Powers of Attorney & Advanced Directives in Oklahoma

Understanding the legal framework that protects patient wishes and guides nursing practice in end-of-life and incapacity situations.



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# Learning Objectives

01

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## Oklahoma Advance Directive Act

Understanding legal requirements under 63 O.S. §§ 3101.1 – 3101.16

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## Oklahoma Health Care Agent Act

Agent responsibilities and limitations under 63 O.S. §§ 3111.1-3111.13

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## Legal Protections

Understanding good faith protections under Oklahoma law

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## Oklahoma Uniform Power of Attorney Act

Navigating healthcare decision-making authority under 58 O.S. § 3001 et seq.

04

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## Conflicts & Documentation

Managing family disputes and fulfilling documentation duties

06

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## Ethical & Legal Role

Balancing advocacy, autonomy, and legal compliance





# Scenario 1: Family Conflict Over Advanced Directive

## The Situation

Mr. Smith, age 83, has an advanced directive stating he does not want artificial nutrition or resuscitation if incapacitated. He's now in ICU, unresponsive after a stroke.

## The Conflict:

- Child 1 insists Dad would want everything done
- Child 2 insists Dad's wishes should be honored

## Critical Discussion Points

**What's the nurse's role** when family members pressure staff to override an advanced directive?

**Who has legal authority** to decide a patient's wishes?

**How do we balance** empathy with upholding the directive?

# Scenario 2: Patient Revokes Prior Directive

1

## The Situation

Ms. Jane created an advanced directive years ago denying resuscitation. Now hospitalized, she tells her nurse she changed her mind and wants to fight.

2

## Nurse's Duty

What's the nurse's duty when a patient verbally revokes a prior directive?

3

## Documentation

How should this be documented and communicated to the care team?







## Scenario 3: Religious Beliefs vs. Family Wishes

### The Dilemma

A patient presents to the ER unresponsive and needing a blood transfusion. The patient's advanced directive refuses blood transfusions due to religious beliefs.

The patient's family is adamant that she didn't mean that and insists on the life-sustaining transfusion.

### Key Questions

- How do cultural and religious concepts intersect with honoring advanced directives?
- What are the nurse's ethical obligations?
- Does family pressure override documented patient wishes?

# What Is an Advanced Healthcare Directive?

**Definition:** A legal document stating an adult patient's wishes about their medical care in advance in case they become incapacitated or unable to make decisions later.



## Ensures Autonomy

Protects patient's right to self-determination



## Guides Care

Directs providers and loved ones about life-sustaining treatments



## Reduces Conflict

Minimizes confusion and disputes during medical crises



# Components of Advanced Directives in Oklahoma

1

## Living Will

States what treatments you want or don't want, such as CPR, feeding tubes, ventilators, and other life-sustaining interventions.

2

## Health Care Proxy or Agent

Names someone to make medical decisions on your behalf when you cannot communicate your wishes.

3

## Organ and Tissue Donation

Sometimes includes preferences regarding organ and tissue donation after death.

**Governing Law:** 63 O.S. §§ 3101.1 – 3101.16



# Important Points for Nurses to Know

## Check on Admission

Always check the chart for an advanced directive upon patient admission.

## Document and Communicate

Always document and communicate the presence or absence of the directive to the care team.

## Honor and Advocate

Honor and advocate for the patient's express wishes as documented.

## Consult When Unclear

If the directive is unclear or questionable, consult the provider before proceeding with care decisions.



# Determining Validity of an Advanced Directive

- **Written Document**

Must be a written document, not verbal

- **Signed and Dated**

Signed and dated by the declarant.

- **Witnessed Properly**

In Oklahoma, must be witnessed by 2 adults not related, not heirs, and not involved in patient's care. Notarization is acceptable but not required.

- **Competency at Creation**

Must have been made when declarant was competent (check identifiers like names, IDs)

- **Most Recent Version**

Confirm it's the most recent version and hasn't been revoked (if family claims revocation: require proof)

- **Copy Documentation**

If a copy is provided, file it in the medical record, flag it in the patient's chart, and communicate its presence at handoffs

- **When in Doubt**

Treat as if no directive exists until validity is confirmed

- **Verification Process**

Verify, document, communicate, and advocate for autonomy. Verification can be verbal.

Advance Directive for Health Care

If I am incapable of making an informed decision regarding my health care, I direct my health care providers to follow my instructions below.

I. Living Will

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 Advance Directive Act, to follow my instructions as set forth below:

(1) If I have a terminal condition, that is, 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:

(Initial only one option)

\_\_\_\_\_ I direct that my life not be extended by life-sustaining treatment, except that if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

\_\_\_\_\_ I direct that my life not be extended by life-sustaining treatment, including artificially administered nutrition and hydration.

\_\_\_\_\_ I direct that I be given life-sustaining treatment and, if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

\_\_\_\_\_ See my more specific instructions in paragraph (4) below. (Initial if applicable)

(2) If I am persistently unconscious, that is, I have an irreversible condition, as determined by the attending physician and another physician, in which thought and awareness of self and environment are absent:

(Initial only one option)

\_\_\_\_\_ I direct that my life not be extended by life-sustaining treatment, except that if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

\_\_\_\_\_ I direct that my life not be extended by life-sustaining treatment, including artificially administered nutrition and hydration.

\_\_\_\_\_ I direct that I be given life-sustaining treatment and, if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

\_\_\_\_\_ See my more specific instructions in paragraph (4) below. (Initial if applicable)

(3) If I have an end-stage condition, that is, a condition caused by injury, disease, or illness, which results in severe and permanent deterioration indicated by incompetency and complete physical dependency for which treatment of the irreversible condition would be medically ineffective:

(Initial only one option)

\_\_\_\_\_ I direct that my life not be extended by life-sustaining treatment, except that if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

\_\_\_\_\_ I direct that my life not be extended by life-sustaining treatment, including artificially administered nutrition and hydration.

\_\_\_\_\_ I direct that I be given life-sustaining treatment and, if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

\_\_\_\_\_ See my more specific instructions in paragraph (4) below. (Initial if applicable)

(4) OTHER. Here you may:

- (a) describe other conditions in which you would want life-sustaining treatment or artificially administered nutrition and hydration provided, withheld, or withdrawn,
- (b) give more specific instructions about your wishes concerning life-sustaining treatment or artificially administered nutrition and hydration if you have a terminal condition, are persistently unconscious, or have an end-stage condition, or
- (c) do both of these:

\_\_\_\_\_ (Initial)



## 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 Advance Directive Act to follow the instructions of \_\_\_\_\_, whom I appoint as my health care proxy. If my health care proxy is unable or unwilling to serve, I appoint \_\_\_\_\_ as my alternate health care 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 and artificially administered nutrition and hydration can be made by my health care proxy or alternate health care proxy only as I have indicated in the foregoing sections.

If I fail to designate a health care proxy in this section, I am deliberately declining to designate a health care proxy.

## III. Anatomical Gifts

Pursuant to the provisions of the Uniform Anatomical Gift Act, I direct that at the time of my death my entire body or designated body organs or body parts be donated for purposes of:  
(Initial all that apply)

- \_\_\_\_\_ transplantation
- \_\_\_\_\_ therapy
- \_\_\_\_\_ advancement of medical science, research, or education
- \_\_\_\_\_ advancement of dental science, research, or education

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" line below, I specifically donate:

- \_\_\_\_\_ My entire body
- or
- \_\_\_\_\_ The following body organs or parts:
- |                    |                        |
|--------------------|------------------------|
| _____ lungs        | _____ liver            |
| _____ pancreas     | _____ heart            |
| _____ kidneys      | _____ brain            |
| _____ skin         | _____ bones/marrow     |
| _____ blood/fluids | _____ tissue           |
| _____ arteries     | _____ eyes/cornea/lens |

## IV. General Provisions

- a. I understand that I must be eighteen (18) years of age or older to execute this form.
- b. I understand that my witnesses must be eighteen (18) years of age or older and shall not be related to me and shall not inherit from me.
- c. I understand that if I have been diagnosed as pregnant and that diagnosis is known to my attending physician, I will be provided with life-sustaining treatment and artificially administered hydration and nutrition unless I have, in my own words, specifically authorized that during a course of pregnancy, life-sustaining treatment and/or artificially administered hydration and/or nutrition shall be withheld or withdrawn.
- d. 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 choose or refuse medical or surgical treatment including, but not limited to, the administration of life-sustaining procedures, and I accept the consequences of such choice or refusal.
- e. This advance directive shall be in effect until it is revoked.
- f. I understand that I may revoke this advance directive at any time.
- g. I understand and agree that if I have any prior directives, and if I sign this advance directive, my prior directives are revoked.
- h. I understand the full importance of this advance directive and I am emotionally and mentally competent to make this advance directive.
- i. I understand that my physician(s) shall make all decisions based upon his or her best judgment applying with ordinary care and diligence the knowledge and skill that is possessed and used by members of the physician's profession in good standing engaged in the same field of practice at that time, measured by national standards.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
City of

\_\_\_\_\_  
County, Oklahoma

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
(Optional for identification purposes)

This advance directive was signed in my presence.

\_\_\_\_\_  
Witness

\_\_\_\_\_, Oklahoma  
Residence

\_\_\_\_\_  
Witness

\_\_\_\_\_, Oklahoma  
Residence



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# Scenario: Does POA Have Authority?

## The Situation

Mr. Doe and his adult daughter come to the hospital for his surgery. His daughter is listed as his medical power of attorney and insists on speaking for him.

**However:** Mr. Doe is alert and answering questions clearly.

## Discussion Points

Does the POA have authority?

How should you handle communication?



# Advanced Directive vs. Power of Attorney

## Scenario: Conflicting Instructions

John has an advanced directive stating he never wants a feeding tube. His son has medical Power of Attorney and insists his dad receives a feeding tube because "he looks hungry."

## Discussion Points

Should you prioritize the POA or Advanced Directive?

What should the nurse do?



# Scenario: Who Has Legal Authority?

## Original Situation

Mr. T, 68, named his daughter his medical POA five years ago. He recently remarried but never changed the document. After cardiac arrest, he's unresponsive. His wife insists she should be the decision maker.

Who has legal authority?

1

2

## Alternative Solution

What if he created the POA while married to another woman and never changed it after divorce?



Governing Law: 58 O.S. § 3041

# What Is a Power of Attorney for Health Care?

**Definition:** A legal document that allows a person (the principal) to appoint someone (the agent) to make health care decisions if they become incapacitated or unable to decide for themselves.

## Purpose

Names a trusted person to make health care decisions when you can't. Usually, two different doctors determine incapacity.

## Activation

Generally, only takes effect after the principal loses decision-making capacity.

## Duration

Agent's authority ends when patient regains capacity or dies.

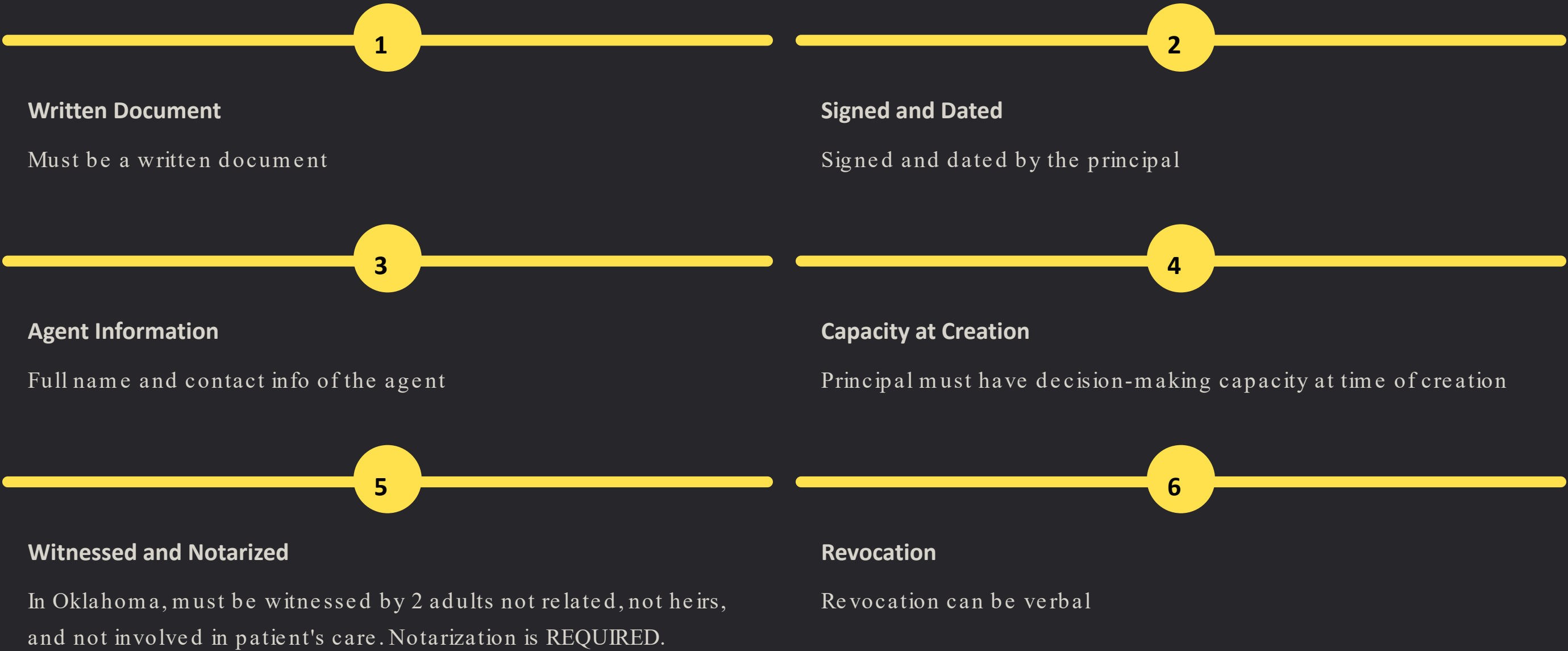
## Scope

Agent can make any medical decisions the patient could make unless the document limits their authority.

**Governing Law:** 58 O.S. § 3001 et seq.



# Validity Requirements for POA in Oklahoma



# Advanced Directive vs. Power of Attorney

Aspect	Advanced Directive	Power of Attorney for Health Care
Purpose	State what treatments the patient wants in advance	Name a trusted person to make decisions about health care when you cannot
Focus	WHAT decisions are made	WHO makes decisions
Activation	Always active until revoked	Only when patient is incapacitated unless otherwise stated
Flexibility	Limited to situations described in the document	Agent can respond to unforeseen or novel medical situations
Oklahoma Law	63 O.S. §§ 310 1.1 – 310 1.16	58 O.S. § 3001 et seq.

# Red Flags with POAs

## Financial Motivation

Agent making decisions motivated by family pressure or financial gain rather than patient's best interests. Look for decisions that conflict with patient welfare.

## Abusive Behavior

Agent appears abusive or neglectful, verbally threatening staff or interfering with patient care. What behavior constitutes suspected abuse? How does mandatory reporting work in Oklahoma?

## Unreachable Agent

Patient deteriorating rapidly and POA cannot be contacted. How long should nurse attempt to reach agent before acting? Follow surrogate hierarchy and give life-sustaining treatment if delay would harm patient.



Document all interactions and decisions carefully. When escalation is required, ensure patient safety at all times.



# Legal Protection for Nurses

## Following Valid Documents

Nurse withholds life-sustaining treatment based on valid Advanced Directive or POA. Legally shielded if decisions align with patient's wishes and the law.

## Acting Without POA

Follow default hierarchy or act in best interest of patient. Protected when acting in good faith to preserve patient and comply with hospital policies.

## Reporting Suspected Abuse

Nurses have legal immunity when reporting suspected abuse, neglect, or wrongdoing in good faith.

## Emergency Actions

May provide emergency care to prevent serious harm or death even if POA not immediately available. Good faith actions protected from civil or criminal liability (unless a valid document contradicts).

**Reference:** 63 O.S. § 3111.8 and 63 O.S. § 3101.10

# Documentation Is Key

Your legal protection as a nurse is strengthened when you document all communications and decisions regarding:

- Power of Attorney instructions
- Advanced Directives
- Patient care decisions
- Patient capacity assessments
- Any conflicts or disputes
- Attempts to contact agents
- Consultations with providers

Clearly record all interactions with patients, families, and agents.

Thorough documentation protects you and ensures continuity of care.



# Good Faith Standard

Acting with honesty, with reasonable judgment, and in accordance with patient's known wishes, legal documents, and medical standards.

- ❏ This doesn't mean to act against documents! Good faith means following valid legal documents and honoring patient wishes while using reasonable professional judgment.



# Nurse's Legal & Ethical Role

- **ADVOCACY:**
  - Nurses are patient advocates and must ensure patient wishes are respected.
- **DOCUMENTATION:**
  - Always record directive status, conversations with families, and physician orders.
- **LEGAL PROTECTIONS:**
  - Nurses acting in good faith on a valid directive are immune from civil or criminal liability.
- **INSTITUTIONAL POLICY VS. STATE LAW:**
  - Sometimes hospitals may have restrictive policies (e.g., requiring ethics review).
  - State law prevails—but nurses should escalate to supervisors when unclear.



# Practical Takeaways for Nurses



## **Verify Upon Admission**

Always verify the existence and validity of Powers of Attorney and Advanced Directives upon patient admission.



## **Document Everything Carefully**

Thorough documentation of all communications, decisions, capacity assessments, and conflicts protects you legally.



## **Consult When in Doubt**

When uncertain about validity or conflicting instructions, consult the provider or legal team immediately.



## **Good Faith Protection**

Understand that following valid legal documents and patient wishes in good faith protects you legally under Oklahoma law.