



# Living Will Kit

## Advance Directives:

Documenting Your Wishes Before You Become Ill

Your personal Living Will Kit includes:

- **Instructions for Completing Your Living Will**
- **Frequently Asked Questions**
- **List of Related Resources**
- **The Role of the Health Care Surrogate**
- **Other Considerations for End-of-Life Preparation**
- **Living Will/Advance Care Plan Form**

We all have the right to make our own decisions about the medical treatments we want and don't want. We also have the right to give another person the power to make those decisions for us if we are unable to communicate our wishes ourselves.

While telling someone else about the kinds of treatments you want or don't want is good, writing down your thoughts helps make sure that your loved ones, your doctors and others know exactly what you want. These written instructions are called "advance directives." They're called that because "advance" means "before the need arises" and "directives" means "instructions" or "wishes."

If there comes a point in your life when you are unable to make health care decisions for yourself, it is prudent to designate a person (called a "surrogate") to make health care decisions for you. Your surrogate can step in for you at any point in your life, whether or not you are terminally ill, as long as you are unable to communicate your wishes.

This living will kit, created by Avow Hospice, has been specially designed to help you document your wishes regarding health care at the end of life and to designate a Health Care Surrogate. This kit includes the necessary form and directions for completing it along with additional resources and supplemental items.

**If you have questions, need assistance to complete this Living Will Kit or would like additional copies, you may contact Avow Hospice at (239) 261-4404.**



# Instructions

This kit includes a legal document 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 for yourself:

- Living Will/Advance Care Plan

*NOTE: If you are NOT a resident of Florida, the form in this kit MAY NOT be appropriate or binding. Please check to see which forms are required in your state of residence.*

*This kit has been prepared according to Florida Statute Chapter 765.*

## Getting Started...

1. **Read through all materials *before* completing your form.**
2. Follow the specific directions provided for the form.
3. Make sure all signature areas are completed and dated accurately.

## After you have completed your form...

4. Keep the original documents for your records (file in a place where it is accessible to others) and make photocopies for appropriate individuals including:
  - Your Health Care Surrogate (you may also wish to provide him/her with a copy of “The Role of a Health Care Surrogate”)
  - Your physician(s)
  - Family members and/or close friend(s) (*as you deem appropriate*)Discuss your wishes in detail with those individuals and make sure they understand them.  
*Keep a list of the individuals you have given a copy to in case you choose to update/change your directives in the future.*
5. If you have a pre-existing Living Will or Advance Directive, collect and destroy the old documents and all copies.
6. If you decide to make changes to your documents after they have been signed and witnessed, you must complete new documents.

# Frequently Asked Questions

## What should an Advance Directive consist of?

Advance directives may consist of:

- **Living Will/Advance Care Plan**

This document contains your instructions for how you want to be cared for **at the end of life**. It also contains a section for you to name the person you want to make decisions for you **only if you have little or no chance of recovery** due to an end-stage disease, permanent unconscious state, permanent confusion or state of total dependence. This person is also called your “surrogate.” He or she also has no power to make *financial* decisions for you.

Remember: As long as you are able to make your own decisions, you are in control of your own medical care. Your advance directives speak for you only when you cannot speak for yourself.

## Whom should I appoint as my surrogate?

Your surrogate can be a family member or a close friend you trust to make serious decisions. The person you name as your surrogate should clearly understand your wishes and be willing to accept the responsibility of making medical decisions for you.

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

See “*The Role of a Health Care Surrogate*” on page 6.

## What kinds of decisions should I consider when completing my Living Will/Advance Care Plan?

- How do you feel about ventilators, surgery, resuscitation (CPR), drugs or tube feeding if you were to become terminally ill? If you were unconscious and not likely to wake up? If you were senile?
- What kind of medical treatment would you want if you had a severe stroke or other medical condition that made you dependent on others for all of your care?
- What sort of mental, physical, or social abilities are important for you to enjoy living?
- Do you want to receive every treatment your care-givers recommend?

## Can I write specific instructions about “tube feeding?”

Yes. You can indicate whether you wish foods and fluids delivered via intravenous tube to be administered to you, withheld from you, or withdrawn if they have been started.

# Frequently Asked Questions Continued...

## **Can I make instructions about organ donation?**

Yes. You should also complete an organ donor card and discuss your wishes with your loved ones.

## **Can I change my advance directives? When do they become effective? When do they expire?**

You can change your mind at any time about either aspects of your treatment or who you want to act as your surrogate. The forms become effective when you sign them in the presence of appropriate witnesses. They remain in effect throughout your life unless you change or revoke them.

## **Do I need a lawyer to fill out the forms? Must my signature be notarized?**

You do not need a lawyer and the state of Florida does not require that your signature be notarized. You must, however, have two witnesses sign the documents. *If you live part-time in another state, check for that state's requirements.*

## **Where should I keep my advance directives once the forms are finished?**

Keep the originals for yourself and give copies to your surrogate, your alternate surrogate if you designate one, your doctors, lawyer, clergy and anyone else you want to know your wishes. Don't lock the original in a location others cannot get to if you are unable to. Make sure your loved ones know where it is.

Some people take a copy of their advance directives with them to the hospital for peace of mind. It is also a good idea to keep a list of all the individuals to whom you have given a copy of your documents.

## **My family knows what I want. Isn't that enough? I just don't want to think about writing my Living Will.**

Putting your wishes in writing relieves your family of the burden of second-guessing themselves about what you might want. In times of stress and uncertainty, memories can fade and even the best of intentions can be off the mark of what you might have said.

## **What is a Do Not Resuscitate Order and how is it used?**

A Do Not Resuscitate Order (DNRO) is a **physician's written order**, stating that a patient has requested not to be resuscitated (not to receive CPR) if they should happen to lose their heart beat or respirations.

Do Not Resuscitate Orders are not required by anyone or any institution, including hospitals or hospices. The decision to have one is entirely up to you and your physician. If you want to have a DNRO, and you and your physician agree that you are terminally ill, you can request this order from your physician.

Since a DNRO order must be signed by a Florida licensed physician, a living will/advance care plan **may not** be used in place of a DNRO. You may, however, express your wishes regarding the use of CPR at the end stage of life on your living will/advance care plan.

If you choose to have a DNRO and you live at home, it's very important that the DNRO be available to emergency medical service personnel (911) who may be called to help you during a life threatening event. By law, if there is no DNRO or one can't be found, emergency medical specialists must administer CPR to someone whose heart or lungs have stopped working. If you don't want that, make sure your DNRO is clearly visible in your home.

If you want your DNRO to be followed in all circumstances, wherever you happen to be, keep the written order with you at all times. Take it when you go on vacation, check into the hospital, visit relatives and so forth.

## The Role of a **Health Care Surrogate**

### **How to Choose and Work with a Surrogate**

Most often, people appoint a friend or a family member to be a health care surrogate. The surrogate will make decisions for you if you are unable to make them for yourself. Here are some things to consider when choosing and working with a surrogate.

- Not everyone makes a good surrogate. The ideal surrogate is assertive and not afraid to ask questions. Keep this in mind when choosing a surrogate to represent you.
- Don't designate a surrogate without knowing whether that person wants the responsibility. If possible, designate an alternate surrogate, in case your first choice is unable to serve when the time comes.
- Choose one (1) person as your surrogate. By choosing one person, you will help avoid confusion and disagreements which can delay medical treatment and action. As referenced above, you may choose an alternate surrogate if your designee is unable or unwilling to fulfill his or her duties.
- Clarify to your health care providers the role you want your surrogate to play if you become ill.
- Prepare and sign the appropriate forms for your state. Make sure that your surrogate, physician and anyone else involved with your care has a copy.
- Review your Living Will/Advance Care Plan with your surrogate and discuss your wishes regarding end-of-life medical treatment. Clarify how much treatment you would want at the end of life. Have your surrogate repeat your words back to you to ensure that he or she understands your desires. Such conversations may help to diminish the surrogate's potential guilt and anguish over whether he or she is doing the right thing when the time comes.
- Ask your physician how he or she has worked with surrogates in the past. What problems arose? How can you ensure that such problems won't occur with your surrogate?

# The Role of a **Health Care Surrogate** *Continued...*

## **How to Be a Good Surrogate...**

A health care surrogate is an important role and, ideally, one that is taken on only after much thought. Here are some things to consider.

- The surrogate has the power to make medical decisions if the patient loses the ability to do so on her own. This may vary state to state. Carefully read the form that appointed you as a surrogate to see if there are requirements or limitations imposed by the state, such as needing knowledge about the patient's wishes regarding artificial nutrition and hydration (tube feeding).
- Have open discussions with the person you will represent to ensure you understand her wishes. What are the person's views on medical technology? How much medical care would the person want if she were diagnosed with a terminal or irreversible illness, and unlikely to speak again?
- Educate yourself about the patient's illness to help you anticipate potential decisions you may ultimately have to make.
- A good surrogate is assertive. Don't be intimidated to ask questions. If you don't understand the medical terminology a provider uses, ask for clarifications.
- Speak up if you feel that health care providers are not respecting your role as a surrogate.
- Find what type of support you will get from the hospital and who to go to if you run into problems while acting as a surrogate.
- Make sure that your role as surrogate is clear not only to the medical community, but to the person's family as well to avoid conflict when end-of-life decisions must be made.

## Other Considerations for **End-of-Life Preparation**

While you are preparing your Living Will Kit, you might wish to take some time to consider and document some of your end-of-life wishes outside of your health care. These may be documented in any form you prefer and you may want to file and distribute some or all of this information with your Living Will documents.

### ***Things to consider...***

- How would you like to be remembered? Are there special messages you would like to document for your loved ones before you die? Consider keeping a journal to document special memories and experiences – if you prefer, tape record or videotape them.

- How would you prefer your body to be treated after death (i.e. buried or cremated).
- Where would you prefer your remains to be placed?
- What kind of memorial services or funeral services – if any – would you like? Are there details about your service you would like to prescribe ahead of time? Special songs, music, readings, location, etc.

## Other Resources on Advance Directives

### Books

- *Ethical Wills* by Barry K. Baines
- *The Essential Guide to a Living Will* by B.D. Colen
- *Planning for Uncertainty: A Guide to Living Wills and Other Advance Directives for Health Care* by David Johns, MD
- *A Good Death* by Charles Meyer
- *Living Wills & Health Care Proxies: Assuring that Your End of Life Decisions are Respected* by Martin Shenkman

### Internet Sites

- [www.nhpco.org](http://www.nhpco.org)  
(National Hospice & Palliative Care Organization)
- [www.abanet.org/aging/toolkit/home.html](http://www.abanet.org/aging/toolkit/home.html)  
(American Bar Association's Consumer's Tool Kit for Health Care Advance Planning)
- [www.familydoctor.org/003.xml](http://www.familydoctor.org/003.xml)  
(FamilyDoctor.Org – Questions and Answers about Advance Directives and Do Not Resuscitate Orders)
- [www.aarp.org](http://www.aarp.org)  
(AARP – Type “Advance Directives” in the search option to obtain multiple links about the topic)
- [www.agingwithdignity.org](http://www.agingwithdignity.org)  
(Aging with Dignity Organization/*Five Wishes*)


#### Acknowledgments:

- Portions of Avow Hospice *Living Will/Advance Care Plan* form are based on Project Grace Advance Care Plan version 2.0 2003.
- Portions of Avow Hospice *Choice for Health Care Surrogate* are based on Caring Connections Florida Designation of Health Care Surrogate, Copyright © 2005 National Hospice and Palliative Care Organization.
- Portions of Avow Hospice *The Role of the Health Care Surrogate* are taken from “How to Choose and Work With a Surrogate” and “How to Be a Good Surrogate,” Copyright © 2005 The Robert Wood Johnson Foundation.



# AVOW<sup>®</sup>

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for Collier County since 1983*



# HOSPICE

For more information  
about services provided  
by Avow Hospice,  
call (239) 261-4404 or  
visit one of our offices  
located throughout  
Collier County:

**Central Administration Office**  
1095 Whippoorwill Lane  
Naples, FL 34105

**Frances Georgeson Hospice House**  
1095B Whippoorwill Lane  
Naples, FL 34105

**Immokalee Office**  
Immokalee Career & Service Center  
750 South 5<sup>th</sup> Street  
Immokalee, FL 34142  
Direct (239) 649-0201

**Marco Island Office**  
678 Bald Eagle Drive  
Marco Island, FL 34145  
Direct (239) 389-1089

Visit us on the web at  
[www.avowhospice.org](http://www.avowhospice.org)

## The Promise of Comfort

Making Your Last Days Your Very Best Days

Hospice care relieves the physical, emotional and spiritual suffering of those living with a terminal illness. It focuses on comfort, not cure. Hospice care helps people complete their lives with dignity by honoring death as a natural process to be met with acceptance, not pain or fear.

At Avow Hospice, patients receive care from a physician (their own or ours), a registered nurse, a social services coordinator, expressive therapists, a spiritual care coordinator, a home health aide and volunteers if the patient and family want them.

Hospice treats people where they live (home, apartment, nursing home, assisted living facility or extended care facility).

Anyone can refer a patient to the Avow Hospice by calling our admissions department at (239) 261-4404. Patients can even refer themselves. Once we receive a referral, an admissions team will assess the patient's condition and contact the patient's physician for authorization and basic medical information.

*Our Mission:*  
We believe that by changing  
the way people die,  
we change the way people live.<sup>SM</sup>



# Living Will/Advance Care Plan

This packet includes

- Directions for Completing the Form
- Living Will Advance Care Plan Form

Directions Page 1 of 3

This form should be used to document the kind of health care you wish to receive if you are unable to speak or make decisions for yourself and are experiencing a condition or illness that provides little or no chance for recovery.

## **Section I: Declaration**

Fill in the date and print your name in the designated areas.

## **Section II: Preferred treatment choices**

This section requires you to choose “Yes” or “No” on treatment choices which attempt to prolong life pertaining to four illnesses/conditions. Checking “Yes” means you WANT the treatment; checking “No” means you DO NOT WANT the treatment.

Choosing “No” means you have chosen to let death take its course naturally without medical interference. **Treatment to relieve pain and suffering should continue.**

*Keep in mind that this document will only be followed when you are about to die from an illness or condition listed below.*

### ILLNESS/CONDITION DEFINITIONS:

**End Stage Disease:** In this case, you have progressed toward final stages of life in spite of full treatment, or your vital organs are damaged beyond adequate function and cannot be replaced with transplantation (examples are widespread cancer that cannot be helped with treatment or severely damaged heart or lungs that causes a feeling of severe suffocation with any activity, despite oxygen treatment).

**Unconscious State (Permanent Vegetative State):** In this case, you have been and continue to be totally unaware with no reasonable chance of ever waking up (such as after brain damage caused by loss of blood or oxygen to the brain or head injury).

**Permanent Confusion:** In this case, you are unable to remember, understand or make decisions. You do not recognize your loved ones and/or are unable to have a clear conversation with them (an example is end stage Alzheimer’s dementia).

**Total Dependence:** In this case you are unable to talk clearly or move by yourself. You depend on others for feeding and hygiene and are unable to communicate. Your condition cannot be helped by rehabilitation or any other means (an example is severe stroke with paralysis and loss of speech).

# Living Will/Advance Care Plan

## TREATMENT CHOICE DESCRIPTIONS:

***CPR (Cardiopulmonary Resuscitation):*** To attempt to make the heart beat again after it has stopped and to help start breathing after breathing has stopped, usually involving electric shock to the chest, repeated chest compressions, placement of a breathing tube in the throat, and use of breathing machine.

NOTE: If you request that resuscitation (CPR) not be attempted outside the hospital, Florida requires a special form (DH Form 1896) also known as DNRO (Do Not Resuscitate Order). This form must be signed by your physician.

***Life Support:*** The use of machines to do the job of failed organs, typically in a hospital critical care unit.

***Surgery, lab studies, blood transfusion, antibiotics, etc.:*** These are tests and treatments to diagnose and treat specific conditions. When you have no reasonable chance of recovery, such tests and treatments offer no benefit and may prolong unnecessary suffering and interfere with dying naturally.

***Tube Feeding:*** When there is no reasonable chance of recovery and you cannot swallow, use of tubes to deliver artificial nutrition and hydration to the stomach or into the vein provides no comfort, but may unnecessarily prolong suffering.

**Other Instructions:** An area is provided below the check box section for you to write in additional/supplemental instructions as you deem appropriate.

A check box is provided for indicating your wish to be given **adequate pain relief** with the understanding that it **may** cause you to be in a semi-conscious or unconscious state or **may** hasten death.

The last item in Section II includes a check box option to indicate whether you wish to donate your organs.

### **Section III: Surrogate**

This section provides an area to designate a surrogate (and alternate). The person you name here will have the power to make decisions for you **only if you are unable to make decisions for yourself and you have little or no chance of recovery (due to the conditions/illnesses listed in Section II).**

It is important that you include the addresses and phone numbers for you surrogate (and alternate) designees.

# Living Will/Advance Care Plan

## **Section IV: Signature and Witnessing**

In order for this document to be observed as legal and binding you **MUST** sign your full name.

You must also have two (2) witnesses sign and date the document.

**IMPORTANT NOTE:** Only one of the two individuals serving as a witness to your signature may be your spouse or relative. Your Healthcare Surrogate may not serve as a witness to your signature. In the state of Florida, your witnesses and Health Care Surrogate must be at least 18 years of age.

Notarization is **NOT** necessary for this document to be binding.

**NOTE:** If you were to experience a medical emergency, medical personnel would seek to stabilize your condition before invoking your living will/advance directives specifications. Examples of medical emergencies may include, but are not limited to, being a victim of a serious automobile accident or a stroke.



# Living Will/Advance Care Plan

**Section I:**

Declaration made this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
(day) (month) (year)

I \_\_\_\_\_ willfully and voluntarily make known how I  
(Print Full Name)

choose to be treated during the last days of my life. I request to be given medical treatment fully sufficient to prevent unnecessary suffering from pain and symptoms related to my disease/condition and emotional and psychological stressors. When I can no longer make my own health care choices, I direct my physician(s), other health care providers and my health care surrogate(s) to follow the advance directives of this document.

**Section II:**

If at any time I am incapacitated and have little or no chance of recovery due to any one or more of the conditions listed below and my attending or treating physician(s) have determined that there is no reasonable medical probability of my recovery from such condition, my choice about treatments which attempt to prolong life are:

*Checking "Yes" means I WANT the treatment for the condition listed. Checking "No" means I DO NOT WANT treatment for the condition listed.*

| <b>Illness/Condition</b>            | CPR Heart/Lung<br>Resuscitation                          | Life Support<br>(by machine)                             | Surgery  | Blood/Antibiotics<br>Lab Studies                         | Tube Feeding by<br>Vein or Stomach                       |
|-------------------------------------|--|--|--|--|--|
| <b>End-Stage Disease:</b>           | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Permanent Unconscious State:</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Permanent Confusion:</b>         | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Total Dependence:</b>            | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Other instructions:

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It is my wish that I be provided with Avow Hospice services.

It is my wish that I be given adequate pain relief even if it may cause me to be semi-conscious or unconscious.

Should I meet medical criteria,  I do  I do not wish to donate my organs and/or tissues for the benefit of others.

*Continued on back...*



# Living Will/Advance Care Plan

## Section III:

I have designated the person listed below as my surrogate to carry out the provisions of this declaration on my behalf:

Designee:

Name: \_\_\_\_\_

Phone No.: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Alternate (if Designate is not available):

Name: \_\_\_\_\_

Phone No.: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

## Section IV:

It is my intention that this declaration be honored by my family and physician as the final expression of my legal right to accept or refuse medical treatment and to accept the consequences for such refusal.

I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration.

Signed: \_\_\_\_\_

Witness 1:

Print Your Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Witness 2:

Print Your Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Date: \_\_\_\_\_

*(Only one of the two individuals serving as a witness to your signature may be your spouse or relative and your Health Care Surrogate may not serve as a witness to your signature.)*