

LOUISIANA

Advance Directive

Planning for Important Healthcare Decisions

Courtesy of CaringInfo

www.caringinfo.org

800-658-8898

CaringInfo, a program of the National Hospice and Palliative Care Organization (NHPCO), is a national consumer engagement initiative to improve care and the experience of caregiving during serious illness and at the end of life. As part of that effort, CaringInfo provides detailed guidance for completing advance directive forms in all 50 states, the District of Columbia, and Puerto Rico.

This package includes:

- Instructions for preparing your advance directive. Please read all the instructions.
- Your state-specific advance directive forms, which are the pages with the gray instruction bar on the left side.

BEFORE YOU BEGIN

Check to be sure that you have the materials for each state in which you may receive healthcare. Because documents are state-specific, having a state-specific document for each state where you may spend significant time can be beneficial. A new advance directive is not necessary for ordinary travel into other states. The advance directives in this package will be legally binding only if the person completing them is a competent adult who is 18 years of age or older, or an emancipated minor.

ACTION STEPS

1. You may want to photocopy or print a second set of 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 gray 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, scan, or take a photo of the form and give it to the person you have appointed to make decisions on your behalf, your family, friends, healthcare providers, and/or faith leaders so that the form is available in the event of an emergency.

5. You may also want to save a copy of your form in your electronic healthcare record, or an online personal health records application, program, or service that allows you to share your medical documents with your physicians, family, and others who you want to take an active role in your advance care planning.
6. Louisiana maintains a Living Will Declaration Registry. By filing your advance directive with the registry, your health care provider and loved ones may be able to find a copy of your directive in the event you are unable to provide one. You can read more about the registry, including instructions on how to file your advance directive, at <http://www.sos.la.gov/OurOffice/EndOfLifeRegistries/Pages/default.aspx>.

INTRODUCTION TO YOUR LOUISIANA DECLARATION

This packet contains 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 yourself.

The **Louisiana Declaration** is your state's living will. It lets you state your wishes about medical care in the event that you become terminally and irreversibly ill and can no longer make your own medical decisions.

In addition, this Declaration lets you designate another person, called an agent, to make health care decisions for you in the event you become terminally and irreversibly ill and can no longer make your own medical decisions.

This form also includes an optional section that allows you to make decisions about organ donation.

How do I make my Louisiana Declaration legal?

The law requires that you sign your Declaration in the presence of two competent adult witnesses, who must also sign the document to show that they personally know you and believe you to be of sound mind. These witnesses **cannot** be:

- related to you by blood or marriage; or
- entitled to any portion of your estate.

Note: You do not need to notarize your Louisiana Declaration.

Whom should I appoint as my agent?

Your agent is the person you appoint to make decisions about your healthcare if you become unable to make those decisions yourself. Your agent may be a family member or a close friend whom you trust to make serious decisions. The person you name as your agent should clearly understand your wishes and be willing to accept the responsibility of making healthcare decisions for you.

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

Should I add personal instructions to my advance directive?

Yes! One of the most important reasons to execute an advance directive is to have your voice heard. When you name an agent and clearly communicate to them what you want and don't want, they are in the strongest position to advocate for you. Because the future is unpredictable, be careful that you do not unintentionally restrict your agent's power to act in your best interest. Be especially careful with the words "always" and "never." In any event, be sure to talk with your agent and others about your future healthcare and describe what you consider to be an acceptable "quality of life."

When does my agent's authority become effective?

Your Louisiana Declaration goes into effect when your doctor determines that you are terminally and irreversibly ill and can no longer make your own medical decisions.

Agent Limitations

Your agent will be bound by the current laws of Louisiana as they regard pregnancy and termination of pregnancies.

What if I change my mind?

You may revoke your Louisiana Declaration at any time, regardless of your mental condition, by:

- Canceling, defacing, obliterating, burning, tearing, or otherwise destroying the document, or directing another to do so in your presence;
- Signing and dating a written revocation; or
- By orally expressing your intent to revoke your Declaration.

Your revocation becomes effective once you notify your doctor.

Mental Health Issues

These forms do not *expressly* address mental illness, although you can state your wishes and grant authority to your agent regarding mental health issues. The National Resource Center on Psychiatric Advance Directives maintains a website (<https://nrc-pad.org/>) with links to each state's psychiatric advance directive forms. If you would like to make more detailed advance care plans regarding mental illness, you could talk to your physician and an attorney about a durable power of attorney tailored to your needs.

What other important facts should I know?

Be aware that your advance directive will not be effective in the event of a medical emergency, except to identify your agent. Ambulance and hospital emergency department personnel are required to provide cardiopulmonary resuscitation (CPR) unless you have a separate physician's order, which are typically called "prehospital medical care directives" or "do not resuscitate orders." DNR forms may be obtained from your state health department or department of aging (<https://www.hhs.gov/aging/state-resources/index.html>). Another form of orders regarding CPR and other treatments are state-specific POLST (portable orders for life sustaining treatment) (<https://polst.org/form-patients/>). Both a POLST and a DNR form MUST be signed by a healthcare provider and MUST be presented to the emergency responders when they arrive. These directives instruct ambulance and hospital emergency personnel not to attempt CPR (or to stop it if it has begun) if your heart or breathing should stop.

LOUISIANA DECLARATION – PAGE 1 OF 5

INSTRUCTIONS

PRINT THE DATE

Declaration made this _____ day of _____.
(day) (month, year)

PRINT YOUR NAME

I _____
(name)

being of sound mind, willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below and do hereby declare:

If at any time I should have an incurable injury, disease, or illness, or be in a continual profound comatose state with no reasonable chance of recovery, certified to be a terminal and irreversible condition by two physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined that my death will occur whether or not life-sustaining procedures are utilized and where the application of life-sustaining procedures would serve only to prolong artificially the dying process, I direct:

Initial only one

_____ That all life-sustaining procedures, including nutrition and hydration, be withheld or withdrawn so that food and water will not be administered invasively.

_____ That life-sustaining procedures, except nutrition and hydration, be withheld or withdrawn so that food and water can be administered invasively.

I further direct that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care.

In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this declaration shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

INITIAL ONLY ONE

LOUISIANA DECLARATION — PAGE 2 OF 5

Designation Clause

I ,

(name)

authorize

(name of agent)

residing at

(address of agent)

as my agent, to make all medical treatment decisions for me, including decisions to withhold or withdraw any form of life-sustaining procedure on my behalf should I be (1) diagnosed as suffering from a terminal and irreversible condition and (2) comatose, incompetent or otherwise mentally or physically incapable of communication. I have discussed my desires concerning terminal care with my agent named above, and I trust his/her judgment on my behalf. I understand that if I have not filled in any name in this clause or if the agent I have chosen is unavailable or unwilling to act on my behalf, my declaration will nevertheless be given effect should the above-discussed circumstance arise.

In the event that the agent I have named is unable, unwilling, or unavailable to act as my agent, I authorize

(name of agent)

residing at

(address of agent)

as my alternate agent.

PRINT YOUR NAME

PRINT THE NAME
AND ADDRESS OF
YOUR AGENT

PRINT THE NAME
AND ADDRESS OF
YOUR ALTERNATE
AGENT

LOUISIANA DECLARATION — PAGE 4 OF 5

ORGAN DONATION
(OPTIONAL)

Organ Donation (Optional)

Initial the line next to the statement below that best reflects your wishes. You do not have to initial any of the statements. If you do not initial any of the statements, your guardian, agent, or family may have the authority to make a gift of all or part of your body under Louisiana law.

INITIAL THE
OPTION THAT
REFLECTS YOUR
WISHES

I do not want to make an organ or tissue donation and I do not want my guardian, agent, or family to do so.

I have already signed a written agreement or donor card regarding organ and tissue donation with the following individual or institution:

ADD NAME OR
INSTITUTION (IF
ANY)

Name of individual/institution: _____

Pursuant to Louisiana law, I hereby give, effective on my death:

Any needed organ or parts.

The following part or organs listed below:

For (initial one):

Any legally authorized purpose.

Transplant or therapeutic purposes only.

ADD ADDITIONAL
INSTRUCTIONS, IF
ANY

Add any additional instructions:

LOUISIANA DECLARATION — PAGE 5 OF 5

Execution

I understand the full meaning and significance of this declaration and I am emotionally and mentally competent to make this declaration.

Signed _____

Date: _____

City, Parish and State of Residence

The declarant has been personally known to me and I believe him or her to be of sound mind. I am not related by blood or marriage to the declarant. I am not entitled to any portion of the declarant's estate.

Witness 1

Signature: _____

Print name: _____

Date: _____

Witness 2

Signature: _____

Print name: _____

Date: _____

SIGN AND DATE
THE DOCUMENT
AND
PRINT YOUR PLACE
OF RESIDENCE

WITNESSING
PROCEDURES

WITNESSES MUST
SIGN AND DATE
HERE