



Living Will | Designation of Healthcare Surrogate

No one likes to think about getting seriously ill. Most people have strong opinions regarding the kind of medical treatment they would choose if they became seriously ill. These opinions are usually shaped by one's experiences, values and beliefs.

Advance Directives are used to help people put their healthcare treatment wishes in writing as well as designate someone to make medical decisions for them prior to their becoming too ill to speak for themselves. Florida recognizes certain types of written Advance Directives, including Living Wills and Designations of Healthcare Surrogates. A Living Will is the Advance Directive that identifies the kind of medical care you want or do not want if you become too ill to make medical decisions on your own. A Designation of Healthcare Surrogate is the Advance Directive that designates a person to make healthcare decisions on your behalf if you become too ill to do so.

Your Advance Directive(s) will inform the people around you about your healthcare wishes when you no longer can because of illness and injury. You have the right by Florida law to choose what specific treatments that you think would be too much for you and to choose someone to be your voice when you are no longer able to speak for yourself. You will still receive medical treatment if you do not have an Advance Directive.

When designating your Healthcare Surrogate, it is important to consider selecting someone that you trust and who knows what kind of care you would want in a situation where you are no longer able to speak for yourself. If you are no longer able to express your wishes, your healthcare provider is required by law to designate someone to make healthcare decisions for you. Without a Healthcare Surrogate designated by you, the state of Florida has established a ranked order of those who would be designated. That order may not fit your particular situation, so it is best to designate a Healthcare Surrogate that you have confidence will make decisions the way that you would want.

You should discuss your thoughts, concerns and choices with those closest to you. As your life and health change, you may also wish to change your Advance Directives and can do so at any time. By planning ahead, you can receive the medical care that you choose and help your loved ones follow your wishes. The most important thing is to make your wishes known.

Commonly Asked Questions about Advance Directives

1. What is an Advance Directive?

It is instructions you give regarding the provisions of healthcare in the event you become unable to make your own decisions. Examples of Advance Directives include: Living Wills; Durable Power of Attorney, and Designation of a Healthcare Surrogate. Using a directive, you give specific instructions about your healthcare in certain situations, or designate a person to act on your behalf in decision making, or a combination of the two.

2. What is a Healthcare Surrogate?

A Healthcare Surrogate is a person you choose to make healthcare decisions for you if you are not able to do so. Your Surrogate should be someone who knows your wishes and will make decisions based on what he/she believes you would want, not based on his/her own preferences. You are encouraged to designate a Healthcare Surrogate even if you have made other written expressions of your wishes since it is difficult to address every situation in a directive.

3. Under what medical conditions would my Advance Directive apply?

Terminal Condition: A condition caused by injury, disease or illness from which there is no reasonable medical probability of recovery and which, without treatment, can be expected to cause death.

Persistent Vegetative State: A permanent and irreversible condition of unconsciousness in which there is absence of voluntary action or cognitive behavior of any kind, or an inability to communicate or interact purposefully with the environment.

End-Stage Condition: A condition caused by injury, disease, or illness which has resulted in severe and permanent deterioration, indicated by incapacity and complete physical dependency, and for which, to a reasonable degree of medical certainty, treatment of the irreversible condition would be medically ineffective.

Should you be in any of these conditions and well enough to speak for yourself, your physician would still look to you first to make your own treatment decisions. Should you be too ill to speak for yourself, your physician and your Healthcare Surrogate would look to your Advance Directive to guide treatment decisions on your behalf.

4. Will my Advance Directive be honored in an Emergency?

Usually it is not possible to determine the chances of survival in an emergency situation or to determine the outlook for recovery. After the initial emergency has passed and the prognosis for recovery is known, your Advance Directive will come into play if you are not able to express your wishes.

5. Is it difficult to stop treatment once it has started?

No, not if you have an Advance Directive and your instructions are clear. Particularly in conditions with a sudden onset, it may take days or even weeks before the prognosis is known to a reasonable degree of certainty. During the time before the outlook is known, it is appropriate to use any treatments which might be beneficial. When the prognosis is established, if your instructions indicate you would not want continued treatment under the circumstances, treatment can be stopped.

6. What is the difference between an Advance Directive and a Do Not Resuscitate Order (DNRO)?

An Advance Directive is the expression of a person's healthcare wishes which may include a request not to undergo attempted resuscitation. A Do Not Resuscitate Order is a physician order which specifically states that should a person experience cardiac arrest or respiratory arrest, they are not to undergo attempted resuscitation. Even if a person has expressed their wishes not to undergo attempted resuscitation in their Advance Directive, their physician must additionally write a Do Not Resuscitate Order for resuscitation to be withheld.

7. What about any religious beliefs?

Some choices you may make in filling out an Advance Directive may be influenced by teachings of your religion. If so, discuss the matter with your minister, priest, rabbi or other spiritual mentor.

8. What if I filled out an Advance Directive in another state and need treatment in Florida?

An Advance Directive completed in another state, as described in that state's law, can be honored in Florida.

9. After I complete my Advance Directive, what do I do with it?

Give a copy to your Healthcare Surrogate and alternate. Discuss your healthcare treatment wishes and answer any questions that they may have. If your Healthcare Surrogate is not your spouse or your children, it is advisable that you notify your family in the event that your Healthcare Surrogate is called upon to make decisions on your behalf. Depending on your situation, you may also want to give a copy to your physician and to someone who would know if you became seriously ill, such as a neighbor or close friend.

10. Do I need a lawyer or notary to complete an Advance Directive?

In most cases, no; the document need only be signed in the presence of two witnesses. One of the witnesses must be someone who is not your spouse, blood relative, heir, or person responsible for paying your medical bills. However, if you have any questions concerning the legal effect of these documents or any other aspect of this matter, you should contact your attorney.

11. May I change my Advance Directive?

Yes, you may do so at any time. If you do make changes to any Advance Directive, be sure to destroy all outdated copies and provide copies of the updated version to the appropriate people.

12. Are there any limitations to carrying out my advance directive?

Yes. If you are pregnant, most likely any instructions which would result in withholding or withdrawing life-prolonging treatments would not be honored during the time you are pregnant.

Designation of a Healthcare Surrogate

If you are unable to make your own medical decisions, the person you designate as your Healthcare Surrogate shall have the authority to:

1. Act for you to make healthcare decisions which he/she believes you would have made under the circumstances if you were able;
2. Consult with appropriate healthcare providers to provide informed consent pursuant to your wishes, or if your wishes are unknown, act in your best interest and give consent in writing on the appropriate forms;
3. Have access to your clinical records and authority to release information and clinical records to appropriate persons to provide continuity of care;
4. Apply on your behalf for private, public, government, or veteran's benefits to defray the cost of healthcare;
5. Authorize the admission, discharge or transfer of you to or from a healthcare facility;
6. Decide to make an anatomical gift pursuant to part V of chapter 765, Florida Statutes.

I affirm that this designation is not being made as a condition of treatment or admission to a healthcare facility.

I, _____, hereby execute this Advance Directive and designate _____ as my Healthcare Surrogate and authorize him/her to make all decisions for me which he/she believes I would have made.

Relationship: _____ Telephone: _____

Address: _____

In the event said person is unable or unwilling to act in such capacity, I designate _____ as my alternate Healthcare Surrogate.

Relationship: _____ Telephone: _____

Address: _____

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

Declarant Signature Date/Time Date of Birth Social Security Number

The Declarant is known to me, and I believe him/her to be of sound mind. (Two witnesses as described below).

1. _____
Witness - any adult Date/Time

2. _____
Witness - cannot be spouse, blood relative, heir, or person responsible for healthcare costs. Date/Time

Surrogate's acceptance signature can be at any time prior to acting as surrogate.

Surrogate Signature Date/Time

Surrogate Printed Name

Living Will

Declaration made this _____ day of _____, (20____), I _____ willfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below, and I do hereby declare that, if at any time I am incapacitated and:

_____ (initial) I have a terminal condition, or

_____ (initial) I have an end stage condition, or

_____ (initial) I am in a persistent vegetative state,

and if my primary physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such a condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and 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 or to alleviate pain.

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

In the event that I have been determined to be unable to provide express and informed consent regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I wish to designate, as my surrogate to carry out the provisions of this declaration:

Name: _____ Phone: _____

Address: _____

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

Additional Instructions (optional):

Signature of Declarant _____ Date/Time _____ Date of Birth _____ Social Security Number _____

Witness Signatures

Signature: _____

Name: _____

Address: _____

Phone: _____

Signature: _____

Name: _____

Address: _____

Phone: _____

LAKELAND REGIONAL HEALTH
Advance Directive: Living Will and
Designation of Healthcare Surrogate