

# Advance Directives

## *You have a choice.*

### **LIVING WILLS AND OTHER ADVANCE DIRECTIVES...**

*As the ability to preserve life increases, important questions and issues arise from the marvels of ever-changing technology and medical expertise. You may be faced with making the decision to use the technology to prolong life. Methodist Hospital recognizes you have a fundamental right to make your own health care decisions, even if your condition prohibits you from communicating your desire. We encourage you to learn your rights concerning these important decisions.*

*You have been asked by the Admissions Clerk if you have an Advance Directive with regard to your health care. An Advance Directive is a written document by which you may state your choice for medical treatment or designate a person who may make medical treatment choices if you lose your capacity to make these decisions.*

*You have a right under Kentucky law to formulate your own Advance Directives. In Kentucky, there are three (3) ways you can legally express medical treatment choices:*

- *Living Will*
- *Health Care Surrogate Designation*
- *Durable Power of Attorney for Health Care*

### **A LIVING WILL**

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A Living Will is a written document which, if executed properly, will communicate your wishes to your physician regarding life-prolonging treatment and artificially provided nourishment and fluids. Your Living Will becomes effective when:

- The properly prepared document is written and signed by you in the presence of two (2) adults or is notarized, substantially in the form as authorized by Kentucky law.
- Your physician and one (1) other physician determine that you have a terminal condition which will result in death in a short time; And
- Application of life-prolonging treatment would only serve to artificially prolong the natural dying process.

### **HEALTH CARE SURROGATE DESIGNATION**

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The law allows you to appoint another person, known as a Surrogate, to make health care decisions for you if you lose the ability to make your own decisions. Unlike the Living Will, you do not have to have been diagnosed as having a terminal condition before it becomes effective. The Surrogate can make health care decisions when your attending physician makes a determination that you no longer have decisional capacity. The decisions of your Health Care Surrogate are not limited to questions regarding life-prolonging treatment but may extend to other medical decisions. For your Health Care Surrogate to make decision, the following conditions must be met:

- The Surrogate must be an adult.
- The Health Care Surrogate Designation must be in writing and either witnessed or notarized and must comply substantially with the form authorized by Kentucky Law. It can be a part of the Living Will form.
- Your Physician must make the determination that you do not have the ability to make decisions.



Phone (270) 827-7700  
Henderson, Kentucky



Phone (270) 389-3030  
Morganfield, Kentucky

## DURABLE POWER OF ATTORNEY FOR HEALTH CARE

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A Durable Power of Attorney for health care must specifically authorize another person to make health care decisions for you. To be effective, it must:

- Be written, signed and notarized;
- Contain special language required by the law which states: "This Power of Attorney survives the disability of the principal." This means once you become disabled, incompetent or unable to make decisions, this Power of Attorney for Health Care remains in effect.

## GENERAL INFORMATION

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You must give a copy of your Advance Directive: Living Will, Health Care Surrogate Designation, or Durable Power of Attorney for healthcare to your physician and the hospital before it can be honored.

If you are physically or mentally incapable of making this notification, any other person may notify the attending physician.

If you have properly executed an Advance Directive and given the Advance Directive to your physician and hospital, Kentucky law requires the Advance Directive be honored with the following exceptions:

- Your physician may object to honoring your Advance Directive on religious, moral or professional grounds. If your physician objects on these grounds, he or she shall immediately notify you, your family or your guardian. You have the choice of keeping that physician or being transferred to another physician who will honor your Advance Directive.
- Kentucky does not honor a Living Will during a woman's pregnancy except under certain circumstances.

Once you have notified and delivered your Advance Directive to your physician and your health care facility, it will become a permanent part of your medical record.

If you have an Advance Directive, you may invalidate it orally, in writing, or by destruction of the document itself.

As a patient in our hospital, you have the right to review the hospital's policy and procedures regarding Advance Directives.

Our hospital staff is not allowed by Kentucky law to witness an Advance Directive.

Kentucky law specifically states that the withholding or withdrawing of life-prolonging treatment pursuant to a properly executed Advance Directive does not constitute a suicide, nor will it affect the sale, procurement, issuance of or invalidation of a life insurance policy.

An Advance Directive is not required for your admission to any hospital. If you do not have an Advance Directive, your medical care or treatment will not be affected in any way. Advance Directives have important legal ramifications. DO NOT sign anything unless you understand the information, the document and its implication. If there is anything in an Advance Directive you do not understand, please contact an attorney before signing. The goal of Methodist Hospital is to preserve and sustain life. However, we recognize individuals have a fundamental right to take part in their own health care decisions and we honor those rights. For additional information concerning Advance Directives you may contact the Hospital Chaplain at Ext. 7512 or the Hospital Attorney at Ext. 7454. Patients at Methodist Hospital Union County may contact the Chaplain at 827-7512 and the Attorney at 827-7454.

LIVING WILL DIRECTIVE  
(STATUTORY FORM KRS 311.625)

My wishes regarding life-prolonging treatment and artificially provided nutrition and hydration to be provided to me if I no longer have decisional capacity, have a terminal condition, or become permanently unconscious have been indicated by checking and initialing the lines below. By checking and initialing the appropriate lines, I specifically:

Designate \_\_\_\_\_ as my health care surrogate to make health care decisions for me in accordance with this directive when I no longer have decisional capacity.

If \_\_\_\_\_ refuses or is not able to act for me,

I designate \_\_\_\_\_ as my health care surrogate.

Any prior designation is revoked.

If I do not designate a surrogate, the following are my directions to my attending physician. If I have designated a surrogate, my surrogate shall comply with my wishes as indicated below.

Direct that treatment be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical treatment deemed necessary to alleviate pain.

DO NOT authorize that life-prolonging treatment be withheld or withdrawn.

Authorize the withholding or withdrawal of artificially provided food, water, or other artificially provided nourishment or fluids.

DO NOT authorize the withholding or withdrawal of artificially provided food, water, or other artificially provided nourishment or fluids.

Authorize my surrogate, designated above, to withhold or withdraw artificially provided nourishment or fluids, or other treatment if the surrogate determines that withholding or withdrawing is in my best interest; but I do not mandate that withholding or withdrawing.

Authorize the giving of all or any part of my body upon death for any purpose specified in KRS 311.185.

DO NOT authorize the giving of all or any part of my body upon death.

In the absence of my ability to give directions regarding the use of life-prolonging treatment and artificially provided nutrition and hydration, it is my intention that this directive shall be honored by my attending physician, my family, and surrogate designed pursuant to this directive as the final expression of my legal right to refuse medical or surgical treatment and I accept the consequences of the refusal.

If I have been diagnosed as pregnant and that diagnosis is known to my attending physician, this directive shall have no force or effect during the course of my pregnancy.

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

Signed, this the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

\_\_\_\_\_  
Living Will Declarant

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_

In our joint presences, the Living Will Declarant who is of sound mind and eighteen (18) years of age, or older, voluntarily dated and signed this writing or directed it to be dated and signed for the Living Will Declarant.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_

STATE OF KENTUCKY  
COUNTY OF HENDERSON...SCT.

Before me, the undersigned authority, came the Living Will Declarant,

\_\_\_\_\_ who is of sound mind and eighteen (18) years of age, or older, and acknowledged that he/she voluntarily dated and signed this writing.

This the \_\_\_\_\_ date of \_\_\_\_\_, in the year \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State at Large  
My Commission Expires \_\_\_\_\_