

Thoughts for the future

*Your
Advance
Directive
for Health
Care*



Today I have life, how long will it last – the days go so quickly, the months pass so fast. My death I don't fear, but how will I die? Will I recognize loved ones as they bid me goodbye? Please, let us talk now and make plans that are real, put them in writing so you'll know how I feel. It's my life, you know, and I want to make sure if my last illness is serious, and there is no cure, you'll carry out my wishes and know in your heart, that I am at peace, and with dignity depart.

Ida M. Pyeritz

St. Clair Hospital Auxilian

*Reprinted courtesy of St. Clair Hospital
Pittsburgh, Pennsylvania*

There may come a time when you or a member of your family is seriously injured or becomes gravely ill. In the midst of your shock and grief, you may be asked to make difficult decisions about the level of medical care administered, or whether or not life support systems should be used or withdrawn. While advances in medical technology have saved thousands of lives, sometimes the very capability of this technology to sustain life raises more questions than answers.

Whether it is you or your family member who is involved, it's a lot harder to make good decisions on complex issues when you are under stress. Because of this, it is important for you to learn about the levels and types of medical care available and to discuss the kinds of treatment you would feel comfortable with before you or your family are called to make these decisions.

This booklet has been designed to help you better understand:

- your options in determining an appropriate level of care
- something about the kinds of life support systems currently being used
- a brief history of the legal issues surrounding these decisions and
- St. John Health System's policies.

While making these decisions can be difficult, we have people who are here to assist you. Our nursing staff is available to help you work through the situation.

What are levels of care?

This is simply a determination of how far the medical team should go to prolong life in light of expected outcomes. Determining the level of care involves balancing the burdens of a particular therapy against the benefits of the therapy to the patient. If a terminally ill patient's heart should stop (cardiac arrest), should medical personnel attempt to restart it (CPR)? When might a critically ill patient who cannot recover decide to forego further aggressive medical care and choose to be kept comfortable?

These choices should be made by a competent, informed patient, working closely with a physician. Or, if the patient is incompetent, by an appropriately informed person working on the patient's behalf.

What about pain and suffering?

Regardless of any decision about level of care or termination of life support, the patient will continue to receive all appropriate medical and nursing care necessary to relieve suffering.

What about the use of life support systems?

Life-support systems are machines and methods which assist the body to function properly if body systems fail because of illness or injury. These basic body functions include the ability to breathe properly, to take in nourishment and to eliminate waste. An explanation of the most common forms of life support, how they are used and what they do, is included in the glossary on page 4 of this booklet.

What are the issues surrounding the use of life support systems?

Since the early 1970s, many cases involving the use of life support systems have gone before the courts. A critical issue has usually been whose right was it to decide whether to continue or withdraw particular therapies?

This is a difficult question. How do we answer it? Who decides?

In 1980, President Jimmy Carter established a commission to clarify the decision-making process regarding life support. The commission's report, "Deciding to Forego Life Sustaining Treatment: Ethical, Medical and Legal Issues in Treatment Decisions" was completed in December 1982. The commission recognized that each of us is unique and that decisions will vary from person to person. They may be based upon a combination of factors, including the lifestyle you lead, your religious or moral views, and upon past experience. The commission further emphasized that it is your right as a patient to be adequately informed of your choices by your physician and to decide what type of medical treatment you wish to receive.

Decisions to accept or reject life sustaining therapies must be made voluntarily by competent and informed patients; or, if the patient is unable or incompetent, by another appropriately informed person acting on the patient's behalf. This person, called a "health care proxy," could be a family member, legal guardian or agent.

It is an excellent idea to communicate your wishes about life support and intensity of care to your family and your physician(s). You may also wish to complete an "**advance directive for health care**".

What are St. John Health System's policies on the use of life support systems?

St. John Health System has made a commitment to the preservation of life and the alleviation of suffering. Therefore, every patient admitted to St. John facilities will receive total life support, including CPR, unless a decision not to resuscitate (to revive from apparent death) has been previously made. This is called a "Do Not Resuscitate" order and is made only after thoughtful discussion between the physician, the competent patient, and any others involved in the decision-making process. It is based on the physician's diagnosis and likelihood of recovery.

What is St. John Health System's position on withholding hydration and nutrition?

In counseling with patients and families on the withholding of hydration and nutrition, St. John follows the guidelines of the National Conference of Catholic Bishops, specifically, ". . . decisions about these patients should be guided by a presumption in favor of medically assisted nutrition and hydration..."

St. John Health System is committed to the sanctity of life, and as such is unable to contribute to or hasten an individual's death by

withholding hydration and/or nutrition including medically assisted nutrition and hydration (food and water through any type of tube). St John will not participate in the care of anyone who will die as a result of dehydration and/or starvation unless providing medically-assisted nutrition and hydration will cause severe and intractable pain, **or** it cannot be assimilated by the body, **or** death is imminent and lack of food and water will not be the cause of death.

If you choose to decline medically-assisted nutrition and hydration in your Advance Directive or Living Will and your physician believes that you will die from a lack of food and water before you will die from your disease process, you will be provided medically-assisted nutrition and hydration as long as you remain in our care.

What is an advance directive for health care?

An advance directive for health care is a legally binding document which contains your wishes regarding both a “living will” and the appointment of a health care proxy.

Living Will: A living will is a legally binding document which makes known your wishes regarding the withholding or withdrawal of life- sustaining procedures in the event you are no longer able to make decisions regarding your medical treatment.

Health Care Proxy: You may select another person to make health care decisions for you if you are unable to speak for yourself. These decisions could include the withholding or withdrawal of care, as well as matters of more routine care. The designation of such a person to act for you is done by

appointing a Health Care Proxy.

If you do not have a living will or have not appointed a health care proxy and you are unable to make health care decisions because you are unconscious or not competent, your physician will consult with your immediate family in making decisions on the withholding or withdrawal of care and matters of routine care.

What are St. John Health System’s policies on advance directives?

- Advance directives properly executed pursuant to the Oklahoma Advance Directive Act, which do not conflict with the moral or ethical policies of St. John, will be accepted as the exercise of your rights to appoint a health care proxy and to accept or refuse life-sustaining treatment, including artificially administered hydration and nutrition, if you are incapable of medical decision-making.
- Advance directives executed in another state will be accepted to the extent they are valid under Oklahoma law.
- Advance directives which do not meet the requirements of the Oklahoma Advance Directive Act are not binding on the hospital or your physician, but will be given weight in any decision-making about life-sustaining care for patients.
- St. John does not condition the provision of care or otherwise discriminate because you have or have not executed an advance directive.

How long are advance directives effective?

In Oklahoma, advance directives are effective until they are revoked. Still, it's considered a good idea to initial and date your advance directive every few years to show that it still expresses your wishes.

What if I change my mind?

You can revoke or amend your advance directive at any time simply by destroying the form, deleting certain sections, and by telling your physician or nurse.

Where can I obtain an advance directive?

There is a copy of an advance directive in the back of this booklet. Or, contact your physician or attorney who will be able to provide you with a copy. Once completed, discuss your wishes with your family, next of kin or other responsible parties; leave a copy of your advance directive with your physician, lawyer and a close family member; and if possible, bring a copy to St. John's Admission Department so that it can be placed in your permanent medical record.

Conclusion

It is difficult for people to make good decisions when they are under pressure or emotional strain, particularly in areas where there are no clear-cut answers, such as the use of life support systems, and determining levels of care. These issues require a great deal of discussion and careful thought. The information in this booklet has been presented in hopes that you will discuss it

with your doctor and others and come to a decision that is right for you or someone you love.

For help

Contact: nursing service, (918) 744-2299.

Glossary

Artificial ventilation techniques:

Machines which assist or control your breathing are called ventilators. After the critical event which caused the breathing problems, most patients can be weaned from ventilator assistance.

Some patients are totally dependent on a ventilator and would die without its support. Other patients are partially dependent. If you were to remain either partially or totally dependent upon ventilator support, you (if able), family members and your physician(s) may address the issues of whether to continue such support, and the role of CPR if your condition does not improve.

Brain death: The absence of brain activity. This may be documented by a variety of methods, such as a consistent lack of brain wave activity as monitored on an electroencephalogram. When it occurs, the patient cannot recover and is considered legally dead even though other vital organs may continue to function for a short while.

Breathing tubes: A tube may be inserted into the lungs to facilitate artificial ventilation. An endotracheal tube is a tube inserted through your nose or mouth into the windpipe. This technique is a short-term alternative. If artificial ventilation is necessary for more than a few weeks, a tracheostomy tube is often necessary. A tracheostomy is an incision through the neck

into the trachea (windpipe), into which a tube is inserted. The tube can be used for both artificial ventilation and to suction fluids which might interfere with breathing.

Cardiac assist device: Devices such as the left ventricular assist device or the intra-aortic balloon pump can be used to temporarily take over certain functions of the heart.

Cardiopulmonary resuscitation (CPR): If your heart were to stop beating (cardiac arrest), you would die within a few minutes unless immediate action was taken. CPR was developed to help the heart begin to function again. It generally consists of external heart massage, artificial breathing techniques, medication, and electrical shocks to the heart. Decisions about whether to perform CPR are determined by you, the patient; your family and your physician. Such decisions are based upon:

- the patient's current condition
- the benefits to the patient
- the probability of success, and
- the hope of eventual discharge from the hospital in satisfactory condition.

Feeding techniques: If you are unable to take food or food products by mouth or if you are unable to digest food properly, you may receive nutrition by one or more of the following techniques:

- **Intravenous (IV):** IV solutions are used to provide you with fluid, vitamins, electrolytes and medication. A small tube is inserted into a vein in your arm or hand. The amount of

calories that you can receive through this method is not enough to keep you alive for long periods of time.

- **Total parenteral nutrition (TPN):** TPN is a special IV solution containing enough vitamins, minerals and adequate calories to sustain life. This technique requires a special IV line and is generally used in situations where you are unable to take food by mouth or digest it properly.
- **Enteral feeding:** Liquid food can be given through a variety of tubes inserted into the stomach of patients who are able to digest food. A nasogastric or feeding tube may be inserted through your nose into your stomach. If it looks as if you will need to be fed artificially for a long time, a special tube surgically inserted into the stomach is favored. This is a good long-term alternative and may prove more comfortable.
- **Kidney dialysis:** Artificial kidney techniques support you during kidney failure. The kidneys are essential to eliminate waste products and ensure that your body is in chemical balance. Kidney failure can either be temporary or permanent. In either case, artificial kidney techniques can effectively sustain life until your kidneys begin to function again or it is determined that a transplant or ongoing dialysis is needed.

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NOTICE TO PATIENTS

YOUR RIGHTS IN OKLAHOMA REGARDING MEDICAL TREATMENT

In Oklahoma, you have certain rights regarding your medical treatment. This notice is provided to you, as required by federal law, to help you understand those rights.

Your Right to Make Decisions. If you are of sound mind and at least 18 years old, you have the right to decide what types of medical treatment you want and do not want. Before you make a decision about medical treatment, you have the right to receive the information you need to understand your physical condition and the risks, benefits and alternatives to a proposed treatment. You may express your medical treatment decisions orally or in writing.

Living Wills. Medical treatment decisions may need to be made at a time when you are unconscious or are no longer mentally able to make a decision. You may express your wishes in writing concerning the types of medical treatment you want or do not want, including life sustaining treatment. This type of writing is known as a “living will,” and will be followed under certain conditions if you are no longer able to make decisions. In order for your doctors or hospital workers to be legally required to follow your living will, it must meet certain requirements. You must be at least 18 years old before you may sign a living will. Your living will must be signed by you and two witnesses who are 18 years of age or older and are not your relatives and will not inherit from you. The instructions in your living will are to be followed when two doctors state that you are no longer able to make decisions regarding your medical treatment. Oklahoma law presumes that you have directed your doctor to tube-feed you if you can no longer take sufficient food and

water by normal means. If you do not want to be tube-fed when you are no longer able to make decisions regarding your medical treatment, you must say that in your living will.

Decisions by Others. Oklahoma law permits any person 18 years of age or older to appoint a “health care proxy” to make health care decisions for you if you are not able to act for yourself. A proxy may permit the withholding of food and water only if you are no longer able to make decisions regarding your medical treatment and have properly executed a living will authorizing such withholding. If you become unable to make decisions regarding your medical treatment and have not made a living will indicating your wishes or appointed a health care proxy, your physician will consult with your immediate family in making decisions on the withholding or withdrawal of care and matters of routine care.

Other Rights. You may have other rights in addition to those defined here. If you have any questions about your right to make medical treatment decisions, or would like more information about living wills or other matters discussed in this notice, please ask your doctor or lawyer.

How to Complete the Advance Directive for Health Care

1. Read each section carefully.
2. Initial those sections which accurately reflect your wishes.
3. You **must** complete **all** sections on pages 1-4, to have a valid advance directive.
4. Sign page 4 in the presence of **two** witnesses;
 - 4.1 who are 18 years of age or older;
 - 4.2 who are not:
 - 4.21 *legatees* – persons to whom a gift or bequest of personal property is given in the will of the person executing the advance directive.
 - 4.22 *devisees* – persons to whom land or other real property is given in the will of the person executing the advance directive.
 - 4.23 *heirs at law* – persons who legally inherit property, whether real or personal, in the case where the person executing the advance directive leaves no will.
5. On the back cover of this booklet is a wallet-size card that you may wish to fill out and carry on your person. This card will provide notice that you have an advance directive for health care in the event of accident or illness.

ADVANCE DIRECTIVE FOR HEALTH CARE

Name *(Please Print)* _____

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 health care, 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 health care, I direct my attending physician and other health care providers pursuant to the Oklahoma Advance Directive Act to follow the instructions of

(Name) _____

(Address) _____ (Phone) _____

whom I appoint as my health care proxy. If my health care proxy is unable or unwilling to serve,

I appoint

(Name) _____

(Address) _____ (Phone) _____

as my alternate health care proxy with the same authority. My health care proxy is authorized to make whatever health care 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 _____ Yes

OR

The following body organs or parts: _____ Yes

- | | |
|--------------------|------------------------|
| _____ 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: _____
(Signed in the presence of the witnesses below)

City of: _____ County of: _____
(Oklahoma)

Date of Birth: _____ Social Security No: _____
(Optional for Identification purposes) *(Optional for identification purposes)*

Male Female *(Optional for identification purposes)*

This advance directive was signed in my presence.

Witness: _____, Oklahoma
(Residence)

Witness: _____, Oklahoma
(Residence)

Advance Directive Given to:

MY ALTERNATE PROXY IS

Name _____

Address _____

Home Phone () _____

Work Phone () _____

MY PHYSICIAN IS

Name _____

Address _____

Phone () _____

IN CASE OF
EMERGENCY

If you have recently initiated or updated an Advance Directive, please bring a copy to the Admission Office to be included in your permanent medical record. If you are a patient in St. John, please give your Advance Directive to your nurse.

For Help
Contact Nursing Care

<i>St. John Medical Center</i>	<i>918-744-2299</i>
<i>Pastoral Care</i>	<i>918-744-2689</i>
<i>St. John Owasso</i>	<i>918-274-5300</i>
<i>St. John Sapulpa</i>	<i>918-224-3340</i>
<i>St. John Broken Arrow</i>	<i>918-994-8400</i>

I HAVE AN ADVANCE DIRECTIVE

My Name _____

Address _____

Phone () _____

MY ADVANCE DIRECTIVE IS FILED AT

Location _____

Address _____

Phone () _____

MY HEALTH CARE PROXY IS

Name _____

Address _____

Home Phone () _____

Work Phone () _____ Date _____

**IN CASE OF
EMERGENCY**

St. John provides for equal opportunity employment without regard to age, race, religion, sex or disabilities.

TDD # 918-744-3330