

# MISSOURI Advance Directive Planning for Important Healthcare Decisions

*Caring Connections*  
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800/658-8898

Caring Connections, a program of the National Hospice and Palliative Care Organization (NHPCO), is a national consumer engagement initiative to improve care at the end of life, supported by a grant from The Robert Wood Johnson Foundation.

Caring Connections tracks and monitors all state and federal legislation and significant court cases related to end-of-life care to ensure that our advance directives are up to date.

## **It's About How You LIVE**

*It's About How You LIVE* is a national community engagement campaign encouraging individuals to make informed decisions about end-of-life care and services. The campaign encourages people to:

- L**earn about options for end-of-life services and care
- I**mplement plans to ensure wishes are honored
- V**oice decisions to family, friends and healthcare providers
- E**ngage in personal or community efforts to improve end-of-life care

Please call the HelpLine at 800/658-8898 to learn more about the LIVE campaign, obtain free resources, or join the effort to improve community, state and national end-of-life care.

If you would like to make a contribution to help support our work, please visit [www.nationalhospicefoundation.org/donate](http://www.nationalhospicefoundation.org/donate). Contributions to national hospice programs can also be made through the Combined Health Charities or the Combined Federal Campaign by choosing #11241.

**Support for this program is provided by a grant from  
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## **Your Advance Care Planning Packet**

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## Using these materials

### BEFORE YOU BEGIN

1. Check to be sure that you have the materials for each state in which you may receive healthcare.
2. These materials include:
  - Instructions for preparing your advance directive.
  - Your state-specific advance directive forms, which are the pages with the gray instruction bar on the left side.

### PREPARING TO COMPLETE YOUR ADVANCE DIRECTIVE

3. Read the HIPAA Privacy Rule Summary on page 4.
4. Read all the instructions, on pages 7 through 10, as they will give you specific information about the requirements in your state.
5. Refer to the Glossary located in Appendix A if any of the terms are unclear.

### ACTION STEPS

6. You may want to photocopy these forms before you start so you will have a clean copy if you need to start over.
7. When you begin to fill out the forms, refer to the gray instruction bars - they will guide you through the process.
8. 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.
9. Once the form is completed and signed, photocopy 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.

If you have questions or need guidance in preparing your advance directive or about what you should do with it after you have completed it, please refer to the state-specific contacts for Legal & End-of-Life Care Resources Pertaining to Healthcare Advance Directives, located in Appendix B.

## Summary of the HIPAA Privacy Rule

HIPAA is a federal law that gives you rights over your health information and sets rules and limits on who can look at and receive your health information.

### Your Rights

You have the right to:

- Ask to see and get a copy of your health records.
- Have corrections added to your health information.
- Receive a notice that tells you how your health information may be used and shared.
- Decide if you want to give your permission before your health information can be used or shared for certain purposes, such as marketing.
- Get a report on when and why your health information was shared for certain purposes.
- If you believe your rights are being denied or your health information isn't being protected, you can:
  - File a complaint with your provider or health insurer, or
  - File a complaint with the U.S. Government.

You also have the right to ask your provider or health insurer questions about your rights. You also can learn more about your rights, including how to file a complaint from the Web site at [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/) or by calling 1-866-627-7748.

### Who Must Follow this Law?

- Doctors, nurses, pharmacies, hospitals, clinics, nursing homes, and many other healthcare providers.
- Health insurance companies, HMOs, most employer group health plans.
- Certain government programs that pay for healthcare, such as Medicare and Medicaid.

### What Information is Protected?

- Information your doctors, nurses, and other healthcare providers put in your medical record.
- Conversations your doctor has had about your care or treatment with nurses and other healthcare professionals.
- Information about you in your health insurer's computer system.
- Billing information about you from your clinic/healthcare provider.
- Most other health information about you, held by those who must follow this law.

## Summary of the HIPAA Privacy Rule (continued)

Providers and health insurers who are required to follow this law must keep your information private by:

- Teaching the people who work for them how your information may and may not be used and shared,
- Taking appropriate and reasonable steps to keep your health information secure.

To make sure that your information is protected in a way that does not interfere with your healthcare, your information can be used and shared:

- For your treatment and care coordination,
- To pay doctors and hospitals for your healthcare,
- With your family, relatives, friends or others you identify who are involved with your healthcare or your healthcare bills, unless you object,
- To protect the public's health, such as reporting when the flu is in your area, or
- To make required reports to the police, such as reporting gunshot wounds.

Your health information cannot be used or shared without your written permission unless this law allows it. For example, without your authorization, your provider generally cannot:

- Give your information to your employer.
- Use or share your information for marketing or advertising purposes, or
- Share private notes about your mental health counseling sessions.

## INTRODUCTION TO YOUR MISSOURI ADVANCE DIRECTIVE

This packet contains two legal documents that protect 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:

1. The **Missouri Durable Power of Attorney for Healthcare** lets you name someone to make decisions about your healthcare—including decisions about life support—if you can no longer speak for yourself. The Durable Power of Attorney for Healthcare is especially useful because it appoints someone to speak for you any time you are unable to make your own healthcare decisions, not only at the end of life. It becomes effective when your doctor and one other licensed physician examine you and certify that you are incapacitated and will remain incapacitated for the time period during which treatment decisions are required. The term incapacitated means unable by reason of any physical or mental condition to receive and evaluate information or to communicate decisions to such an extent that you lack capacity to meet essential requirements for food, clothing, shelter, safety, or other care such that serious physical injury, illness or disease is likely to occur.

2. The **Missouri Declaration** is your state's living will. It lets you state your wishes about medical care in the event that you develop a terminal condition and can no longer make your own treatment decisions. The Declaration becomes effective only if your death would occur even with the use of life-sustaining treatment.

*Note: These documents will be legally binding only if the person completing them is a competent adult (at least 18 years old).*

## COMPLETING YOUR MISSOURI DURABLE POWER OF ATTORNEY FOR HEALTHCARE

### Whom should I appoint as my attorney-in-fact?

“Attorney-in-fact” does not refer to a lawyer. Your attorney-in-fact is the person you appoint to make decisions about your medical care if you become unable to make those decisions yourself. Your attorney-in-fact may be a family member or a close friend whom you trust to make serious decisions. The person you name as your attorney-in-fact clearly understands your wishes and is willing to accept the responsibility of making medical decisions for you. (An attorney-in-fact may also be called an “agent” or “proxy.”)

The person you appoint as your attorney-in-fact **cannot** be:

- your doctor,
- an employee of your doctor, or
- an owner, operator or employee of a healthcare facility in which you are a resident, unless he or she is related by affinity or consanguinity within the second degree, or is a member of your religious community and you are both bound by vows to a religious life and actually and regularly engage in religious, benevolent, charitable or educational ministry, or the performance of healthcare services.

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

### How do I make my Missouri Durable Power of Attorney for Healthcare legal?

The law requires that you sign your Durable Power of Attorney for Healthcare in the presence of a notary public.

### Should I add personal instructions to my Missouri Durable Power of Attorney for Healthcare?

One of the strongest reasons for naming an attorney-in-fact is to have someone who can respond flexibly as your medical condition changes and deal with situations that you did not foresee. If you add further instructions to this document, you might unintentionally restrict your attorney-in-fact’s power to act in your best interest.

## **COMPLETING YOUR MISSOURI DURABLE POWER OF ATTORNEY FOR HEALTHCARE (CONTINUED)**

Under Missouri law, your attorney-in-fact—when making any healthcare decision for you—must seek and consider information regarding diagnosis, prognosis and the benefits and burdens of proposed treatment. In order for your attorney-in-fact to make decisions based on your wishes, we urge you to talk with him or her about your future medical care and describe what you consider to be an acceptable “quality of life.” If you want to record your wishes about specific treatments or conditions, you should use your Missouri Declaration.

### **What other important facts should I know?**

Your attorney-in-fact can refuse artificial nutrition and hydration (tube feeding) on your behalf only if you specifically grant such authority in your Durable Power of Attorney. If you do not wish to grant your attorney-in-fact the authority to withhold or withdraw artificial nutrition and hydration, cross out and initial that portion of the statement on page two of the document. Before your attorney-in-fact may authorize the withdrawal of nutrition or hydration, a physician must:

- provide you with the opportunity to refuse the withdrawal of nutrition and hydration by attempting to explain the consequences of having artificial sustenance withdrawn, or
- certify in writing (and make the certification part of your medical record) that you are comatose or consistently in a condition that prevents you from understanding the decision to withdraw nutrition and hydration and the consequences of such an action.

### **What if I change my mind?**

You may revoke your Missouri Durable Power of Attorney for Healthcare at any time and in any manner that reflects your intent to revoke. Your revocation becomes effective once you notify your attorney-in-fact or your doctor or treating healthcare provider, who must then make it part of your medical record. Your Missouri Durable Power of Attorney is also revoked if you execute a new one.



## COMPLETING YOUR MISSOURI DECLARATION

### **How do I make my Missouri Declaration legal?**

The law requires that you sign your Declaration (or direct another to sign it for you in your presence) in the presence of (at least) two witnesses, at least 18 years of age, who must also sign the document to show that they know you and believe you to be of sound mind, that you are 18 years of age or older, and that you voluntarily signed the document. If you have someone sign the Declaration on your behalf, that person cannot serve as a witness.

*Note: You do not need to notarize your Missouri Declaration.*

### **Can I add personal instructions to my Declaration?**

Yes. You can add personal instructions in the part of the document called "Other directions." Adding personal instructions may preserve your right to determine the medical treatment you want to receive to the fullest extent possible.

If you have appointed an attorney-in-fact and you want to add instructions to your Declaration, it is a good idea to write a statement such as "Any questions about how to interpret or when to apply my Declaration are to be decided by my attorney-in-fact."

### **What if I change my mind?**

You may revoke your Declaration at any time and in any manner that reflects your intent to revoke, regardless of your mental and physical condition. Once your doctor is notified of your revocation, he or she must make it part of your medical record.

## COMPLETING YOUR MISSOURI DECLARATION (CONTINUED)

### What other important facts should I know?

- Your Declaration only becomes operative if your death will occur within a short time even if you receive life support. Therefore, your Missouri Declaration does not cover a number of medical conditions, such as permanent unconsciousness or advanced Alzheimer's disease.
- A pregnant patient's Missouri Declaration will not be honored during the course of the patient's pregnancy due to restrictions in the state law.

INSTRUCTIONS

PRINT YOUR NAME AND ADDRESS

PRINT THE NAME, ADDRESS AND PHONE NUMBERS OF YOUR ATTORNEY IN FACT

PRINT THE NAME, ADDRESS AND PHONE NUMBERS OF YOUR ALTERNATE ATTORNEY IN FACT

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**MISSOURI DURABLE POWER OF ATTORNEY FOR HEALTH CARE  
- PAGE 1 OF 2**

I, \_\_\_\_\_  
(name of principal)

-----  
(address)

hereby designate \_\_\_\_\_  
(name of attorney in fact)

-----  
(address)

-----  
(home telephone number) (work telephone number)

as my attorney in fact.

In the event the person I designate above is unable, unwilling or unavailable to act as my attorney in fact, I hereby appoint

-----  
(name of alternate attorney in fact)

-----  
(address)

-----  
(home telephone number) (work telephone number)

THIS IS A DURABLE POWER OF ATTORNEY AND THE AUTHORITY OF MY ATTORNEY IN FACT SHALL NOT TERMINATE IF I BECOME DISABLED OR INCAPACITATED.

This power of attorney becomes effective upon certification by two licensed physicians that I am incapacitated and can no longer make my own medical decisions. The powers and duties of my attorney in fact shall cease upon certification that I am no longer incapacitated. This determination of incapacity shall be periodically reviewed by my attending physician and my attorney in fact.

**MISSOURI DURABLE POWER OF ATTORNEY FOR HEALTH CARE  
– PAGE 2 OF 2**

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I authorize my attorney in fact and successor attorney in fact to make any and all health care decisions for me, including decisions to withhold or withdraw any form of life support. I expressly authorize my attorney in fact (and alternate attorney in fact) to make all decisions regarding the provision, the withholding or the withdrawal of artificially supplied nutrition and hydration in all medical circumstances.

PRINT YOUR NAME  
AND THE DATE

I, \_\_\_\_\_,  
the principal, sign my name to this instrument this \_\_\_\_\_ day of  
\_\_\_\_\_ 20 \_\_\_\_ and being first duly sworn, do hereby  
declare to the undersigned authority that I sign it willingly, that I execute it  
as my free and voluntary act for the purposes therein expressed, and that I  
am eighteen years of age or older, of sound mind, and under no constraint  
or undue influence.

SIGN YOUR  
DOCUMENT HERE

-----  
(principal)

A NOTARY PUBLIC  
MUST COMPLETE  
THIS SECTION OF  
YOUR DOCUMENT

The State of Missouri, the County of \_\_\_\_\_  
Subscribed, sworn to, and acknowledged before me by \_\_\_\_\_  
\_\_\_\_\_, the principal, this  
\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(seal)

\_\_\_\_\_  
(notary public)

**MISSOURI DECLARATION – PAGE 1 OF 2**

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I have the primary right to make my own decisions concerning treatment that might unduly prolong the dying process. By this declaration I express to my physician, family and friends my intent. If I should have a terminal condition it is my desire that my dying not be prolonged by administration of death-prolonging procedures. If my condition is terminal and I am unable to participate in decisions regarding my medical treatment, I direct my attending physician to withhold or withdraw medical procedures that merely prolong the dying process and are not necessary to my comfort or to alleviate pain. It is not my intent to authorize affirmative or deliberate acts or omissions to shorten my life, rather only to permit the natural process of dying.

Other directions:

ADD PERSONAL  
INSTRUCTIONS  
(IF ANY)

SIGN AND DATE  
YOUR DOCUMENT  
AND PRINT YOUR  
PLACE OF  
RESIDENCE

Signed this \_\_\_\_\_ day of \_\_\_\_\_.  
(day) (month, year)

Signature \_\_\_\_\_

City, County and State of residence \_\_\_\_\_

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**MISSOURI DECLARATION – PAGE 2 OF 2**

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WITNESSING  
PROCEDURE

The declarant is known to me, is eighteen years of age or older, of sound mind and voluntarily signed this document in my presence.

WITNESSES  
SIGN AND PRINT  
THEIR ADDRESSES

Witness \_\_\_\_\_

Address \_\_\_\_\_

Witness \_\_\_\_\_

Address \_\_\_\_\_

**REVOCATION PROVISION**

I hereby revoke the above Declaration.

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

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

COMPLETE THIS  
SECTION **ONLY**  
WHEN YOU WANT  
TO REVOKE THIS  
DECLARATION.

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*Courtesy of Caring Connections  
1700 Diagonal Road, Suite 625, Alexandria, VA 22314  
www.caringinfo.org, 800/658-8898*

Made Fillable by eForms

## **You Have Filled Out Your Advance Directive, Now What?**

1. Your Missouri Durable Power of Attorney for Healthcare and Missouri Declaration are important legal documents. Keep the original signed documents in a secure but accessible place. Do not put the original documents in a safe deposit box or any other security box that would keep others from having access to them.
2. Give photocopies of the signed originals to your attorney-in-fact and alternate attorney-in-fact, doctor(s), family, close friends, clergy and anyone else who might become involved in your healthcare. If you enter a nursing home or hospital, have photocopies of your documents placed in your medical records.
3. Be sure to talk to your attorney-in-fact and alternate, doctor(s), clergy, and family and friends about your wishes concerning medical treatment. Discuss your wishes with them often, particularly if your medical condition changes.
4. If you want to make changes to your documents after they have been signed and witnessed, you must complete new documents.
5. Remember, you can always revoke one or both of your Missouri documents.
6. Be aware that your Missouri documents will not be effective in the event of a medical emergency. Ambulance personnel are required to provide cardiopulmonary resuscitation (CPR) unless they are given a separate order that states otherwise. These orders, commonly called "non-hospital do-not-resuscitate orders," are designed for people whose poor health gives them little chance of benefiting from CPR. These orders must be signed by your physician and instruct ambulance personnel not to attempt CPR if your heart or breathing should stop.

Currently not all states have laws authorizing non-hospital do-not-resuscitate orders. We suggest you speak to your physician for more information. **Caring Connections does not distribute these forms.**

## Appendix A

### Glossary

***Advance directive*** - A general term that describes two kinds of legal documents, living wills and medical powers of attorney. These documents allow a person to give instructions about future medical care should he or she be unable to participate in medical decisions due to serious illness or incapacity. Each state regulates the use of advance directives differently.

***Artificial nutrition and hydration*** – Artificial nutrition and hydration supplements or replaces ordinary eating and drinking by giving a chemically balanced mix of nutrients and fluids through a tube placed directly into the stomach, the upper intestine or a vein.

***Brain death*** – The irreversible loss of all brain function. Most states legally define death to include brain death.

***Capacity*** - In relation to end-of-life decision-making, a patient has medical decision making capacity if he or she has the ability to understand the medical problem and the risks and benefits of the available treatment options. The patient's ability to understand other unrelated concepts is not relevant. The term is frequently used interchangeably with competency but is not the same. Competency is a legal status imposed by the court.

***Cardiopulmonary resuscitation*** - Cardiopulmonary resuscitation (CPR) is a group of treatments used when someone's heart and/or breathing stops. CPR is used in an attempt to restart the heart and breathing. It may consist only of mouth-to-mouth breathing or it can include pressing on the chest to mimic the heart's function and cause blood to circulate. Electric shock and drugs also are used frequently to stimulate the heart.

***Do-Not-Resuscitate (DNR) order*** - A DNR order is a physician's written order instructing healthcare providers not to attempt cardiopulmonary resuscitation (CPR) in case of cardiac or respiratory arrest. A person with a valid DNR order will not be given CPR under these circumstances. Although the DNR order is written at the request of a person or his or her family, it must be signed by a physician to be valid. A non-hospital DNR order is written for individuals who are at home and do not want to receive CPR.

***Emergency Medical Services (EMS)***: A group of governmental and private agencies that provide emergency care, usually to persons outside of healthcare facilities; EMS personnel generally include paramedics, first responders and other ambulance crew.

***Healthcare agent***: The person named in an advance directive or as permitted under state law to make healthcare decisions on behalf of a person who is no longer able to make medical decisions.



**Hospice** - Considered to be the model for quality, compassionate care for people facing a life-limiting illness or injury, hospice and palliative care involve a team-oriented approach to expert medical care, pain management, and emotional and spiritual support expressly tailored to the person's needs and wishes. Support is provided to the persons loved ones as well.

**Intubation**- Refers to "endotracheal intubation" the insertion of a tube through the mouth or nose into the trachea (windpipe) to create and maintain an open airway to assist breathing.

**Life-sustaining treatment** - Treatments (medical procedures) that replace or support an essential bodily function (may also be called life support treatments). Life-sustaining treatments include cardiopulmonary resuscitation, mechanical ventilation, artificial nutrition and hydration, dialysis, and other treatments.

**Living will** - A type of advance directive in which an individual documents his or her wishes about medical treatment should he or she be at the end of life and unable to communicate. It may also be called a "directive to physicians", "healthcare declaration," or "medical directive."

**Mechanical ventilation** - Mechanical ventilation is used to support or replace the function of the lungs. A machine called a ventilator (or respirator) forces air into the lungs. The ventilator is attached to a tube inserted in the nose or mouth and down into the windpipe (or trachea).

**Medical power of attorney** - A document that allows an individual to appoint someone else to make decisions about his or her medical care if he or she is unable to communicate. This type of advance directive may also be called a healthcare proxy, durable power of attorney for healthcare or appointment of a healthcare agent. The person appointed may be called a healthcare agent, surrogate, attorney-in-fact or proxy.

**Palliative care** - A comprehensive approach to treating serious illness that focuses on the physical, psychological, spiritual, and existential needs of the patient. Its goal is to achieve the best quality of life available to the patient by relieving suffering, and controlling pain and symptoms.

**Power of attorney** – A legal document allowing one person to act in a legal matter on another's behalf regarding to financial or real estate transactions.

**Respiratory arrest:** The cessation of breathing - an event in which an individual stops breathing. If breathing is not restored, an individual's heart eventually will stop beating, resulting in cardiac arrest.

***Surrogate decision-making*** - Surrogate decision-making laws allow an individual or group of individuals (usually family members) to make decisions about medical treatments for a patient who has lost decision-making capacity and did not prepare an advance directive. A majority of states have passed statutes that permit surrogate decision making for patients without advance directives.

***Ventilator*** – A ventilator, also known as a respirator, is a machine that pushes air into the lungs through a tube placed in the trachea (breathing tube). Ventilators are used when a person cannot breathe on his or her own or cannot breathe effectively enough to provide adequate oxygen to the cells of the body or rid the body of carbon dioxide.

***Withholding or withdrawing treatment*** - Forgoing life-sustaining measures or discontinuing them after they have been used for a certain period of time.

## Appendix B

### Legal & End-of-Life Care Resources Pertaining to Healthcare Advance Directives

#### LEGAL SERVICES

The Missouri Department of Social Services can connect individuals over the age of 60 with legal services.

Individuals over 60 with low to moderate incomes can get legal information and advice about most issues, including:

- Power of Attorney
- Living Wills and Trust
- Retirement Benefits and more
  
- Must be 60 and older
- Free for individuals 60 and older meeting low income requirements

**To find out about legal services call:** 1-573-751-3229 or 1-573-751-4815

**OR**

**Visit their website at:**

<http://www.dss.mo.gov/programs.htm>

#### END-OF-LIFE SERVICES

Missouri Department of Health and Senior Services (MDHSS) has designated Area Agencies on Aging (AAA) which offers services to individuals over the age of 60 with special emphasis placed on low-income, minority elderly.

AAA resources and services include, but are not limited to:

- Adult Day Care
- In Home Service Providers
- Legal Assistance
- Nutrition Programs
- Transportation and much more
  
- Must be over 60
- Free to low to moderate income individuals

**To find out more information about other services and programs:**

**Call:** 800-235-5503

**OR**

**To locate AAA in your region visit their website:**

<http://www.dhss.mo.gov/SeniorServices/AAARegion.pdf>

**OR**

**To learn more about services through AAA:**

<http://www.dhss.mo.gov/AAA/index.html>