



Patient Rights and Advance Medical Directives

Insuring Your Rights: As a competent adult, you have the right to determine the course of your health care. This means you have the right to...

- Be adequately informed about your medical condition
- Be advised about treatment alternatives
- Learn the risks and benefits of treatments
- Be told possible consequences of treatment
- Refuse or accept any medical treatment, including life-sustaining treatment

You do not lose these rights if you become unable to make your own health care decisions.

During times of prolonged illness your quality of life may change and become unacceptable to you. Further, you may not be able to communicate clearly your wishes regarding your health care. You should let your wishes be known in advance by putting them in writing and telling your loved ones, those close to you, and your physician about your personal wishes regarding health care. Putting your wishes in writing before you have serious health problems is known as Advance Directives.

Advance Directives: Advance Directives are legal documents that give written instructions about your health care when you are incapacitated. Advance Directives have two main purposes. First, they let you state your wishes clearly in writing. Second, they let you appoint a person (or people) to make choices for you, if you become unable to make decisions. The law requires health professionals to tell patients about Advance Directives so that their wishes are carried out, even if they are no longer capable of making or communicating their decisions. This Patient Education Pamphlet describes the Advance Directives recognized in Illinois. It is your choice whether or not you wish to make any Advance Directives.

There are three forms of Advance Directives: Durable Power of Attorney for Health Care, Living Will, and Do Not Resuscitate (DNR) orders. Each is described below. You should make at least five copies, one each for your personal records, your hospital medical records, your physician(s), your designated Power of Attorney for Health Care, and your family. The original orange copy of the DNR form should be kept by you and shown to paramedics, if ever needed. While these forms are legally binding on healthcare facilities and physicians, you do NOT need to notarize them.

Durable Power of Attorney for Health Care: A written Durable Power of Attorney for Health Care (DPAHC) permits you -- referred to as the "principal" or "patient" -- to appoint another person, called the "agent," to make health care decisions for you, if you are unable to make them for yourself. This person will decide in your best interest, guided by your wishes regarding health care, your values and beliefs, and

the benefits and risks of treatment. You may grant as broad or as narrow power as you wish. The standard form grants the agent broad medical decision-making power, which you may limit. The law does not, however, require that this particular form be used. You may use your own form or one provided by an attorney.

The agent can be anyone other than your physician or health care provider. The agent will have final decision-making authority, even more than a court appointed guardian would have. However, a court may step in if an agent is not acting on your behalf in accordance with the terms of the Power of Attorney. The agent cannot accept payment. Other agents may be appointed if the named agent cannot or will not serve. By law, you must tell your physician that you have a DPAHC. Although under no duty to act, agents must keep a record of all actions taken under their power.

The DPAHC also permits you to write special instructions regarding any aspects of your health care. You should convey in clear and convincing words your wishes on these subjects. It is vital that you consider your personal wishes regarding nutrition, hydration, the use of feeding tubes, and organ donation. The DPAHC requires one witness who will not benefit financially from the patient's death (will, trust, etc.) However, your agent may be an heir. The DPAHC is entirely different from a Power of Attorney for financial or legal matters.

Living Will: A Living Will lets you to describe your wishes about the withdrawal of death-delaying procedures, if you become terminally ill. A terminal condition is incurable and irreversible where death is imminent and the use of death-delaying procedures serves only to prolong the dying process. Death-delaying procedures include a respirator, dialysis, or blood transfusions.

A Living Will permits procedures that provide comfort care, medication, nutrition and pain control. It does not allow for termination of nutrition/hydration if the person would die solely from starvation or dehydration, but rather from the terminal condition.

By law you must tell your physician about your Living Will. If the physician does not wish to comply with the provisions of the Living Will, he must tell you and then may transfer you to another physician. If you have both a Living Will and a DPAHC, then the Living Will does not take effect unless the agent is not available. A Living Will may be made by people who can make their own decisions and who are at least 18 years old. If you make a Living Will, it will not go into effect until you have a terminal condition. If you are pregnant and death delaying procedures would allow the baby to develop to the point of live birth, the Living Will cannot take effect.

You may wish to use your own words to write your Living Will and make it personal; however be aware that by doing this you may be subject to personal interpretation of your words. It is highly recommended that you use the standard form approved by Illinois Law. As long as all components are present, this document is legal and binding. The Living Will requires two witnesses who are not financially responsible for the your

medical care or, to the best of their knowledge, will not benefit financially from your death (will, trust, etc.)

Do Not Resuscitate (DNR) Order: Sometimes, when the heart or lungs stop suddenly, emergency efforts are used to save a life. These heroic efforts may involve a tube in the throat, a respirator to breathe, electric shocks to the heart, IV medications, and chest compressions.

During the final stages of a terminal illness, you may not wish your life to be prolonged with these heroic efforts. Withdrawing or withholding life-sustaining procedures is morally acceptable if they would only prolong the final stage of a terminal illness. Your DNR orders tell your health care providers that no life-sustaining procedures should be used if your heart or lungs stop working. You would be provided pain medication and comfort measures if needed, and be allowed to die naturally.

Medical professionals sometimes refer to your wishes regarding DNR orders as “Code Status.” If you want these life-sustaining procedures done, your Code Status is known as “Full Code.” If you want none of them, your Code Status is “No Code” or “DNR” (Do Not Resuscitate). Sometimes, it’s possible to have a “Partial Code” depending on the state you live in and medical center policies. For example, choosing only I.V. medicines is sometimes called a “Chemical Code”, or choosing not to be put on a breathing machine (intubated) is called “DNI” or “Do Not Intubate”. You have a right to choose the code status that is best for you.

The State of Illinois has created a standardized DNR order form for use by paramedics, EMT’s (Emergency Medical Technicians), and other ambulance personnel. This is a signed declaration indicating your desire that at the moment of death, no artificial resuscitation procedures be started. The form is printed on brightly colored paper so that it is easily recognizable. This form should be available and with you for all ambulance transportation, that is, home to hospital, hospital to home, hospital to nursing home, etc. **The original DNR form MUST be shown to paramedics, EMT’s, or other ambulance personnel in order for them to honor DNR orders.** DNR orders are consistent with the other advance directives, but are not substitutes for these. The DNR form requires two witnesses and must be signed by your physician.

Activating a Living Will, DPAHC, or DNR Orders: The mere existence of these documents does not put them into effect. Your agent (DPAHC) cannot act on your behalf until you are unable to do so yourself. A Living Will becomes effective only when all of the following conditions exist:

- You have an incurable and irreversible (terminal) condition
- Death is imminent
- You are no longer able to express your own desires and cannot make your decisions known
- Your agents are unavailable

DNR orders and/or form become effective *only at the time of the Code* — that is, when the heart or lungs stop working.

Updating: You should initial and date your original document at least every two to three years to indicate your renewed convictions. Alternatively, you can fill out new forms every few years.

Revocation: You may revoke your Living Will and DPAHC at any time by (1) stating in writing that you wish to revoke the document, signing and dating it, or (2) destroying the original document or a copy of it by tearing and defacing it, or (3) making your wishes known verbally or in writing in the presence of a witness who should confirm this in writing, sign and date it. However, changes may only be made in writing. You may revoke a DNR order at any time either verbally or in writing, or by telling your physician to change the order either verbally or in writing. A DNR form may be simply destroyed.

In the absence of Advance Directives: What happens if you don't have any Advance Directives? Answer: someone else will make those decisions, if you suffer from permanent unconsciousness or a terminal or irreversible condition. If you can't make those decisions, they may be made by someone that you might not choose. This may place additional burdens on your family or physician. The decision maker in such a case would be (in order of priority): guardian, spouse, any adult children, either parent, any adult brother or sister, any adult grandchildren, a close friend, or guardian of the estate. Under other circumstances, legal action may be required to have decisions made on your behalf.

If decisions regarding Code Status (DNR) have not been made or the patient's decisions are not known, most medical facilities require that Code Protocol and cardiopulmonary resuscitation (CPR) be started unless there is a DNR order in the patient's chart.

To help you make these choices discuss them with your family, physician, and those close to you. Ministers/priests, social workers, lawyers, and hospital patient representatives may also be of assistance.

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