

## ADVANCE DIRECTIVES – INFORMATION SHEET

**Advance Directives** are legal documents that indicate how you would want your healthcare managed if you were unable to express your wishes. Everyone should have advance directives prepared early in their lives.

Advance Directives generally take one of two forms:

1. Living Will – grants consent to specific directives about hypothetical situations in the future.
  - a. Often vague and ambiguous and many physicians find it unhelpful and unwise to use.
  - b. Michigan does not currently recognize a “living will” document.
2. Durable Power of Attorney for Health Care (also called Patient Advocate) – appointment of a real person making decisions about real situations in real time.
  - a. Allows you to appoint someone who can make medical decisions if you become incapacitated.
  - b. Allows you to give some direction as to your values and preferences.

*“Do not give specific directions for your medical care. Many state forms give a check-off list that includes such things as resuscitation, ventilator, and artificial nutrition and hydration. I do not suggest you indicate a preference for or against these, It seems much wiser to leave those boxes blank and give your power of attorney full freedom to make the wisest choices he or she can. Then write a paragraph indicating your values.” – John Dunlop, MD*

### **Making an Advance Directive**

1. Obtain a form – forms can be downloaded from one of these websites:
  - a. Center for Bioethics and Human Dignity – [www.cbhd.org/resources/advance-directive](http://www.cbhd.org/resources/advance-directive)
  - b. National Right to Life – [www.nrlc.org/medethics/willtolive](http://www.nrlc.org/medethics/willtolive)
  - c. National Hospice and Palliative Care Organization – [www.caringinfo.org](http://www.caringinfo.org)
2. No Attorney is required. Michigan does not require notarization.
3. Follow the instructions provided with the form.
4. Place a signed copy in the care recipient’s Emergency Medical Packet.
5. Give a signed copy to the care recipient’s pastor, primary care physician and DPAHC.
6. If desired, complete and sign Advance Directives – Values Declaration form and place in Emergency Medical Packet.

**DPAHC** =Durable Power of Attorney for Health Care; **Durable** =only in effect if you become incapacitated and unable to make your own health care decisions; **Health Care** =DPAHC is limited to health care and possibly very limited after-death decisions

**Advance Directive FAQ's** (excerpted from [www.legislature.mi.gov/Publications/PeaceofMind.pdf](http://www.legislature.mi.gov/Publications/PeaceofMind.pdf))

**Must I have an Advance Directive?**

No. The decision to have an Advance Directive is purely voluntary. No family member, hospital, or insurance company can force you to have one, or dictate what the document should say if you decide to write one.

**Who is eligible to create a designation of Patient Advocate? (DPAHC)**

Anyone who is 18 years of age or older and of sound mind is eligible.

**Who may I appoint as a Patient Advocate?**

Anyone who is 18 years of age or older may be appointed. You should choose someone you trust who can handle the responsibility and who is willing to serve.

**Does a Patient Advocate need to accept the responsibility before acting?**

Yes, he or she must sign an acceptance. This does not have to be done at the time you sign the document. Nevertheless, you should speak to the person you propose to name as Patient Advocate to make sure he or she is willing to serve.

**Can I appoint a second person to serve as Patient Advocate in case the first-named person is unable to serve?**

Yes. In fact, this is highly recommended.

**Must a designation of Patient Advocate document be witnessed?**

Yes. The law requires that you sign your designation in the presence of two witnesses. These witnesses cannot be:

- Your spouse, parent, child, grandchild, or sibling,
- A person who stands to inherit from your estate,
- Your physician or patient advocate,
- An employee of your life or health insurance provider,
- An employee of a health care or mental health care facility where you are being treated, or
- An employee of a home for the aged, if you are a patient in that facility.

**Who determines that I am no longer able to participate in these decisions?**

Your attending physician and one other physician or licensed psychologist must make that determination. For mental health treatment, your physician and a mental health professional must make that determination.

**Can I revoke my Patient Advocate designation?**

Yes. A patient may revoke his or her designation at any time and in any manner sufficient to communicate an intent to revoke. However, for mental health treatment, you may waive your right to revoke your Patient Advocate designation for up to 30 days to allow for treatment.

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