

*Thoughts for the future*

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# Your Advance Directive for Health Care

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Your Plans for End of Life Care



**Ascension  
St. John**

*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*

## Advance Directive

No one likes to think about the possibility of losing capacities or becoming severely ill, and talking about dying is not easy. But the more completely you understand your options and express your own feelings, the easier it will be to engage the support of people you love in bringing peace and meaning to the end of your life. Communicating your preferences about end-of-life treatment will save your family the heartache of having to make decisions for you without knowing your wishes.

In the past, most people died at home after a short illness under the care of a family physician who could do little more than try to keep the patient comfortable. Today, death is often more complicated. Because many previously terminal illnesses are now treatable with advanced medical treatment, it is more common for patients to experience chronic illness over months or years caused by progressive diseases such as dementia, heart disease, cancer or stroke.

Even during the later stages of chronic diseases like these, medical science can often extend a patient's life. However, patients suffering from severe chronic pain, dementia or other conditions that drastically reduce quality of life may feel the burden of continued treatments is too great. This is the point when the patient (if capable), doctor and family need to come together to make decisions about whether to continue life-sustaining treatment or to focus on keeping the patient comfortable during the remaining time. These decisions are difficult to make, but knowing the patient's wishes can greatly ease this burden.

You can decide how to live the last days of your life, but you must think and talk about these issues with your loved ones and physician ahead of time. Because it is impossible to foresee every situation or complication that might arise, share your values about what makes life worth living, your views about life and death and your end-of-life priorities with your family and doctors so they can respect your wishes in any situation.

## About This Guide

This guide will help you better understand treatment options, likely side effects and other medical issues that can arise at the end of life. It also provides some information to help you think about and discuss your views, values and wishes with loved ones and health care providers. Finally, this guide provides practical information about how you can make sure that your wishes are known and carried out.

At the end of this guide is a list of Key Terms and Resources. There is also a blank Advance Directive that you may choose to complete.

The information presented in this guide is based on Oklahoma law and Ascension St. John policies. Each state has its own laws and forms related to end-of-life and incapacity issues.

This guide provides general information and is not intended to serve as legal or medical advice. Please consult a physician and/or attorney for advice regarding your situation.

## 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 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 to 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 on 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 or not 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 designated person acting on the patient's behalf. This person, called a "health care proxy" could be a family member or person close to you who knows your wishes and will advocate for you.

## Medical Treatment Choices

### Palliative Care

Palliative care, sometimes referred to as supportive care, is to provide the best quality of life for the patient and family during the process of a serious illness. The focus is to address the symptoms and stress associated with a serious illness of the patient and family. Palliative care can be given alongside curative and life-sustaining therapy.

## Catholic Church Teaching Regarding Ethical and Religious Directives (ERDs)

### Comfort Care

Comfort care, a type of palliative care, is care provided to those patients who are imminently dying and the decision has been made to focus on comfort only to allow for a natural death. This type of care may take place in the hospital. Distressing symptoms such as pain and shortness of breath will be treated during the dying process.

### Hospice Care

Hospice care, a type of palliative care in the last six months of life, aims to give a patient and family members a better end-of-life experience by allowing a patient to die at home or in a home-like setting, striving to make the patient comfortable and caring for the emotional and spiritual needs of the patient and family. Hospice care focuses on relieving the symptoms of persons who are dying and accepts death as a natural part of life.

Hospice care is provided by a multi-disciplinary team of professionals trained to address not only physical symptoms, but also emotional, psychological and spiritual needs. Counselors, chaplains, case managers and social workers all spend time with the patient and the family, often providing support services and bereavement counseling to loved ones for up to a year after the patient dies.

### Artificial Life-Support Systems

Artificial life-support systems are machines that assist the body to function if the body's natural systems fail. The basic bodily functions that can be sustained artificially include the ability to breathe, to take in nourishment and fluid, and waste elimination.

### Mechanical Ventilation (Respirator)

When a person cannot breathe independently, a machine called a respirator is used to take over breathing. While a respirator can save the life of a patient recovering from an illness or accident, it cannot restore a patient's lungs or prevent the death of a person with an incurable, fatal disease or condition. Patients on respirators cannot speak and have difficulty coughing, so fluids can build up in the lungs, increasing the risk of pneumonia.

In principle, there is an obligation to provide patients with food and water, including medically assisted nutrition and hydration for those who cannot take food orally. This obligation extends to patients in chronic and presumably irreversible conditions (e.g., the "persistent vegetative state") who can reasonably be expected to live indefinitely if given such care. Medically assisted nutrition and hydration become morally optional when they cannot reasonably be expected to prolong life or when they would be "excessively burdensome for the patient or [would] cause significant physical discomfort, for example resulting from complications in the use of the means employed." For instance, as a patient draws close to inevitable death from an underlying progressive and fatal condition, certain measures to provide nutrition and hydration may become excessively burdensome and therefore not obligatory in light of their very limited ability to prolong life or provide comfort.

- ERD 58

## **Artificially Administered Nutrition and Hydration (Tube Feeding)**

When a person cannot eat or drink by mouth, tube feeding is a method of artificially delivering liquids and nutrients. For short-term feeding, a tube is inserted through the patient's nose into the stomach. For long-term feeding, a tube may be surgically inserted directly into the stomach or intestines. Another form of long-term artificial feeding is called total parenteral nutrition, or TPN. Liquid nutrients are given through a tube that goes directly into a large vein near the patient's heart.

Although tube feeding is a short-term substitute for eating by mouth, studies show that tube feeding does not extend life. Some tube feeding procedures can be uncomfortable and may increase the risk of infection and other complications such as irritation where the tube is inserted, diarrhea or possible liver damage from TPN. Tubes can easily become dislodged and must be repeatedly replaced.

## **Long-Term Dialysis**

Kidneys are internal organs that filter and clean the blood. When kidneys fail, waste and excess fluid accumulate in the blood. Dialysis can take over the waste removal function of the kidneys and extend a patient's life. However, complications and infections can occur.

Without a kidney transplant, long-term dialysis often must be continued for the remainder of the person's life. The typical dialysis patient receives three treatments a week, and each treatment takes from three to five hours.

Dialysis requires a strong, ongoing commitment from the patient, the family and health care professionals. It is not a "cure" for kidney disease; it is a substitute for normal kidney function.

## **Cardiopulmonary Resuscitation (CPR)**

When a person stops breathing and the heart stops beating, this is called cardiopulmonary arrest. Cardiopulmonary resuscitation (CPR) can be used in an emergency to try to restart heartbeat and breathing. CPR is usually considered to be appropriate when the chance of recovery is reasonably good.

CPR is rarely life-saving when cardiac arrest is due to advanced age or serious illness. CPR is not appropriate for patients who have indicated they do not want it and for patients who are very unlikely to recover. Oklahoma law presumes that everyone consents to resuscitation unless certain exceptions to that assumption are met.

## **Other Life-Sustaining Treatment**

In addition to the life-support systems and the procedures described above, any medication, procedure or treatment that is necessary to sustain a person's life is a life-sustaining treatment. Examples are cardiac medications, blood pressure medicine, pacemakers, chemotherapy and antibiotics.

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

Ascension St. John has made a commitment to the preservation of life and the alleviation of suffering. Therefore, every patient admitted to Ascension St. John facilities will receive all medically appropriate attempts at life support, including CPR, unless it is apparent that the patient would not have wanted those measures or unless a provider has deemed such measures as unlikely to benefit the patient.

## What are Ascension St. John's positions on withholding hydration and nutrition?

Ascension St. John follows the guidelines of USCCB Ethical and Religious Directives and the laws of Oklahoma regarding the administration of artificial hydration and nutrition (food and water through any type of tube). Ascension St. John is committed to the sanctity of life and will always presume that the incapacitated patient would have wanted artificial nutrition and hydration in the event that they become unable to eat or swallow. We will not contribute to or hasten an individual's death by withholding hydration and/or nutrition. Ascension St. John will provide nutrition and hydration to patients as long as the patient remains medically able to tolerate it and the administration of the hydration and nutrition does not cause intractable pain.

However, if you have determined that the burdens of artificial nutrition and hydration outweigh the benefits, we will honor your wishes. You may declare your wish NOT to receive artificial nutrition and hydration by informing your attending physician, by documenting your preferences in your legal forms, such as an advance Directive, or by appointing a legal representative who has the specific authority to make decisions regarding artificial hydration and nutrition.

## What are Ascension St. John's policies on Advance Directives?

Advance Directives properly executed pursuant to the Oklahoma Advance Directive Act, and which are not in conflict with Catholic Moral teaching or the Ethical and Religious Directives for Catholic Health Care Services, will be honored 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 become incapable of medical decision-making.

Advance Directives executed in another state will be accepted to the extent they are valid under Oklahoma law and do not conflict with Oklahoma statutes.

## Your Right to Decide

Think about whether you would want to have life-sustaining treatment if:

- The treatment would cause pain and was not likely to succeed.
- The treatment would prolong your life, but you would be in chronic pain
- You could no longer control bodily functions
- You could no longer recognize family members
- You were bedridden
- You were unable to communicate
- You required around-the-clock care

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.

Ascension St. John does not condition the provision of care or otherwise discriminate because you have or have not executed an Advance Directive.

## Making Your Wishes Known: Advance Directive for Health Care

An Advance Directive for Health Care is used to communicate your health care decisions if you become unable to express those wishes directly. You must be at least 18 years old and of sound mind to complete an Advance Directive.

Oklahoma's Advance Directive form has three parts: Living Will, Appointment of Health Care Proxy and Anatomical Gifts. These three parts are described in more detail below.

### Part I: Living Will

This first section of Oklahoma's Advance Directive allows you to express your treatment preferences if you develop a terminal condition and are mentally incapacitated, or become persistently unconscious, or suffer from an end-stage condition.

A **Terminal Condition** is caused by illness or injury that is incurable and cannot be reversed. In order to be considered terminal, two physicians must agree that, even with medical treatment, death will occur within six months.

A **Persistently Unconscious State or Persistent Vegetative State (PVS)** is a deep and permanent unconsciousness. Patients may have open eyes, but they have very little brain activity and are capable only of involuntary and reflex movements. Confirming a diagnosis of PVS requires many tests that may take several months. Unlike patients with other types of coma, patients in PVS will never "wake up" and regain health. Patients in PVS cannot feel hunger, thirst or pain.



An **End-Stage Condition** is a condition caused by injury, disease or illness that results in a gradual and irreversible loss of mental and physical abilities. A person may be unable to speak, walk or move; may be unable to control bowel and bladder functions; may have decreased appetite and difficulty swallowing and eating; and may not recognize loved ones. Examples of end-stage conditions include dementia caused by Alzheimer’s disease or severe stroke. Medical treatment of this condition will not improve the patient’s chances of recovery.

For each of these conditions, you will make a choice about life-sustaining treatments and artificially administered nutrition and hydration. See the section **Medical Treatment Choices** for more information about life-sustaining treatment, including tube feeding.

## Other Instructions

In section 4 of the Advance Directive, you have the option of writing more specific instructions, including describing other conditions in which you would or would not want life-sustaining treatment. Things you may want to consider addressing in this space include:

**Pain Management** – You can specify the level and type of pain management care you would like to receive. For example, you may want to authorize the administration of pain medications, including opioids without regard to risk of addiction or side effects that may hasten death, but never for the purpose of hastening death.

**Pregnancy** – In the event that you are pregnant, you will be provided with life-sustaining treatment, including artificially administered nutrition and hydration until the baby is viable unless you specifically indicate that you would want your Advance Directive followed, even if pregnant.

**HIPAA Authorization** – If you are concerned that your health care proxy may have difficulty accessing your medical information, you can write, “I authorize my protected health information in my health record to be disclosed to my health care proxy, who shall be considered my representative for HIPAA purposes.”

## Cultural and Religious Beliefs and Traditions

There are many cultural and religious beliefs that affect how each of us thinks about death and our end-of-life preferences. The best way to make sure your health care needs are met is to incorporate your cultural and religious beliefs and values into end-of-life planning.

You may also express your wishes in writing in case you are unable to make decisions for yourself in the future. The following sections of this guide explain the different options for expressing your wishes in advance. Completing an Advance Directive for Health Care is the best way.

It is important for you to know that Oklahoma law presumes you would want cardiopulmonary resuscitation if you should die unless you have signed an Oklahoma Do Not Resuscitate form. If you want to receive tube feeding, you cannot take food by mouth, you have expressed your wishes, and you have expressed your wishes.

If you do not complete the Living Will section of the Advance Directive, your health care proxy may make these decisions on your behalf based on what he or she believes you would have wanted. If you wish to expressly leave these decisions up to your health care proxy, you can do so by declining to execute the Living Will part of the Advance Directive.

**Particular Procedures – You can authorize or decline particular medical procedures or treatments such as blood transfusions, dialysis or antibiotics.**

**Time Limit on Treatment –** You can authorize life-sustaining treatment to be continued for a specific period of time and authorize its withdrawal after that time period.

**Exceptional Circumstances –** You can specify particular circumstances when you would want different medical treatment, such as to allow time for a religious rite or family members to arrive.

**Authorization of Hospice –** You can request that you be placed on Hospice as soon as it becomes appropriate.

**People You Do Not Want Involved –** You may wish to name people whom you do NOT want involved in making decisions on your behalf.

The sample form on the next two pages illustrates how to execute the Living Will section of the Advance Directive form.

## 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)*

Your Advance Directive will only be used if your attending physician and another physician determine that you are unable to make medical decisions.

(1) Choose whether you would want life-sustaining treatment and/or tube feeding if you have a terminal illness that even with treatment will likely result in death within 6 months.

Initial here if you DO NOT want life-sustaining treatment, but you DO want tube feeding.

Initial here if you DO NOT want life-sustaining treatment and you DO NOT want tube feeding.

Initial here if you DO want BOTH life-sustaining treatment and tube feeding.

Initial here only if you have written other instructions regarding treatment or tube feeding in the event of a terminal illness, under (4).

(2) Choose whether you would want life-sustaining treatment and/or tube feeding if you become persistently unconscious with no chance of recovering or waking up.

Initial here if you DO NOT want life-sustaining treatment, but you DO want tube feeding.

Initial here if you DO NOT want life-sustaining treatment and you DO NOT want tube feeding.

Initial here if you DO want BOTH life-sustaining treatment and tube feeding.

Initial here only if you have written other instructions regarding treatment or tube feeding in the event you become persistently unconscious, under (4).

(3) Choose whether you would want life-sustaining treatment and/or tube feeding if you have an incurable condition causing you to be incompetent and completely dependent.

Initial here if you DO NOT want life-sustaining treatment, but you DO want tube feeding.

Initial here if you DO NOT want life-sustaining treatment and you DO NOT Want tube feeding.

Initial here if you DO want BOTH life-sustaining treatment and tube feeding.

Initial here only if you have written other instructions regarding treatment or tube feeding in the event you have an end-state condition, under #(4).

(4) This is an optional section where you can give more specific instructions about your wishes. See pages 12-13 for ideas and suggested language.

If you chose to, write your specific instructions here.

Initial here only if you have written specific instructions.

(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:

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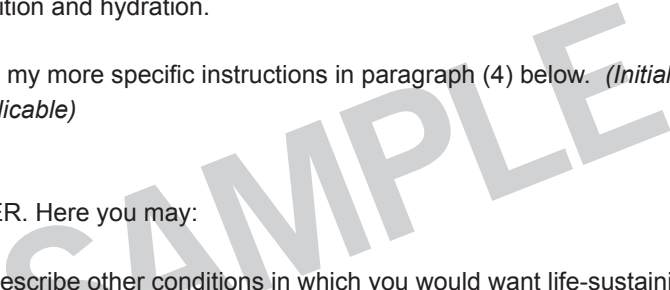
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Initial



## Part II: Appointment of Health Care Proxy

Your health care proxy is the person who will make all medical decisions (not just life-sustaining treatment decisions) that you would make if you were able. Their duties include having access to your medical information and talking with the health care providers about treatment options. They may also include seeking second opinions from other physicians or consenting to or refusing medical tests or treatments, including life-sustaining treatment. Your health care proxy may also be included in decisions about placing you in a health care facility or transferring you into the care of another physician.

When making these decisions, your health care proxy is bound to follow the instructions you gave in the Living Will section of your Advance Directive. He or she must also honor what is known about your wishes when making decisions on your behalf.

Oklahoma's Advance Directive form allows you to choose one health care proxy and one alternate health care proxy, but you are free to name only one proxy if there is not a second person to whom you wish to entrust this responsibility. Your health care proxy must be at least 18 years old and of sound mind. He or she should also be someone you trust, who knows you well and who will honor your wishes.

Once you choose your proxies, make sure they know your wishes and understand the values that guide your thinking about life, death and dying. Be sure there is a clear understanding between you and your proxies about what treatment you prefer.

When deciding who to name as your health care proxy, consider the following criteria:

- Can the person legally act as your health care proxy?
- Is the person willing?
- Will the person be available when needed?
- Will the person be able to carry out your wishes?
- How well does this person know you and understand your values?
- Is this someone you trust absolutely?
- Is this person willing to talk with you about sensitive issues?
- Will this person be able to ask medical personnel questions and advocate on your behalf?
- Will this persons be able to handle conflict?

Here you can name a person and an alternate person to make medical decisions for you if you are unable to.

Write the first and last name, address and phone # of your health care proxy.

Write the first and last name, address and phone # of your health care proxy.

## 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.

## Part III: Anatomical Gifts

The third section of the Advance Directive form gives you the option of donating your entire body or designated body parts for transplantation or research.

Medical schools and research facilities study bodies to educate students and better understand the effects of disease.

Generally, you cannot donate your body for medical research if you also wish to donate your organs for transplantation.

Bodies donated for research will eventually be cremated by the institution. You may request that the ashes (called cremains) be returned to your family, or to be included in a group interment. The body cannot be returned for burial.

There are thousands of people on waiting lists for organ transplants. Skin, bone marrow and even eyes can also be donated to help people suffering from illness or injury. Be aware that it may be necessary to place a deceased donor on

life support temporarily to keep blood flowing to organs. An organ donor can still have an open casket and be buried. Most religions support organ and tissue donation as a charitable act.

You are never too old to be an organ or tissue donor. Each donor will be evaluated on a case by case need for suitability when the occasion arises.

If you have designated yourself as an organ donor on your driver's license (red heart by your signature), it is considered first person consent in the state of Oklahoma.

If you would like to donate your body to science, you should contact the medical organization of your choice to make arrangements in advance. Information about how to make arrangements can be found in the Resources section at the back of this Guide.

### 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

\_\_\_\_\_ Pancreas

\_\_\_\_\_ Kidneys

\_\_\_\_\_ Skin

\_\_\_\_\_ Blood/Fluids

\_\_\_\_\_ Arteries

\_\_\_\_\_ Liver

\_\_\_\_\_ Heart

\_\_\_\_\_ Brain

\_\_\_\_\_ Bones/Marrow

\_\_\_\_\_ Tissue

\_\_\_\_\_ Eyes/Cornea/Lens

Part III Anatomical Gifts is an optional section.

Initial next to transplantation if you want to be an organ donor.

Initial next to advancement of medical science and/or dental science if you want to donate your body or body parts for research or education.

Initial here if you want to donate here if you want to donate your entire body.

(or)

Initial here if you want to specify which parts you want to donate.

Only if you have opted to specify which parts to donate initial next to each part that you would like to donate.

You must be at least 18 to complete an Advance Directive.

You must have two witnesses who are at least 18, not related to you and will not inherit from you.

If you want your Advance Directive to remain in effect, even if you are pregnant, you must specifically authorize that in (4) of the Living Will section.

You can revoke this Advance Directive at any time by destroying the form, writing "I Revoke" across the form or otherwise expressing your intention to revoke. Ensure all other copies are revoked or destroyed.

Signing this Advance Directive automatically revokes any prior Advance Directives you may have executed.

Write the date the Advance Directive was signed and witnessed.

Sign your legal name here.

Write the city where you live.  
Write the county where you live.

Write your date of birth and last four digits of SSN (optional). Serves as a two-point identifier.

Both witnesses sign their legal names. Both witnesses write their addresses. Hospital employee witnesses use the facility address, not their personal address.

#### 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: XXX-XX- \_\_\_\_\_  
(Enter last four digits only)

Male  Female (Optional for identification purposes)

This Advance Directive was signed in my presence.

Witness: \_\_\_\_\_, Oklahoma  
(Residence)

Witness: \_\_\_\_\_, Oklahoma  
(Residence)



## Advance Directive for Health Care

Organ and tissue donation will only occur after death. Death is defined as either the point at which all circulation and breathing functions have permanently stopped or at the time all brain functions, including the brain stem, have permanently stopped. Being an organ or tissue donor will in no way affect the medical care you receive while you are alive.

### How to Complete an Advance Directive

In order for your doctors or hospital workers to be legally required to follow your Advance Directive, it must meet certain requirements. You must be of sound mind and at least 18 years old when you complete the Advance Directive.

Mark each of your choices with your initials. Do not use check marks. Your Advance Directive must be signed by you and two witnesses who are 18 years of age or older, are not related to you and will not inherit from you. You do not need an attorney to execute an Advance Directive, nor does it have to be notarized.

### What To Do With Your Advance Directive

Once you have completed your Advance Directive, keep the original in a safe place that can easily be found. If you choose to share your Advance Directive with your Ascension St. John provider, a copy will be stored in your electronic medical record.

You may also want to carry a card indicating you have an Advance Directive, where a copy can be located, and the contact information for your physician, health care proxy, and hospital of choice. You may fill out and use the card on the last page of this booklet.

Consider discussing your Advance Directive with your health care proxy, Health Care Power of Attorney, and your family to ensure that they understand your preferences and are willing to carry out your wishes. Similarly, be sure to discuss your Advance Directive with your health care provider to ensure he or she is willing to comply with your wishes. Oklahoma law requires physicians and other health care providers to promptly inform you if they are not willing to comply.

### How to Revoke an Advance Directive

You can revoke all or part of your Advance Directive at any time and in any manner that indicates your intention to revoke. Tell your attending physician that you revoked your Advance Directive and to make your revocation part of your medical record. It is best to document your revocation by writing “I Revoke” across each page and keeping it for your records. Tell everyone who has a copy that it has been revoked and ask them to destroy their copies.

Completing a new Advance Directive automatically revokes your old one. Remember to give copies of your new Advance Directive to your physician, proxies and the other people listed above.

## When to Review Your Advance Directive

Review your Advance Directive every few years, especially after a major life change such as the death of a loved one, divorce or a diagnosis of a serious medical condition. If your current Advance Directive no longer reflects your wishes, complete a new one.

## Additional Planning Options

### Durable Power of Attorney for Health Care

A Durable Power of Attorney for health care is a legal document that gives another person, called an “attorney-in-fact” the authority to make decisions and take actions on your behalf in the event you are unable to act for yourself. Depending on how it is drafted, a Durable Power of Attorney can grant the authority to handle business, financial, medical (may have limited decision making abilities regarding life-sustaining therapy decisions) and/or personal care matters. It is a useful incapacity planning tool that can prevent the need for a guardianship. There is no need to have a Durable Power of Attorney document for health care if you have a Health Care Proxy under current Oklahoma law. You may need a Durable Power of Attorney for financial affairs.

### Do-Not-Resuscitate (DNR) Consent

A person may refuse CPR by consenting to a “Do Not Resuscitate” (DNR) order. If you know that you would not want to be resuscitated if you died, no matter what circumstances caused it, you can sign a do-not-resuscitate consent form.

Your doctor or other health care professionals can provide you with an Oklahoma DNR Consent form. Please note that a necklace, bracelet, or tattoo declaring your DNR status is not considered legal documentation of a DNR order in the state of Oklahoma. While a piece of jewelry or tattoo may serve as an indication of your preferences, physicians and emergency responders are still legally bound to attempt resuscitation.

If a DNR Consent is in place and is available to an emergency responder, who determines there is no pulse and no breathing, they will not perform chest compressions, administer cardiac resuscitation drugs or use electric shock or restore a heartbeat, breathe for you, or insert a tube into your wind pipe to restore breathing.

If you change your mind after completing a DNR consent form, you can easily revoke your consent by letting your family or physician know. It is best practice to write “revoked” across it with your signature and date, along with two witnesses.

### Personal and Medical Information

To prepare for a medical emergency, keep a written record of the following information:

- Your full name
- Your date of birth
- Your address and phone number
- Your doctor’s name and contact information
- Names and contact information of your next of kin and health care proxies
- Allergies
- Diagnosis
- Health limitations such as impaired vision, hearing, walking or speech
- List of medications, including over-the-counter medicines, vitamins and other supplements
- Whether you have a pacemaker or other implant
- A copy of your driver’s license and any insurance and/or Medicare cards

## Guardianship

If you become incapacitated and do not have an Advance Directive or Durable Power of Attorney for Health Care appointing a proxy decision maker, your family members may be asked to help make decisions (in order of authority directed by Oklahoma state statute). If your family is unwilling or unable to serve as a health care proxy, Ascension St. John staff may attempt to locate other family members, friends, or even neighbors who can help guide your care. In the event that a health care proxy cannot be located the court may be asked to appoint a legal guardian. A guardian is given power to make decisions about the care of another person, called the "ward."

Guardianships have several major disadvantages. In almost all cases, an attorney is needed to assist with the guardianship petition process. The appointment process is often slow and costly for the patient or family. The guardian is generally required to submit reports to the court regarding the ward's condition and seek the court's permission for major decisions.

The powers of a guardian include only those granted by the court and may include the power to withhold or withdraw life-sustaining treatment if they go back to court at the time of the issue and request the judge for those powers. A guardian can be granted the power to sign a DNR Consent and/or revoke a DNR consent.

For most adults, legal guardianship is an option of last resort for making health care decisions. The best way to ensure that your medical treatment wishes are honored is to complete an Advance Directive.

You may use the Medical Information Sheet at the back of this Guide to record your medical information. Once you have completed the form, give copies to your health care proxies or tell them where to find it if needed. Make sure to update the information regularly.

If you become unable to make decisions regarding your medical treatment and have not executed an Advance Directive indicating your wishes or appointed a Health Care Proxy, your physician will consult with your next of kin (In this order: spouse, adult children, parents, siblings, next adult relative, close friend willing to sign an affidavit. See section 3102.4 of title 63 for more information). These classes will have broad authority, with several limitations including the inability to decide DNR status and to refuse or withdraw artificially administered nutrition and hydration.

## End of Life Care for Pediatric Patients

Pediatric patients do not have the same rights as adults to make health care decisions for themselves and they may not complete a legally recognizable Advanced Directive. Health care decisions for children, even adolescents and teens, must be made by surrogate decision-makers. In most cases, the duty to make decisions falls on the pediatric patient's parent(s) or legal guardian.

Parents and guardians must make decisions based on what is in the child's best interest. In some cases, substituted judgment, based on an understanding of what the pediatric patient has previously chosen, may be used to direct care. Substituted judgment is most appropriate for older children or children with extensive experience making similar health care decisions.

There is no definitive age at which a pediatric patient is guaranteed to appreciate health care decision-making; in lieu of such a definitive age, a child's appreciation of treatment decisions and assent must be seen in a spectrum of increasing competency. In the case of infants and toddlers, the parent or guardian may independently determine the best interests of the child. But if the patient is 7 or 8 years old and seems to understand their choices, it is best to allow the child to participate in treatment discussions. Even though the child may not be old enough to appreciate all risks and benefits, the patient should be allowed the opportunity to collaborate with health care providers and decision-makers. Teenagers likely have an even greater ability to participate in planning their care and, as a general rule, their assent should be sought.

In cases where the family wants to reduce or refuse care when there is a reasonable hope of improvement or survival, Oklahoma State Child Protective Services and the law provide for advocacy of the child's interests. A Guardian Ad Litem may be appointed by the court to represent the child.

## Persons with Developmental Disabilities at the End of Life

Adults with developmental disabilities who have the ability to understand the issues should be allowed and encouraged to articulate end-of-life choices and have their wishes honored. Planning for end-of-life care requires the individual to have the capacity to make decisions about treatment options. If the person does not have the ability to grant consent, a guardian must be appointed to make health care decisions. The guardian must try to make decisions that reflect the patient's values and wishes.

# Medical Information Sheet

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Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Doctor's Name and Phone: \_\_\_\_\_

Pharmacy Name and Phone: \_\_\_\_\_

Health Care Proxy Name and Phone: \_\_\_\_\_

Alternate Proxy Name and Phone: \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

Health Limitations/Special Needs: \_\_\_\_\_

Do you have a pacemaker or other implant? If so, describe: \_\_\_\_\_

Do you have:  Diabetes  Heart Disease  High Blood Pressure

Have you ever had:  Stroke  Seizure Disorder  Other \_\_\_\_\_

Medication	Dosage	Taken to Treat What?

Medication	Dosage	Taken to Treat What?

**Notes:**

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Attach a copy of your driver's license or identification, Medicare and other insurance cards. Update the information on this form regularly.

# Resources

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## Oklahoma Resources

### **Department of Human Services, Aging Services Division**

800-211-2116  
[www.okdhs.org](http://www.okdhs.org)

### **Legal Aid Services of Oklahoma**

OKC Senior Law Project 800-421-1641 Tulsa  
Hotline 888-534-5243  
[www.legalaidok.org](http://www.legalaidok.org)

### **Lifeshare**

[www.lifeshareoklahoma.org](http://www.lifeshareoklahoma.org)

### **LifeShare Transplant Donor Services of Oklahoma**

888-580-5551

### **Lions Clubs International Eye Banks**

405-557-1393  
[www.lionsclubs.org/en/resources-for-members/resource-center/lions-eye-banks](http://www.lionsclubs.org/en/resources-for-members/resource-center/lions-eye-banks)

### **Oklahoma Attorney General's Office**

918-581-2885 or 1-405-521-3921  
[www.oag.state.ok.us](http://www.oag.state.ok.us)

### **Oklahoma Bar Association**

1-405-416-7000 or 800-522-8065  
[www.okbar.org](http://www.okbar.org)

### **Oklahoma Department of Health, Long Term Care Services**

1-405-271-6868 X56065  
[www.health.state.ok.us/program/ltc](http://www.health.state.ok.us/program/ltc)

### **Oklahoma Hospice and Palliative Care Association**

1-405-985-9197  
[www.okhospice.org](http://www.okhospice.org)

### **Oklahoma Mental Health and Aging Coalition**

[www.omhac.org](http://www.omhac.org)

### **Oklahoma State University College of Osteopathic Medicine Body Donor Program**

918-561-1250

### **Project for Optimal EMS for Seniors**

[www.POEMSS.org](http://www.POEMSS.org)

### **Senior Law Resource Center**

<https://integrisok.com/resources/network/senior-law-resource-center>  
1-405-528-0858 or

### **Senior Information Life**

800-211-2116 (or dial 211)

### **Sooner Palliative Care Institute**

405-271-4000  
<http://ouhsc.edu/>

### **University of Oklahoma Health Sciences Center Willed Body Program**

405-271-2424, ext. 0  
[www.medicine.ouhsc.edu/Faculty-Staff/Office-of-Medical-Education/Willed-Body-Program](http://www.medicine.ouhsc.edu/Faculty-Staff/Office-of-Medical-Education/Willed-Body-Program)

## Oklahoma Laws

### **POLST**

### **Proxy Attestation Form**

# Resources

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## National Resources

### **AARP**

866-295-7277

OK Chapter 405-632-1945

[www.aarp.org/endoflife](http://www.aarp.org/endoflife)

### **Alzheimer's Association**

800-272-3900

[www.alz.org](http://www.alz.org)

OK Chapter: [www.alz.org/alzokar](http://www.alz.org/alzokar)

### **Alzheimer's Resource Room**

[www.aoa.gov/alz/index.asp](http://www.aoa.gov/alz/index.asp)

### **American Cancer Society**

800-227-2345

OKC Office - 405-843-9888

Tulsa Office - 918-743-6767

[www.cancer.org](http://www.cancer.org)

### **Center for Practical Bioethics**

800-344-3829

[www.practicalbioethics.org](http://www.practicalbioethics.org)

### **Centers for Medicare and Medicaid Services**

[www.cms.hhs.gov](http://www.cms.hhs.gov)

### **Eldercare Locator**

800-677-1116

### **Growth House**

415-863-3045

### **Last Acts**

877-843-7953

[www.lastacts.org](http://www.lastacts.org)

### **Medicare**

[www.medicare.gov](http://www.medicare.gov)

### **National Association of Homecare and Hospice Agency Locator**

[www.nahc.org/agencylocator.html](http://www.nahc.org/agencylocator.html)

### **National Hospice and Palliative Care Organization**

800-658-8898

[www.nhpco.org](http://www.nhpco.org)

### **On Our Own Terms:**

#### **Moyers on Dying**

[www.pbs.org/wnet/onourownterms](http://www.pbs.org/wnet/onourownterms)

### **Partnership for Caring**

800-658-8898

[www.partnershipforcaring.org](http://www.partnershipforcaring.org)



# Key Terms

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**Advance Directive for Health Care:** A written document that enables you to state what kinds of life-sustaining treatment you wish to receive or forego if you become unable to make your own decisions.

**Airway Intubation:** Insertion of a tube through the wind pipe to get oxygen into a patient's lungs.

**Assent:** a pediatric patient's approval of a health care decision or willingness to participate in a treatment. Because children under 18 are not legally able to consent to a medical treatment, parents and guardians are encouraged to obtain their assent.

**Cardiac Arrest:** Absence of an effective heartbeat.

**Cardiopulmonary Resuscitation (CPR):** Efforts to restore breathing and heartbeat to a patient in cardiac or respiratory arrest.

**Defibrillation:** Stimulation of the heart with high voltage electrical shock.

**Dialysis:** Removal of waste products, salts and extra liquid from blood by artificial means when the kidneys fail.

**Do Not Resuscitate (DNR) Order:** A physician's order not to perform CPR on a patient.

**Guardian:** A person appointed by a court and given power to make some or all decisions about the care of another person, called the Ward, and/or the Ward's property.

**Hospice:** Care provided to terminally ill patients and their families by an interdisciplinary team, working in conjunction with a physician, aimed at relieving the physical, emotional, and spiritual distress that is often part of the dying process. Hospice care may be delivered in the home, in nursing facilities, in hospitals or in hospice care centers.

**Incapacitated patient:** A patient without capacity, the ability to make reasonable health care decisions for oneself. Incapacity may be short-term, due to medication or injury, or long-lasting as a result of a degenerative disease or irreversible condition.

**Mechanical Ventilation:** Use of an artificial breathing machine (respirator).

**Palliative Care:** Compassionate care that provides medical, emotional, psychological and spiritual support. The goal of palliative care is to meet the needs of patients by ensuring effective pain control and managing the symptoms that cause discomfort.

**Persistent Vegetative State:** A deep and permanent unconsciousness. Patients may have open eyes, but they have very little brain activity and are capable only of involuntary and reflect movements. Oklahoma's Advance Directive form describes this state as persistently unconscious.

**Persistent Unconsciousness:** see Persistent Vegetative State.

**Prognosis:** Prediction of the probable outcome of a disease or medical condition.

**Respiratory Arrest:** Inability to breathe on one's own.

**Terminal Condition:** An incurable condition from which a person will die within six months, even if treatment is administered.

**Tube Feeding:** A method of artificially delivering liquid and nutrients for patients that cannot eat or drink by mouth. Usually, for short-term tube feeding, a tube (Called a nasogastric or "NG" tube) is inserted through the patient's nose and esophagus into the stomach. For long-term feeding, a tube may be inserted directly through the skin into the stomach (called a gastric or "PEG" tube) or into the intestines (called a jejunal or "J" tube).



# 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:

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\_\_\_\_\_ *(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: XXX-XX-\_\_\_\_\_

Male  Female

This Advance Directive was signed in my presence.

Witness: \_\_\_\_\_, Oklahoma  
*(Residence)*

Witness: \_\_\_\_\_, Oklahoma  
*(Residence)*

# Advance Directive Given to:

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## 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 Ascension St. John Admission Office to be included in your permanent medical record. If you are a patient in one of our facilities, please give your Advance Directive to your nurse.

For general questions, please call the Ascension St. John Spiritual Care department at 918-744-2689.

Ascension St. John provides for equal opportunity employment without regard to age, race, religion, sex or disabilities.  
TDD # 918-744-3330

**I HAVE AN ADVANCE DIRECTIVE**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

**MY ADVANCE DIRECTIVE IS FILED AT**

Location \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

**MY HEALTH CARE PROXY IS**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Fecha \_\_\_\_\_

**IN CASE OF  
EMERGENCY**