Ascension
St. Vincent's

Making decisions about your medical care

Mission

Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

Values

Service of the poor
Generosity of spirit, especially for persons most in need

Reverence
Respect and compassion for the dignity of diversity of life

Integrity
Inspiring trust through personal leadership

Wisdom
Integrated excellence and stewardship

Creativity
Courageous innovation

Dedication
Affirming the hope and joy of our ministry

Making decisions about your medical care

Advance care planning

If you are seriously ill and no longer able to speak for yourself, how would your family, doctors and nurses know what you wanted them to do for you? Who would speak on your behalf? Advance directives are legal documents designed to make your wishes known in these situations. In Florida, advance directives include:

- a living will
- a healthcare surrogate
- a durable power of attorney

Before deciding which advance directive is right for you, there are some issues to think about.

For example, if you have a terminal or end-stage condition or if you are in a persistent vegetative state (an irreversible coma), would you want to be resuscitated if your heart or breathing stopped? Would you want a machine to help you breathe if you could not breathe on your own? Would you want food and water given to you through tubes in your veins, nose or stomach?

These are some of the issues you should think about when making a living will and choosing someone to make decisions for you if you are unable to do so. The person you select is called a healthcare surrogate or durable power of attorney.

Every competent adult has the right, in most cases, to accept or refuse medical treatment. When you are well, you can talk with your doctor and family and make your wishes known. An accident or severe illness could make it impossible for you to make choices or tell your doctor or family what you want. During this time, important decisions about your medical care may have to be made.

Without written instructions from you, your family and doctors might have to guess about the treatment you would want. In some cases, because you did not put your wishes in writing, your family and doctors may be forced to proceed with treatments you might not want. This can be avoided when you make your wishes known in advance and put in writing what you would want done in certain circumstances. Advance directives tell healthcare professionals and your family what you want done about life-sustaining treatment if you become terminally ill, have an end-stage condition or are in a persistent vegetative state, and can no longer make decisions for yourself.

When you are admitted to a hospital or nursing home, someone will ask you if you have an advance directive. If you do, they will ask for a copy so it can be included in your medical record. If we cannot comply with your advance directive, a consultation with the Ethics Advisory Committee can be initiated.

For your convenience, a sample living will and healthcare surrogate terms are included in this pamphlet. If you would like to talk with someone about advance directives, or complete an advance care planning document, please ask to talk to a case manager or social worker.

The living will

The living will is a written statement that you sign when you are mentally competent. It lets your doctor know your preferences regarding care if you become terminally ill, have an end-stage condition or are in a persistent vegetative state. Two witnesses must sign the document. Only one can be a spouse or a blood relative. A sample form is attached for your convenience.

Healthcare surrogate

A healthcare surrogate is someone you choose to make healthcare decisions for you when you cannot make them for yourself. A surrogate can consent to medical treatment and procedures on your behalf and can make your wishes known regarding life-sustaining treatments. The surrogate can also apply on your behalf for any state or federal health benefits to which you are entitled. Any competent adult may name a healthcare surrogate to make medical decisions for him or her.

You must designate your healthcare surrogate in writing and you must sign the document in the presence of two witnesses. Only one witness can be a spouse or a blood relative. The person you designate as a surrogate cannot act as a witness. A sample form is attached for your convenience.

Durable power of attorney

A durable power of attorney (DPOA) is a person you select to make decisions for you and handle your financial affairs when you are unable to do so yourself. It is recommended that a lawyer develop this document for you if you decide a DPOA is necessary, especially regarding your financial matters.

The importance of discussing your wishes

It is important to talk with your spouse, significant other, family, doctor and clergy when completing an advance directive. It is especially important to discuss your wishes for medical treatment with your healthcare surrogate so he/she will be able to express them for you when making decisions. You will want to consider whether or not there is a condition or set of circumstances in which you would refuse efforts to prolong your life. Advance directives can be changed or canceled at any time. When you make changes to these documents, copies should be given to your family, doctors and anyone appointed as your surrogate.

Living Will Declaration

I, _____ (name), willfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below, and I do hereby declare:

If at any time I should have a terminal condition, an end-stage condition, or be in a persistent vegetative state, and if my attending physician and one other physician have determined that there is no reasonable probability of recovery, then: (Check one or both of the boxes below.)

Check one or both of the boxes below:

☐ I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure necessary to provide me with comfort care or to alleviate pain.

☐ I request that my designated healthcare surrogate, _____, make decisions on my behalf concerning the withholding or withdrawal of life-prolonging procedures. (See Designation of Healthcare Surrogate form on reverse side.)

Check only one of the boxes below:

☐ I direct that artificial nutrition and hydration (food and water administered through tubes) be withheld or withdrawn when it would only serve to prolong artificially the process of dying.

☐ I direct that artificial nutrition and hydration (food and water administered through tubes) be provided, even if it would only serve to prolong artificially the process of dying.

PERF LINE

In the absence of my ability to give directions regarding the use of such life-prolonging procedures, it is my intention that this declaration be honored by my family and physicians as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences of such refusal.

I understand the full meaning of this declaration, and I am emotionally and mentally competent to make this declaration.

_____ _____

Signed Date

The declarant is known to me, and I believe him or her to be of sound mind.

_____ _____

Witness Witness

Note: Only one of these witnesses can be a spouse or blood relative.

Designation of Healthcare Surrogate

My name: _____ My date of birth: _____

My preferred telephone number: _____

If I am unable to communicate my wishes and healthcare decisions, or if my healthcare providers have determined that I am not able to make my own healthcare decisions, I choose the following person(s) to express my wishes and make my healthcare decisions according to the instructions in this document.

My primary (main) healthcare surrogate:

Name: _____ Relationship: _____

Telephone numbers: (Home) _____ (Work) _____ (Cell) _____

Address: _____

If I cancel my primary surrogate's authority, or if my primary surrogate is not willing, able, or reasonably available to make a healthcare decision for me, I name as my alternate surrogate:

Alternate healthcare surrogate:

Name: _____ Relationship: _____

Telephone numbers: (Home) _____ (Work) _____ (Cell) _____

Address: _____

I understand that my healthcare surrogate must be at least 18 years of age, and cannot be a healthcare provider or employee of a healthcare provider giving direct care to me unless I am related to that person by blood or marriage, domestic partnership, or adoption.

My healthcare surrogate automatically has all the following powers when I am unable to speak for myself or communicate my wishes. I want my healthcare surrogate to interpret any instruction I have given in this form according to his or her understanding of my wishes, values and beliefs.

A. Give consent for treatments and surgeries necessary to treat my condition.

B. Carry out my wishes by making decisions regarding tube feedings, cardiopulmonary resuscitation (CPR), IV fluids, breathing machines, and other treatments.

C. Review and release my medical records and personal files as needed for my medical care and/or for application for public or private healthcare insurance benefits.

D. Arrange for my medical care and treatment in any state or location he or she thinks is appropriate.

E. Decide which health providers and organizations provide my medical treatment.

I further affirm that this declaration is not being made as a condition of treatment or admission to a healthcare facility.

Signed: _____ Date: _____

Witness 1 _____ Witness 2 _____

The person(s) named as surrogate cannot act as witness. Only one witness can be a relative.

Notes

Ascension St. Vincent's

Ascension St. Vincent's Riverside
1 Shircliff Way
Jacksonville, FL 32204
904-308-7300

Ascension St. Vincent's Southside
4201 Belfort Road
Jacksonville, FL 32216
904-296-3700

Ascension St. Vincent's Clay County
1670 St. Vincent's Way
Middleburg, FL 32068
904-602-1000