

ADVANCE HEALTH CARE DIRECTIVES
Including
Individual Instructions for Health Care and Powers of Attorney for Health Care

Checklist—How to Start and What to Do

Information about Advance Health Care Directives and Health Care Powers of Attorney

**On this web site: Sample Advance Directive (Short and Long Forms)—including:
Individual Instructions for Health Care
Durable Power of Attorney for Health Care**



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Caution: This brochure is not intended to provide legal advice. It presents general information about the law and may not necessarily apply to your situation. Use of this brochure or form by other groups or organizations does not constitute endorsement by UHELP of views held by such groups or organizations.

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CHECKLIST:

- Talk with family members, friends, spiritual advisors, physicians, other health-care providers and other trusted persons about what would be important to you if you become terminally or irreversibly ill or injured and you can no longer communicate your health-care decisions or other wishes.
- Ask someone you trust and whom you can count on to be your health-care agent and discuss your wishes with this person. Select an alternate health-care agent in case your agent is unable to serve.
- Complete the enclosed simplified form, change or cross out provisions or make an entirely different document. Add pages if you like.
- Have two qualified witnesses or a notary witness your signature. Make copies of the document and
- Inform family members, spouse, parents, children, siblings, friends, physicians and other health-care providers that you have executed an advance health-care directive and that you expect them to honor your instructions. Keep them informed about your current wishes.
- Give copies of the document to your health-care agent, health-care providers, family, close friends, clergy or any other individuals who might be involved in caring for you.
- Place the executed document in your medical files.
- When you renew your driver's license or state ID, you may designate that you have an advance directive by putting (AHCD) on it.
- Make plans to review the document on a regular basis—make a new document, if necessary, and keep people informed of any changes.
- Do it as soon as possible—if you cannot, ask your doctor about designating a “Surrogate” ! Also talk to your doctor about Provider Orders for Life Sustaining Treatment (POLST) and Comfort Care Only-Do-Not-Resuscitate (CCO-DNR) Documents.

INFORMATION ABOUT ADVANCE HEALTH CARE DIRECTIVES

Under the law, you have the right to give instructions about your own health care. You also have the right to name someone else to make health care decisions for you. Either the long form or short form provided on this web site let you do either or both of these things. You may complete or modify all or any part of it. There are other forms and formats from a variety of sources, including several local hospitals--you are free to use a different one and make your own changes and revisions as may apply to your own particular situation. You can also add pages to the form you select to use.

Part 1 of the form is a power of attorney for health care. This part lets you name another individual as agent to make health care decisions for you if you become incapable of making your own decisions or if you want someone else to make those decisions for you now even though you are still capable. You may name an alternate agent to act for you if your first choice is not willing, able, or reasonably available to make decisions for you. Unless related to you, your agent may not be an owner, operator, or employee of a residential long-term health care institution at which you are receiving care. Unless the form you sign limits the authority of your agent, your agent may make all health care decisions for you. If you choose not to limit the authority of your agent, your agent generally will have the right to:

- (a) Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition;
- (b) Select or discharge health care providers and institutions;
- (c) Approve or disapprove diagnostic tests, surgical procedures, programs of medication, and orders not to resuscitate; and
- (d) Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care.

Part 2 of the form lets you give instructions about any aspect of your health care. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of treatment to keep you alive, including the provision of artificial nutrition and hydration, as well as the provision of pain relief. If you wish to provide detailed instructions, you may wish to look at the long sample form.

On the Long Form—Part 3 addresses donation of organs/body upon death, Part 4 addresses your preferences regarding your primary physician/health care/hospice facility, and Part 5 addresses religious or spiritual information you may wish to provide.

After completing a form, sign and date it at the end and have it witnessed by one of the two alternative methods indicated. Give a copy of the signed and completed form to your physician, to any other health care providers you may have, to any health care institution at which you are receiving care, and to any health care agents you have named. You have the right to revoke or replace this document at any time.

Note on CCO-DNR and POLST Forms

Advance directives are not generally used to make emergency resuscitation decisions although they may be used as the basis to withhold cardio-pulmonary resuscitation attempts in cases where a person has been determined to be in a condition as stated in his or her advance directive. Accordingly, you may wish to talk to your physician about the Under Hawai`i law, individuals may sign a form to obtain a special bracelet or necklace through the Department of Health which would tell “first responders” and health care providers not to resuscitate them in an emergency. This is referred to as a “Comfort Care Only-Do-Not-Resuscitate,” (CCO-DNR) or “Rapid Identification Document.”

Another law provides for a health care protocol called “Provider Orders for Life-Sustaining Treatment” (POLST). A special form containing information and directions about an individual’s end of life decisions such as cardiopulmonary resuscitation (CPR) and tube feeding is used. Emergency medical personnel and other health care professionals are required to follow the provisions contained in the POLST. By law the POLST form is not an advance directive but a physician or an advanced practice registered nurse (APRN)’s order and, accordingly, is immediately actionable.

Note on Organ Donation and Disposition of Body

The Uniform Anatomical Gifts Act permits you to grant authority to your health care agent under a health care power of attorney to donate your organs and/or your body for use in transplantation or for research. The long form gives you an option to grant this authority. In order to grant authority to another person relating to the disposition of your body upon death, you should consider making a “Written Instrument to Control Disposition of Remains” which would grant an individual authority to carry out your desires concerning disposition of your body, including such matters as burial or cremation, funeral or memorial services, scattering of ashes as well as other options.

Note on Other Helpful Powers Relating to Health Care

Health care agents are usually given authority to request, receive, examine, copy and consent to the disclosure of medical or any other healthcare information including medical files and records under the Health Insurance Portability and Accountability Act (HIPAA) and/or other federal and state laws pertaining to healthcare and healthcare information.

You may wish to authorize additional authority to your agent to authorize your admission to or discharge from any hospital, nursing home, residential care, assisted-living or similar facility or service and to contract for any health care-related service or facility or apply for public or private health care benefits. You may also wish to grant authority to hire and discharge medical, dental, social service, and other health care and personal service support personnel and to authorize your participation in medical research. This information is not intended to provide legal advice. Consult with your attorney to make sure the documents you utilize will accomplish your wishes.