



ADVANCE DIRECTIVE
For Health Care

IMPORTANT DECISIONS

The Lourdes Health System, sponsored by the Franciscan Sisters of Allegany, New York and a member of Catholic Health East, is a community of people dedicated to serving our patients, their families, the community and one another with dignity and compassion in a hospitable manner. As a ministry of the Catholic Church in the United States, this facility abides by "The Ethical and Religious Directives for Catholic Health facilities." It is in this spirit that the Lourdes Health System is committed to the reverence of life, restoration of health, and maintenance of personal values for all who use our services.

As an adult patient, you have certain rights concerning your health care. This includes the right to formulate advance directives. Advance directives are your written decisions that will govern your health care if you become seriously injured or gravely ill, and unable to express your own wishes. Written directives are important because they allow you to make decisions without the pressures of crisis, shock, or grief surrounding you. These decisions concern the intensity of medical care to be administered and the use, limitation, and/or withdrawal of life support systems. Completing a Living Will and/or a Durable Power of Attorney for Health Matters will assure that your wishes are followed. While advances in medical technology have saved thousands of lives, the capability of mechanically sustaining life raises many questions involving one's faith, the ultimate good, and the ethical and moral decisions to allow a loved one to die. The following information is designed to help you make important decisions relative to your health care.

Burden-Benefit Principle

An important guiding principle recognized in medical ethics, theology, and United States law is the burden-benefit principle. This principle recognizes that medical procedures may be withheld when the burden or risk incurred exceeds the expected or actual benefit. This judgment may be made either by you, your family, your health care representative (proxy), or recognized surrogate (one appointed to act in place of another) to carry out your wishes

It is the physician's responsibility to inform you (or your health care representative) of your diagnosis and health care status. It is important for you to make your health care decisions ahead of time, put them in writing, and have them appropriately witnessed. As mentioned previously, an advance directive may include the designation of a health care representative. That person would carry out your wishes and make other necessary medical decisions if you are unable to do so. If there is no written advance directive, and you are unable to express your wishes, your closest relative would be asked to make decisions for you. If you have no relative, a court would appoint a guardian to represent you.

Factors to be considered when assessing burdens and benefits include the effects of the procedure on the quality and/or length of life, and the effects on you and your family's physical, mental, emotional and spiritual well-being, as well as the use of limited resources. However, with careful and thorough consideration, the primary emphasis and objective always is to determine and implement your wishes, or, when such wishes are unknown, to act with love in your best interest

Code Status

At the Lourdes Health System all patients are resuscitated unless there is a physician's order stating there is a limitation on code status. There are two code status limitations which are used: "DNR" and "Comfort Care."

What is a "DNR" (Do Not Resuscitate) Order?

Should such a patient develop cardio-pulmonary arrest in spite of every therapeutic effort, CPR will not be initiated or carried out and the patient will be permitted to die with "dignity". Providing a patient with an airway to alleviate obstructing respiratory secretions may be permitted.

CPR procedures include compression, assisted ventilation, defibrillation and cardiotoxic and vasal active drugs and intubation. In other words, CPR includes all mechanical, electrical and chemical means of restoring vital signs to a stable state. Simply, those patients designated as DNR will not undergo any of the procedures as described above.

What is a "Comfort Care" Order?

At the Lourdes Health System, the Comfort Care code status designation specifically orders that only comfort measures will be provided to the patient. The degree of burden to the individual patient is the basis for the extent of comfort care. No extensive invasive therapies are given. "Comfort care" is considered only when a patient is terminally ill, or when to regain meaningful consciousness is not an expected outcome. All patients will be kept as comfortable as medically possible.

Some additional decisions may also need to be made about the use of intravenous therapies, including blood transfusions, tube feedings, antibiotics, or other medications and tests. Again, the patient's wishes and the burden-benefit principle may be the basis for deciding the appropriateness of these possible treatments.

Asking Questions

The question of withholding resuscitation procedures may be one that you did not expect to face, and you may not know how to make such a decision. Discussion with family, clergy, or close friends may be helpful. You have a right to ask questions and we encourage you to do so. The attending physician should be the primary source of information regarding the medical aspects of your circumstances. Nurses, hospital chaplains, patient relations staff, social workers, your attorney, and others may also be helpful.

How Can a Code Status Determination be Made and Implemented?

If mentally competent, you may decide that you do not want resuscitation to be attempted in the event of cardiac or respiratory arrest. Your decision should be discussed with your attending physician. When a final decision has been reached regarding code status determination ("All But CPR" or "Comfort Care"), the Attending Physician must document the order by entering it in your medical record.

Can a Code Status Determination be Reviewed and Changed?

Code status determination may always be reconsidered by discussing the matter with the attending physician. A Bioethics Committee member may be consulted to clarify and help reconcile any disagreement between you (or your family members, or legal designee), and the attending physician's recommended treatment.

To Help Ensure That Your Wishes Are Carried Out: Prepare For The Possibility

No one expects to be faced with the necessity of making a code status determination. However, in reality, that possibility exists for everyone. It is difficult to make a good decision in the midst of an unexpected crisis. Once again, consider discussing your intentions and requests in advance of such a difficult circumstance so you can eliminate this unnecessary stress.

An advance directive must be read by your attending physician, who is required to act in accord with medically acceptable practices, U.S. and New Jersey laws, the policies of the Medical Staff of the institution to which you have been admitted; and the policies of that institution. If, for any reason, you or your health care representative disagree with the attending physician's plan of care, you, after listening to alternative medical options, may be transferred to the care of another physician or institution if you are medically stable.

Your Right To Make Health Care Decisions in New Jersey

The following portion of this document explains your right to make decisions about your own health care under New Jersey law. It also tells you how to plan ahead for your health care if you become unable to decide for yourself because of an illness or accident. It contains a general statement of your rights and some common questions and answers.

Your Basic Rights

You have the right to receive an understandable explanation from your doctor of your complete medical condition, expected results, benefits and risks of the treatment recommended by your doctor, and reasonable medical alternatives. You have the right to accept or refuse any procedure or treatment used to diagnose or treat your physical or mental condition, including life sustaining treatment.

You also have the right to control decisions made about your health care in the event you become unable to make your own decisions in the future by completing an advance directive.

What Happens if I'm Unable to Decide About My Health Care?

If you become unable to make treatment decisions due to illness or an accident, those caring for you will need to know about your values and wishes in making decisions on your behalf. That is why it is important to write an advance directive.

What is an Advance Directive?

An advance directive is a document that allows you to direct who will make health care decisions for you and to state your wishes for medical treatment if you become unable to decide for yourself in the future. Your advance directive may be used to accept or refuse any procedure or treatment, including life sustaining treatment.

What Types of Advance Directive Can I Use?

There are three kinds of advance directives that you can use to say what you want and who you want your doctors to listen to:

- A Proxy Directive (also called a "durable power of attorney for health care") lets you name a "health care representative", such as a family member or friend, to make health care decisions on your behalf.
- An Instruction Directive (also called a "living will") lets you state what kinds of medical treatments you would accept or reject in certain situations.
- A Combined Directive lets you do both. It lets you name a health care representative and tells that person your treatment wishes.

Who Can Fill Out These Forms?

You can fill out an advance directive in New Jersey if you are 18 years or older and you are able to make your own decisions. You do not need a lawyer to fill it out.

Who Should I Talk To About Advance Directives?

You should talk to your doctor, family members, close friends, or others you trust to help you. Your doctor or a member of our staff can give you more information about how to fill out an advance directive.

What Should I Do With My Advance Directive?

You should talk to your doctor about it and give a copy to him or her. You should also give a copy to your health care representative, family member(s), or others close to you. Bring a copy with you when you must receive care in a hospital, nursing home, or other health care agency. Your advance directive becomes part of your medical record.

What If I Don't Have an Advance Directive?

If you become unable to make treatment decisions and you do not have an advance directive, your close family members will talk to your doctor and, in most cases, may then make decisions on your behalf. However, if your family members, doctor, or other caregivers disagree about your medical care, it may be necessary for a court to appoint someone as your legal guardian. (This may also be needed if you do not have a family member to make decisions on your behalf). That is why it is important to put your wishes in writing to make it clear who should decide for you and help your family and doctor know what you want.

Will My Advance Directive Be Followed?

Yes. Everyone responsible for your care must respect your wishes that you stated in your advance directive. However, if your doctor, nurse, or other professional has a sincere objection to respecting your wishes to refuse life-sustaining treatment, he or she may have your care transferred to another professional who will carry them out.

What if I Change My Mind?

You can change or revoke any of these documents at any time.

Will I Still Be Treated if I Don't Fill Out an Advance Directive?

Yes. You do not have to fill out any forms if you don't want to and you will still get medical treatment. Your insurance company also cannot deny coverage based on whether or not you have an advance directive.

What Other Information and Resources Are Available To Me?

Your doctor or a member of our staff can provide you with more information about our policies on advance directives. You may also ask for written informational materials and help. If there is a question or disagreement about your health care wishes, we have an ethics committee or other individuals who can help.

This information is presented as a public service by the Lourdes Health System in consultation with its Bioethics Committee. Bioethical consultation services are provided to physicians, employees and patients.

Much of this information was adapted with permission from the Valley Hospital Biomedical Ethics Committee (Ridgewood, New Jersey) publication "Important Decisions." It is not intended to be a substitute for medical, legal or spiritual advice.

ADVANCE DIRECTIVE FOR HEALTH CARE

To complete the Advance Directive, carefully read each section and mark the statement that expresses your decisions about the type of health care you would want if you are unable to make your own decisions in the future. You can also write in any special instructions that you may have regarding your care.

Please fill in the Organ Donation Section.

Write in whom you would want to make decisions for you regarding your health care if you were not able to. This person is known as having Durable Power of Attorney for Health Care and serves as your Health Care Representative or Proxy. You can also name an alternative person to carry out your wishes if your proxy is unable to perform in this capacity.

Sign the form and date it. Two people who are not your Proxy must witness your signature. This document can be changed at any time by completing a new Advance Directive. A verbal statement of health care decisions will be honored if medically appropriate and feasible.

I _____ understand that as a competent adult I have a right to make decisions about my health care. There may come a time when I am unable, due to physical or mental incapacity, to make my own health care decisions. I do hereby execute this legally binding document expressing my wishes and directions to my family and health care providers for the care and treatment that I desire in the event that I am unable to make my own health care decisions. This document is to become a part of my permanent health care record.

Terminal Condition

If I am diagnosed as having an incurable and irreversible illness, disease or condition and if my attending physician and at least one additional physician who has examined me determine that my condition is terminal:

_____ I direct that life-sustaining treatment which would only serve to artificially prolong my dying be withheld or ended.

_____ I direct that life-sustaining treatment be continued.

Permanently Unconscious

If I become permanently unconscious, and it is determined by my attending physician and at least one additional physician with appropriate expertise who has personally examined me that I have totally and permanently lost consciousness and my ability to interact with others and my surroundings:

_____ I direct that life-sustaining treatment be withheld or ended.

_____ I direct that life-sustaining treatment be continued.

Incurable and Irreversible Conditions That are Not Terminal

If I am diagnosed by my attending physician and at least one additional physician as having an incurable and irreversible illness, disease or condition which may not be terminal, but causes severe or worsening physical or mental deterioration and/or a permanent loss of capacities and faculties:

_____ I direct that life-sustaining treatment be withheld or ended.

_____ I direct that life-sustaining treatment be continued.

Dignity and Comfort

In any of the circumstances listed above:

_____ I direct that I be given care to provide for my personal hygiene and dignity. Medically appropriate treatment and measures to promote my comfort and relieve pain are to be given priority. I understand that these interventions may effect my consciousness and vital functions such as respiration and pulse rate.

I make the following additional instructions to my Advance Directive for Health Care:

Organ Donation

I wish to make the following anatomical gift upon my death:

_____ Any needed organ or body part for the purpose of transplantation, therapy, medical research or education.

_____ Only the following organs or parts: _____

_____ My body for anatomical study.

_____ Special Limitations or Instructions: _____

_____ I do not wish to make an anatomical gift upon my death.

Durable Power of Attorney for Health Care for the Designation of a Health Care Representative (Proxy)

If I become mentally or physically incompetent to make my own health care decisions, I hereby designate the following to be my health care representative to make health care decisions for me, including to accept or refuse any treatment, service, or procedure used to diagnose or treat my physical or mental condition and decisions to provide, withhold or withdraw life-sustaining treatment. I direct my health care representative to make decisions on my behalf in accordance with my wishes as stated in this document, or as otherwise known to him or her. In the event my wishes are not clear or if a situation arises that I did not anticipate, my health care representative is authorized to make decisions in my best interest.

Name: _____ Home Phone: _____
Address: _____ Work Phone: _____

If the person I designated above is unable, unwilling, or unavailable to act as my health care representative, I hereby designate the following alternative:

Name: _____ Home Phone: _____
Address: _____ Work Phone: _____

My Signature: I understand the purpose and effect of this document and sign it voluntarily and after careful consideration.

Name: _____ Date: _____
Address: _____

Witnesses: I declare that the person who signed this document, or asked another to sign in his/her behalf, did so in my presence, and appears to be of sound mind and free of duress.
I certify that I am 18 years of age or older.

I am not designated as this person’s health care representative or Proxy.

(An Advance Directive requires two adult witnesses, or an attorney, or a Notary.)

1. Witness (Print Name): _____ Date: _____
Signature: _____ Address: _____

2. Witness (Print Name): _____ Date: _____
Signature: _____ Address: _____

Keep this Advanced Directive in a safe place.

Give a copy of your Advanced Directive to your proxy, alternate proxy and your physician.

Bring a copy (or the original) of your Advance Directive any time you are admitted to the hospital.

This form is provided by the Lourdes Health System, Camden NJ 08103