A Gift to Your Family

Consumer Guide

Planning ahead for future health needs is truly A Gift to your Family.

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The Alabama State Bar, the Medical Association of the State of Alabama and the Alabama Hospital Association, with support from the Alabama Department of Public Health and the Alabama Organ Procurement Network, have joined forces in a statewide public service campaign, LIFEPLAN 2001. Through our partnership we have produced this consumer guide to assist you with future health care planning.

All too often, families are put in the unfortunate position of needing to make decisions about their loved ones' health care. If you have not discussed your wishes with your family, these decisions become all the more difficult.

We want to share this valuable message:
Planning ahead for future medical decision-making is truly
A Gift to Your Family.

We hope to encourage you to complete an Advance Directive For Health Care in a time of non-crisis, and invite you to consider organ and tissue donation as you discuss health care issues with your family.

A Gift to Your Family includes Alabama state forms to help you put your wishes in writing, after you have talked with your family and any other professionals you feel need to be consulted, such as your attorney or your physician.

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Introduction

Who will make your medical decisions when you can't?

As a competent adult, you have the right to control decisions about your future medical care, including the right to accept or refuse treatment, and the right to be an organ and tissue donor.

Making decisions about future medical care and sharing your wishes with your loved ones is truly *A Gift to Your Family*. Talking about your preferences for treatment will save your family the heartache of having to make decisions for you without knowing your wishes. It will make a difficult time more manageable. Your family will feel reassured that they are respecting your wishes.

A Gift to Your Family helps you get started. This guide helps answer your questions about advance care planning and encourages you to discuss the issues with your family.

The time to plan ahead is now.

Important note: This consumer guide was prepared based on law as it existed in August 2001 and has been updated as of September 2008. It is issued to inform, not to advise. This is not intended to be a substitute for legal, medical or other professional advice. Consult a trained expert for interpretation and application of current law.

Planning ahead for future health needs is truly A Gift to Your Family.

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Advance Directives for Health Care

"After my mother suffered from a second stroke, her body was shutting down.

The medical team was keeping her alive with feeding tubes in an unconscious state. Her Living Will indicated that she did not want feeding tubes, but I knew she would die without them.

After much reflection, I honored her wishes, and she died. It would have been much harder to do so if we hadn't ever talked. But I knew I was doing what she would have wanted if she could have communicated for herself."

What are advance directives?

An advance directive is a written instruction that you make while you are mentally competent that states how you want your health care decisions to be made if you become incapacitated or cannot express your wishes. Advance directives guide your physician and other health care professionals, and relieve your family and friends from the burden of guessing what types of care and treatment you would want to receive.

Alabama statutes recognize two different types of advance directives — the **Advance Directive For Health Care** and the **Health Care Durable Power of Attorney**.

Advance Directive For Health Care Form

Alabama law provides a form called "Advance Directive For Health Care" that contains sections on a Living Will and proxy appointment (Durable Power of Attorney).

Living Will

This describes the kind of life-sustaining care you would want **only if** you had a **terminal condition** or were in a state of **permanent unconsciousness**, which includes persistent vegetative state or deep coma. The declaration directs your physician whether to withhold or withdraw life-sustaining treatment or a feeding tube if you are not able to speak for yourself. A **Living Will** does not give authority to make all health care decisions on your behalf.

Terminal Condition:
This is an incurable condition, caused by injury or illness, that will cause death in the near future, so that life-sustaining procedures only prolong the dying process.

Permanent Unconsciousness:
This is an incurable condition in which one loses the ability to think, speak and move purposefully but the heartbeat and breathing continue. It includes "persistent vegetative state" and "deep coma."

Health Care Durable Power of Attorney

With appropriate language, this appoints a proxy to make health care decisions for you, in collaboration with your personal physician, if you lose the ability to make health care decisions for yourself. Your proxy can tell the physician or hospital exactly what care you would want in all types of health decisions, not just those concerning life-sustaining treatment. In many cases, a court supervised guardianship and/or a protective placement proceeding can be avoided if a **Health Care Durable Power of Attorney** has been accurately completed. You can use the form in the Advance Directive For Health Care (titled "If I Need Someone To Speak For Me") or your attorney can draft a separate document.

How do I get started?

For both the **Living Will** and the **Health Care Proxy Designation**, you may use the form created by law. The form is available in this guide, and at courthouses, hospitals, nursing homes, and through the Alabama Medicaid Agency. You must read the form carefully before completing the document. Completing the document incorrectly may invalidate it at the time when it is most needed. An attorney can assist you in completing the form or write an individualized form for you. Begin the process by thinking through your options and talking with your family. If you have specific legal or medical questions, consult your attorney, physician or other health care professional.

CPR and Do Not Resuscitate (DNR) Orders

When a person stops breathing and his or her heart stops beating, the term used is cardiopulmonary arrest. Cardiopulmonary resuscitation (CPR) is an emergency medical procedure used to try to restart heartbeat and breathing.

CPR involves blowing into the mouth and pushing on the chest. Anyone trained in CPR can start this procedure. If done properly, CPR may lead to an adequate blood supply that helps the vital organs (brain, heart, kidneys, and liver) survive. If this procedure does not revive the victim, the emergency team from the ambulance or the hospital will start Advanced Life Support (ALS). ALS includes placing a tube in the windpipe, using electrical shock applied to the chest and medications injected into the veins. The victim must then be transported to the hospital as soon as possible and may need a machine (ventilator) to breathe for him or her for an uncertain amount of time.

CPR is most effective when started immediately after a person passes out. If more than six minutes has passed before CPR is started, there is a strong possibility that serious vital organ damage has already occurred. Cold water drowning is the exception and can increase this time to as long as 40 minutes.

CPR is not always effective even when done properly. A victim who is elderly or has a serious medical condition such as emphysema, severe liver or kidney failure, or widespread cancer, has a low rate of survival.

CPR and ALS are not for everybody. Therefore, it is important for you to discuss these with your physician and your family.

A person may refuse CPR and ALS in the institutional setting such as hospitals and nursing homes by having his or her physician write such an order. This order must be written by the treating physician, even if an advance directive has been completed, in order to notify all care providers.

DNR orders for non-hospitalized patients: Alabama Department of Public Health Rule No. 420-2-1-.19

A patient can receive a DNR order form from the Alabama Department of Public Health or from a physician's office.

How do I revoke my DNR order?

The DNR order can be revoked easily by any of the following:

- communicate your desire to revoke the DNR order to your family, proxy or physician or
- deface, cut, burn or otherwise destroy the order

What may emergency responders do?

If you have a DNR order and emergency responders are called, they may (as appropriate):

- clear airways;
- administer oxygen;
- position for comfort;
- splint injured bones;
- control bleeding;
- provide pain medication;
- provide emotional support;
- contact a hospice or home health agency if either has been involved in the patient's care.

If you have a DNR order and emergency responders are called, they may NOT:

- perform chest compressions;
- insert airways;
- administer cardiac resuscitation drugs;
- breathe for you;
- use electric shock to start your heart.

For more information, including a DNR Order Form, contact your physician, call the Alabama Department of Public Health, or go online to http://adph.org/ems/assets/emsdnar.pdf

Commonly Asked Questions

Why should I have an advance directive?
An advance directive allows you to make your wishes clear to your family, friends, and health care professionals while you are still able to do so. It helps prevent disagreements among your family members about what treatment you should receive if you are incapacitated. If you appoint someone to make your health care decisions, you will still be able to make your own decisions as long as you are capable.

What if I don't have an advance directive?
If you do not have an advance directive and you are incapacitated, your decisions might be left to your physician and a spouse, adult child, adult sibling, close friend or court-appointed guardian who may not know or carry out your wishes. If you have not designated a health care proxy, loved ones may need to spend time and money going to court in order to make decisions on your behalf.

When should I prepare an advance directive?
Now. While most people first think about preparing an advance directive when they are admitted to a hospital or nursing home, it is a good idea to think about doing so now – while your health permits you to do so.

Which document is right for me?
The Health Care Durable Power of Attorney (Section 2 of the "Advance Directive For Health Care" form or a separate document prepared by your attorney) may avoid costly guardianship proceedings in court. The Health Care Durable Power of Attorney is a powerful and flexible document. A Health Care Durable Power of Attorney can include specific treatment preferences. However, if you do not have someone to act on your behalf or your proxy becomes incapacitated or dies, the Living Will is your other option.

If you have both a Living Will and a Health Care Durable Power of Attorney, be sure they are consistent. You must indicate at the end of Section 2 of the "Advance Directive For Health Care" form whether your proxy is given power to make decisions that are different from the provisions of the "Living Will" in Section 1.

What rights do I have about the medical care I receive?
As a competent adult, you have the right to make your own decisions about medical care, including accepting or refusing treatment.

Am I required to create an advance directive?
No. Federal law requires hospitals and other health care facilities to inform patients about advance directives when they are admitted and to request a copy, but health care providers cannot require you to have one.

What if I change my mind about my wishes?
Your Advance Directive For Health Care and health care Durable Power of Attorney will last from the time they are created until your death, unless they are revoked or changed. They can be revoked or changed at any time if you do any of the following:

- tear, burn, obliterate or destroy the document or direct someone else to do so in your presence;
- write and sign a cancellation;
- verbally express your intent to cancel the document in the presence of two witnesses; or
- write a new document.

Although this does not appear to be mandated by the statute, lawyers may advise clients that wish to revoke their documents to tear them up or otherwise deface them (in accordance with the statue) in the presence of an adult so that there is a witness to the revocation (and that they inform their proxies).

Alternatively, they have to be sure to retrieve all copies from all sources to insure that all are destroyed. Otherwise, there may be no evidence that the Advance Health Care Directive has been revoked.

Health Care Proxy

This is someone you have chosen in your "Advance Directive For Health Care" form (or by a separate Durable Power of Attorney prepared by an attorney) to make health care decisions for you if you are unable to express your own wishes for care or treatment. Your proxy should have full knowledge of your wishes regarding future care and treatment.

Where should I keep my advance directive?
Keep one copy of your directive with your other important documents. Let your loved ones, your health care proxy and alternate proxy know that you have an advance directive, and give them a copy. Be sure that one copy of your advance directive is included in your physician's medical record and at the hospital that would treat you. You may choose to carry your advance directive with you when you travel and keep it in your glove compartment of your car.

Where is my directive valid?
Your directive is valid in Alabama. If you spend considerable time in another state, you also should have one prepared in that state.

Advance Health Care Directive entered in another state and in compliance with another state's laws will be honored in Alabama (though it is usually recommended that a competent client who has moved to Alabama execute one here since the hospitals are accustomed to the form used in this state).

Roles and Responsibilities

Who can I appoint in my Advance Directive For Health Care form as my proxy?

Your proxy is usually a spouse, trusted relative or friend. The proxy must be at least age 19. You may choose any adult except for your health care provider (for example, physician, nurse), an employee of a health care facility in which you are a patient or reside, or a spouse of any of these providers or employees unless they are your relative. You should be sure that the person you appoint is someone you trust and that you discuss with that person your treatment preferences, because that person will have authority to make important decisions on your behalf.

When does my proxy assume responsibility?

Your proxy will not make decisions on your behalf until or unless you lose the ability to do so. Your attending physician must declare that you no longer have the ability to understand and direct your medical treatment. Then, the attending physician and another physician must also declare that you are either terminally ill or permanently unconscious.

What does my proxy need to know?

Your best protection in having your wishes honored is to communicate them effectively to your proxy. For example, tell your proxy how you feel about life support, being in a coma, and about the quality of life you hope to maintain. To facilitate the discussion, read through the discussion points in this guide.

What are my proxy's responsibilities?

Your proxy's main responsibility is to understand your beliefs and concerns about medical treatment. He or she also must be willing to make decisions that are consistent with your wishes, and communicate those wishes to the health care team. Your proxy will need to talk regularly with your physicians and stay informed of your condition, treatment plan, and chances for recovery. Your proxy should be certain that treatment matches your wishes. If the treatment does not, your proxy should ordinarily tell your physician or change physicians for you.

What happens if I regain consciousness?

If you regain consciousness and can direct your medical care, then the proxy will not be the person to make your health care decisions – you will. Your proxy can only make these decisions if you are unable to make them.

Does the person I appoint as my financial health care durable power of attorney automatically make my health care decisions?

No. The person you appoint as your proxy in a health care durable power of attorney relating to financial matters is not granted the right to make health care decisions for you unless the document contains the essential language for Health Care decision making. It is common for people to appoint one proxy for health care decisions and another proxy to handle financial matters.

Discussion Points

Issues for you to consider with your Health Care Proxy

♦ Describe your current health status and your quality of life to your health care proxy.

♦ Determine how important independence or self-sufficiency is to you. Discuss your general attitudes about illness, dying, and death.

♦ Would your attitude about illness, dying, and death be affected if your physical or mental abilities were decreased?

♦ Consider your feelings about using the following treatments, how long you might want them tried and under what conditions (for example, mental status, odds of successful outcome):

- ventilator (respirator);
- artificial nutrition (through a tube in the nose or the abdomen);
- kidney dialysis;
- drugs to maintain heart rate and blood pressure;
- attempting resuscitation (for example, chest compressions, artificial respiration, defibrillation).

- Think about the use of life-sustaining measures in the face of terminal illness, of permanent coma, or irreversible chronic illness (for example, Alzheimer's disease).

- Determine what role your personal faith plays in your life and how these beliefs affect your attitude toward a serious or terminal illness and death.

- Discuss how your faith community views the role of prayer or religious sacraments in an illness.

- Think about what may be important to you as you are dying (for example, pain control, having family members present).

- Decide where you would prefer to die.

- Decide if you want to donate any parts of your body after you die (refer to Organ and Tissue Donation section).

- Tell your proxy if you have discussed your wishes about end-of-life care with your physician.

- Do you trust this person to carry out your wishes?

- Tell your proxy if you have talked to your family about your wishes and if they are supportive.

- Tell your proxy who else you want involved in making decisions about your medical care.

Organ and Tissue Donation

Advances in medical technology over the last 30 years have allowed physicians to save lives, restore health and improve the quality of life through organ and tissue donation. However, tens of thousands of individuals nationwide are on waiting lists for transplants. Every year, thousands of people die waiting for a donor to give them the gift of life.

If tragedy strikes, health care professionals will always try to save your life. Should all efforts completely fail, your organs and tissues may be eligible for donation. With no cost to you or your loved ones, you can give the gift of enhanced life or life itself. That is because your heart, kidneys, liver, lungs, corneas, and even your skin and bones can all be transplanted. In addition, donation is done within hours of death, so your family may proceed with funeral arrangements without delay or interruption.

Talk to your family about your decision to become a donor. It is important that those close to you know that you want to be a donor so that they will support your decision when the time comes for donation. It also is important that you talk to your physician about becoming a donor so that he or she can record your wishes in your medical record.

"When the doctors told us Steve had suffered brain death, we asked if we could make an organ donation. We believed then and we believe now that we made the best decision. Steve was a very loving and generous person and the donation was something we knew he wanted."

Commonly Asked Questions

Why should I become an organ or tissue donor?
Many people are on the donor waiting list in Alabama and many will die unless more donors participate. As just one person, you can give up to 50 people the gift of life or enhanced life if you become a donor.

How do I become an organ donor?
Your driver's license can be used to show your wishes for organ donation. In addition, you can include directions in Health Care Durable Powers of Attorney. You can decide to donate any needed organ and tissue, or you can designate which organs and tissues you want to donate.

Most importantly, make sure that you share your decision to be a donor with your family and loved ones. Very often, a driver's license or a Health Care Durable Power of Attorney are not available at the time of death. When you make your wishes known, you relieve your family of the burden of needing to make the decision for you. A signed donor card and a family discussion will ensure that the decision made is the one you want.

Can I donate my body to medical research?
Yes, almost anyone can be considered a potential donor. You should talk to the medical school, research institute or organ procurement organization in your area before designating your donation preferences because those entities may require specific documentation, completed prior to death, to make the donation valid. Occasionally, there are fees associated with body donation for medical education.

When should I decide whether I want to be designated as a potential donor?
The time is now. Let your family know your decision.

Will age, health status or poor eyesight make organ or tissue donation impossible?
Almost anyone can be considered a potential donor. Your age and medical history should not influence your decision to become a donor. Medical professionals carefully evaluate what organs or tissues are medically suitable for transplant.

Is there any cost involved for my family with organ and tissue donation?
No. The donation will be done at no financial cost to your family.

Will my preferences to become a donor affect my medical care or treatment?
No. Physicians and other health care professionals will always try to save your life. Donation becomes possible only after death is declared.

Is organ donation against my religion?
Most religious faiths support organ and tissue donation and many religious leaders nationwide strongly support donation because it brings life and health to another human being. You should talk to your clergy for peace of mind.

What if my family opposes donation?
The best way to ensure your wishes are carried out is to tell your family how strongly you feel about being an organ and tissue donor. It also is very important to change your driver's license and record your wishes in legal documents.

Instructions – Advance Directive For Health Care

Before filling it out

Read the entire document carefully. Be sure you understand the decisions and the authority you are giving to someone else. Think carefully about whom you want to select as your proxy. You may not select your doctor, nurse, an employee of your health care facility or spouse of any of these individuals, unless this individual is also a relative. Consider a close family member or friend – someone who knows you well, who lives geographically close to you, who will be a strong advocate for you and will ensure that your preferences are honored. Talk to that individual about your health care preferences, religious beliefs and quality of life concerns. Ask the individual if he or she will accept this responsibility. Do the same with the individual you select as your alternate.

Statement of desires, special provisions or limitations

You may want to add something to personalize the form. Print or type all inserts to ensure that they are legible. Consider adding some language indicating your beliefs about life support procedures, organ and tissue donations, organ and tissue transplants, autopsies, choice of health care provider or facility or any preference to receive long-term care in your own home or in a nursing home.

After it is completed

Make several copies of the form. Give the original to your physician (if you have a regular attending physician, as opposed to a clinic) and discuss with him or her your choice of proxy, as well as your health care preferences, as indicated on the form. Ask your physician to honor your preferences and respect your choice of proxy, if the situation ever arises. Give copies of the completed form to your proxy and your alternate proxy. Put one copy in a safe place at home and send one copy to the hospital that would treat you. You may want to keep a copy in the glove compartment of your car if you travel. Discuss with close family members your choice of proxy and your health care preferences. Ask them, too, to respect your choice of proxy and your decisions and to honor those decisions, if the situation ever arises.

Additional copies of **A Gift to Your Family** consumer guide are also available free online at Alabama State Bar's Web site: ***www.alabar.org/lifeplan.cfm***

ADVANCE DIRECTIVE FOR HEALTH CARE

(Living Will and Health Care Proxy)

This form may be used in the State of Alabama to make your wishes known about what medical treatment or other care you **would** or **would not** want if you become too sick to speak for yourself. You are not required to have an advance directive. If you do have an advance directive, be sure that your doctor, family, and friends know you have one and know where it is located.

Section 1. Living Will

I, _____, being of sound mind and at least 19 years old, would like to make the following wishes known. I direct that my family, my doctors and health care workers, and all others follow the directions I am writing down. I know that at any time I can change my mind about these directions by tearing up this form and writing a new one. I can also do away with these directions by tearing them up and by telling someone at least 19 years of age of my wishes and asking him or her to write them down.
I understand that these directions will only be used if I am not able to speak for myself.

If I become terminally ill or injured:

Terminally ill or injured is when my doctor and another doctor decide that I have a condition that cannot be cured and that I will likely die in the near future from this condition.

Life sustaining treatment – Life sustaining treatment includes drugs, machines, or medical procedures that would keep me alive but would not cure me. I know that even if I choose not to have life sustaining treatment, I will still get medicines and treatments that ease my pain and keep me comfortable.

Place your initials by either "yes" or "no": I want to have life sustaining treatment if I am terminally ill or injured. ____ Yes ____ No

Artificially provided food and hydration (Food and water through a tube or an IV) – I understand that if I am terminally ill or injured I may need to be given food and water through a tube or an IV to keep me alive if I can no longer chew or swallow on my own or with someone helping me.

Place your initials by either "yes" or "no":

I want to have food and water provided through a tube or an IV if I am terminally ill or injured.
____ Yes ____ No

If I Become Permanently Unconscious:

Permanent unconsciousness is when my doctor and another doctor agree that within a reasonable degree of medical certainty I can no longer think, feel anything, knowingly move, or be aware of being alive. They believe this condition will last indefinitely without hope for improvement and have watched me long enough to make that decision. I understand that at least one of these doctors must be qualified to make such a diagnosis.

Life sustaining treatment – Life sustaining treatment includes drugs, machines, or other medical procedures that would keep me alive but would not cure me. I know that even if I choose not to have life sustaining treatment, I will still get medicines and treatments that ease my pain and keep me comfortable.

Place your initials by either "yes" or "no":
I want to have life-sustaining treatment if I am permanently unconscious. ____ Yes ____ No

Artificially provided food and hydration (Food and water through a tube or an IV) – I understand that if I become permanently unconscious, I may need to be given food and water through a tube or an IV to keep me alive if I can no longer chew or swallow on my own or with someone helping me.

Place your initials by either "yes" or "no":

I want to have food and water provided through a tube or an IV if I am permanently unconscious.
____ Yes ____ No

Other Directions: Please list any other things you want **done** or **not done**.

In addition to the directions I have listed on this form, I also want the following:

_____

_____

_____

_____

If you do not have other directions, place your initials here:

____ No, I do not have any other directions.

Section 2. If I need someone to speak for me.

This form can be used in the State of Alabama to name a person you would like to make medical or other decisions for you if you become too sick to speak for yourself. This person is called a health care proxy. You do not have to name a health care proxy. The directions in this form will be followed even if you do not name a health care proxy.

Place your initials by only one answer:

_____ I **do not** want to name a health care proxy. (If you check this answer, go to Section 3)

_____ I **do** want the person listed below to be my health care proxy. I have talked with this person about my wishes. I want him/her to make health care decisions for me in non-terminal situations in which I am unable to make or communicate decisions for myself, as well as those in which I am terminally ill or permanently unconscious. Even though my Proxy may only make decisions for me when I am not able to do so, I specifically intend for him/her to have immediate access to my protected health information and I designate him/her as my "personal representative" as defined by 45 CFR §164-502 (HIPAA), and authorize him/her to have the same access to my protected health information as I would myself, including but not limited to viewing records, requesting and obtaining copies thereof, and executing releases as may be required. I further authorize and direct covered entities to provide my Proxy/ Health Care Agent/Personal Representative with the same access to my protected health information as I would have myself. I intend this authority to remain in full force and effect until my death unless earlier revoked by me.

First choice for proxy: _____
Relationship to me: _____
Address: _____
City: _____ State _____ Zip _____
Day-time phone number: _____
Night-time phone number: _____

If this person is not able, not willing, or not available to be my health care proxy, this is my next choice:

Second choice for proxy: _____

Relationship to me: _____
Address: _____
City: _____ State _____ Zip _____
Day-time phone number: _____
Night-time phone number: _____

Instructions for Proxy
Place your initials by either "yes" or "no":

I want my health care proxy to make decisions about whether to give me food and water through a tube or an
IV. ____ Yes ____ No

Place your initials by only one of the following:

____ I want my health care proxy to follow only the directions as listed on this form.

_____ I want my health care proxy to follow my directions as listed on this form and to make any decisions about things I have not covered in the form.

_____ I want my health care proxy to make the final decision, even though it could mean doing something different from what I have listed on this form.

Section 3. The things listed on this form are what I want.

I understand the following:

- If my doctor or hospital does not want to follow the directions I have listed, they must see that I get to a doctor or hospital who will follow my directions.

- If I am pregnant, or if I become pregnant, the choices I have made on this form will not be followed until after the birth of the baby.

- If the time comes for me to stop receiving life sustaining treatment or food and water through a tube or an IV, I direct that my doctor talk about the good and bad points of doing this, along with my wishes, with my health care proxy, if I have one, and with the following people:

_____

_____

Section 4. My signature

Your name: _____

The month, day, and year of your birth: _____

Your signature: _____

Date signed: _____

Section 5. Witnesses (need two witnesses to sign)

I am witnessing this form because I believe this person to be of sound mind. I did not sign the person's signature, and I am not the health care proxy. I am not related to the person by blood, adoption, or marriage and not entitled to any part of his or her estate. I am at least 19 years of age and am not directly responsible for paying for his or her medical care.

Name of first witness: _____

Signature: _____

Date: _____

Name of second witness: _____

Signature: _____

Date: _____

Section 6. Signature of Proxy

I, _____, am willing to serve as the health care proxy.

Signature: _____ Date: _____

Signature of Second Choice for Proxy:

I, _____, am willing to serve as the health care proxy if the first

choice cannot serve. Signature: _____

Date: _____

ALABAMA
Emergency Medical Services
Do Not Attempt Resuscitation Order

Patient's Full Name _____

Attending/Treating Physician's Order

I, the undersigned, a physician licensed in Alabama, state that I am the attending physician; or a physician providing treatment to the patient named above. It is my determination that [must check 1 or 2, below]:

o 1. The patient is an adult (eighteen years of age or older) and IS capable of making an informed decision and of granting consent about providing, withholding, or withdrawing specific medical treatment or course of treatment, and the patient has decided that he or she does not wish to be provided resuscitative measures in the prehospital setting. (Signature of patient required on reverse side).

o 2. The patient is an adult (eighteen years of age or older) and is NOT capable of making an informed decision and of granting consent about providing, withholding, or withdrawing specific medical treatment or course of treatment, because the patient is not able to understand the nature, extent, or probable consequences of the proposed medical decision, or to make a rational evaluation of the risks and benefits of alternatives to that decision. I have made this determination after consultation with a second physician licensed in Alabama.

If 2, above, is checked (patient if NOT CAPABLE of making an informed decision), then either A, B, or C, below, must also be checked.

o A. The patient, while still competent, executed a written advance directive which directed that resuscitative measures be withheld or withdrawn under the present circumstances. (Signature of next of kin required on reverse.)

o B. The patient appointed a surrogate or attorney-in-fact with authority to direct that resuscitative measures be withheld or withdrawn under the present circumstances, and the surrogate or attorney-in-fact has so directed. (Signature of surrogate or attorney-in-fact required on reverse).

o C. The patient has not executed a written advance directive, nor has he or she appointed a surrogate or attorney-in-fact, but either a court appointed guardian with authority to make such decisions, or a court of competent jurisdiction has directed that resuscitative measures to be withheld under the present circumstances. (Signature of guardian required on reverse side, or certified copy of court order must be attached hereto.)

Based on the foregoing, I hereby direct any and all emergency medical services personnel, commencing on the date below, to withhold resuscitative measures, i.e., cardiopulmonary resuscitation, cardiac, compression, endotracheal intubation and other advanced airway management, artificial ventilation, cardiac resuscitative medications, and cardiac defibrillation, in the event of the patient's cardiac or respiratory arrest. I further direct such personnel to provide all reasonable comfort care such as intravenous fluids, oxygen, suction, control of bleeding, administration of pain medication (if personnel are properly authorized), and other therapies to provide comfort and alleviate pain, and to provide support to the patient, family members, friends, and others present.

_____ _____
Signature of Attending/Treating Physician Date

_____ _____
Printed Name Telephone Number (Emergencies)

_____ _____
Signature of Second (Consulting) Physician Date

_____ _____
Printed Name Telephone Number (Emergencies)

If the patient should die at home while EMS is present or during transport by EMS Personnel, The EMS Provider shall document such in the narrative portion of the EMS Run Report.

NOTE: The do not attempt resuscitation order on the reverse side is not valid unless paragraph I, II, III, or IV, below, is signed and dated, or unless a certified court order is attached hereto.

I. I, the undersigned patient, understand that I suffer from a terminal condition, which is an illness or injury for which there is no reasonable prospect of cure or recovery, death is imminent, and the application of resuscitative measures would only prolong the dying process. I hereby direct that prehospital resuscitative measures be withheld from me. I have discussed this decision with my physician, and I understand the consequences of this decision.

Signature of Patient _____ Date _____

Printed Name _____

II. I, the undersigned, hereby certify that I am related by blood or marriage to the patient named on the reverse side, and that I have personal knowledge that the patient has executed an advance directive (living will), a copy of which is attached, which requires that prehospital resuscitative measures be withheld from the patient under the present circumstances.

Signature of Relative _____ Date _____

Printed Name _____

III. I, the undersigned, hereby certify that I have been duly appointed as attorney-in-fact or health care surrogate by the patient named on the reverse side, and that my appointment gives me specific authority to make decisions related to withholding or withdrawing of medical care. I hereby direct that prehospital resuscitative measures be withheld from the patient.

Signature of Surrogate or Attorney-In-Fact _____ Date _____

Printed Name _____

IV. I, the undersigned, hereby certify that I have been duly appointed by a court of competent jurisdiction in Alabama as guardian of the patient named on the reverse side, with full power and authority to make decisions related to withholding or withdrawing of medical care. I hereby direct that prehospital resusitative measures be withheld from the patient.

Signature of Guardian _____ Date _____

Printed Name _____