



Before You Sign That Document!

What You Need To Know About Advance Directives for Health Care

What Is an Advance Directive?

An written advance directive is a document the communicates what you want your health care providers to know if you ever become unable to express your wishes directly. With an advance directive, you may:

- decide in advance whether to choose or forego life-sustaining treatment,
- appoint one or more trusted representatives (called a “health care proxy”) to make health care decisions on your behalf,
- donate body parts or your entire body for transplantation or research, and
- give other instructions regarding your health care, such as opting for hospice care or asking for a specific level of pain treatment.

Why Do I Need To Complete an Advance Directive Now?

You need to complete an advance directive while you still have the mental capacity to make decisions. Once a person is unable to make medical decisions and needs an advance directive, it is too late.

If you are ever unable to make or communicate your own decisions about your medical treatment, Oklahoma law presumes you want life-sustaining treatment, including

In the center of this handout is a blank Advance Directive for Health Care form you may choose to complete. The form includes language clarifying the authority of the health care proxy that is not found in the statutory form.

Oklahoma law does NOT automatically recognize the authority of spouses or other family members to make health decisions for you if you are ever not able. It is your responsibility to appoint a person that you trust to know and advocate for your wishes.

a feeding tube, unless you have clearly expressed your wishes to refuse such treatment. By putting your own wishes in writing, you can give your doctors the legal authority to carry out your treatment as you direct.

Even if you have told others that you would not want a feeding tube or other treatment, Oklahoma law does not automatically allow them to direct your care, not even your spouse. An advance directive can be used to empower others to carry out your choices and make health care decisions on your behalf. Without a legal document such as an advance directive, your spouse or other loved ones may not be able to participate in decisions about your care.

A written advance directive is the safest and most effective way to make your wishes known, to legally empower your doctors to follow your directions, and to give the people you select the authority to act on your behalf.

When Will My Advance Directive Go Into Effect?

If you never experience an injury or illness that prevents you from making and communicating your own medical decisions, your advance directive will never go into effect.

What Will Happen If I Choose All Life-Sustaining Treatment?

If you choose to receive all life-sustaining treatment, you will most likely receive all treatment available unless your doctors determine, under certain limited circumstances, that the treatment will not benefit you in any way or would cause you harm.

What Will Happen If I Choose Not To Receive Life-Sustaining Treatment?

If there is no chance of recovery, life-sustaining treatment may be withheld or withdrawn to allow a natural death.

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 instructions regarding tube feeding or other treatment in the event of a terminal illness.

However, even if you choose not to receive life-sustaining treatment, you will still receive pain treatment to keep you as comfortable as possible.

What Happens If I Choose Not To Receive Artificial Nutrition and Hydration?

As long as you are able to eat or drink by mouth, you will still be offered food and water. Also, until you are determined by two doctors to be terminally ill, persistently unconscious, or in an end-stage condition, you will be given artificial nutrition and hydration if you cannot eat or drink by mouth, unless you specify otherwise in your advance directive.

Oklahoma Advance Directive for Health Care

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.

(Initial only if applicable)

- _____ See my more specific instructions in paragraph (4) below.

What is a Health Care Proxy?

If you are ever unable to make health care decisions, your health care proxy is the person who will have the authority to make all health care decisions (both life-sustaining and non-life-sustaining) that you would make if you were able. Oklahoma's advance directive form provides space for you to appoint a primary health care proxy and an alternate health care proxy.

Your health care proxy will be able to access your medical information and talk with your doctors about treatment options. He or she may consent to or refuse tests or treatments, including life-sustaining treatment. Your proxy may also admit you to a health care facility or select your physicians.

How Do I Choose My Health Proxy?

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.

Often a spouse or adult child is appointed. However, you may choose anyone you wish, including other family members or friends. Make sure that the person you choose is willing and able to carry out your wishes.

If your first proxy is your age or older, you may want to name a younger person as the alternate.

Make sure your proxies know your wishes and understand the values that guide your decisions. Talk to everyone who will be concerned about your treatment. This may help to prevent disputes among those who care about you.

Can I Leave These Decisions Up To My Health Care Proxy?

If you wish to leave part or all of your living will blank in order to delegate decisions to your health care proxy, write your intention clearly either in your living will or proxy

When choosing a health care proxy, consider the following criteria:

- Is the person willing to serve as your health care proxy?
- 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?
- Does this person share your preferences about end-of-life care?
- Is this someone you trust?
- Is this person willing to talk with you about sensitive issues?
- Will the person be able to ask doctors questions and advocate on your behalf?
- How will the person handle conflict if there is disagreement about care?

appointment section. (Oklahoma law allows you to complete the living will, the appointment of a health care proxy, or both.) For your convenience, language giving authority to the health care proxy if part or all of the living will is blank is included in the form provided with this handout.

Can My Health Care Proxy Go Against My Wishes?

When making decisions, your health care proxy is required to follow the instructions you gave in your living will unless you specify otherwise. He or she must also honor what is otherwise known about your treatment wishes.

What is an Anatomical Gift?

In your advance directive, you may express your wish to donate your body or body parts for transplantation or research. Organs, skin, bone marrow, and even eyes can be donated to help people suffering from illness or injury.

What Will Happen To My Body If I Am a Donor?

An organ donor can still have an open casket and be buried or cremated. Bodies donated for education or research will be cremated.

How Do I Complete My Advance Directive?

You must be of sound mind and at least 18 years old to complete an advance directive. Your advance directive must be signed by you in front of two witnesses who are at least 18 years old, are not related to you, and will not inherit from you.

Does My Advance Directive Need To Be Notarized?

In Oklahoma, an advance directive does not need to be notarized. It just needs to be signed by you and the two witnesses.

What Should I Do With My Advance Directive After I Sign It?

Once you have completed your advance directive, keep it in a place where it can be easily found. Do not keep your advance directive in a safe deposit box or locked away unless others can access it in an emergency.

Copies are just as good as the original. Consider putting a copy on your refrigerator and another copy in your glove compartment. Emergency responders are trained to look in these places for medical information.

You may also want to carry a card in your wallet indicating that you have an advance directive, where a copy can be located, and the contact information for your physician and health care proxies.

Give copies of your advance directive to your health care proxy and alternate proxy, your physician, and your attorney, if you have one.

If you live in an assisted living facility or nursing home, give a copy to a staff member who can make it a part of your file.

When Should I Review My 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.

What if I Change My Mind?

You can revoke all or part of your advance directive at any time and in any manner that indicates your intention to revoke, including tearing, crossing out, or destroying the form.

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.

Tell your attending physician that you revoked your advance directive and to make your revocation part of your medical record.

Completing a new advance directive automatically revokes your old one. Remember to give copies of your new advance directive to your physician, health care proxies, and attorney.

The best way to make changes to an advance directive is to complete a new form. Do not alter the original document. Making changes to the original document may cause confusion and could even invalidate the document.

Can Doctors Go Against My Wishes?

Oklahoma law requires physicians and other health care providers to promptly inform you if they are not willing or able to comply with your advance directive.

Oklahoma Advance Directive for Health Care

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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.

(Initial only if applicable)

_____ See my more specific instructions in paragraph (4) below.

(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.

(Initial only if applicable)

_____ See my more specific instructions in paragraph (4) below.

(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.

(Initial only if applicable)

_____ See my more specific instructions in paragraph (4) below.

(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:

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 _____, whom I appoint as my health care proxy. If my health care proxy is unable or unwilling to serve, I appoint _____ 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

or

_____ The following body organs or parts:

_____ 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, lifesustaining 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

City of

County, Oklahoma

Date of birth (Optional for identification purposes)

This advance directive was signed in my presence.

Signature of Witness

Signature of Witness

_____, OK
Residence

_____, OK
Residence