

St. Francis Healthcare Campus

What is a Living Will?

With today's advances in medical technology, the process of dying can be prolonged by what are often referred to as "artificial means." A Living Will can be used to let your healthcare team and family members know whether or not you wish to have such interventions used on your behalf. The instructions in a Living Will are followed only if you are permanently unconscious or terminally ill and unable to communicate. A Living Will is a legal document that states your wishes about medical treatment if a doctor determines that you are terminally ill or permanently unconscious. It is important to make sure your doctors know that you have a Living Will and where it is located because it tells your doctors, nurses and family members what you want. It states which medical treatments you wish to use or not use, if you have a condition from which you cannot recover. The Living Will can go into effect only if your doctor knows it exists and he/she decides that you are terminally ill or permanently unconscious.

What types of treatment are affected by a Living Will?

In your Living Will, you can tell your doctor you do not want certain treatments. For example, you may not wish to be hospitalized if you are terminally ill or permanently unconscious. You may decide against any treatments that will not cure you, but only postpone the moment of death by artificially keeping your bodily functions going. Some examples include:

- **Artificial Feeding:** If you are no longer able to swallow food, your doctor may have you tube fed through your nose, your abdomen or intravenously (through the vein).
- **Artificial Breathing:** Ventilators, sometimes called respirators, are machines that breathe for you. Some patients become dependent on ventilators and would die without their support. In your Living Will, you can make it clear whether or not you want to be on a ventilator if your condition is not likely to improve.
- **Cardiopulmonary Resuscitation (CPR):** When the heart stops (cardiac arrest), doctors and nurses use special measures called cardiac resuscitation to try to restart the heart. This may include massaging the heart, giving medicine, or using electric shock. *In accordance with your wishes, a Living Will may direct your doctors to use or not to use any or all of these measures.*

What is a Durable Power of Attorney for Healthcare?

A Durable Power of Attorney for Healthcare is a document in which you name a Healthcare Proxy. A Healthcare Proxy is a person you appoint to make your medical decisions if you are unable to make them for yourself. This person may make decisions that are not clearly stated in your Living Will. The proxy you appoint must be 18 years or older. If you have decided to appoint a proxy, you must fill out the Appointment of a Healthcare Proxy/Healthcare Representative form. In addition to your own signature, your Advance Directives must be signed in the presence of two adult witnesses. However, do not sign anything unless you fully understand what you are signing. Once you have completed your Advance Directives, you should give copies to your attorney, doctor(s) and family members. Copies should also be placed in your medical record/hospital chart.

You can revoke your Advance Directives at any time simply by telling your physicians, nurses, family members or other witnesses. Changes can be made by completing new Advance Directives. All copies of the old directives should immediately be retrieved and destroyed because they are no longer in effect.

If you would like to talk to someone about Advanced Directives, please contact your nurse, Chaplaincy Services representative or Social Worker. Remember that Advance Directives are an important personal matter. However, we do encourage you to discuss these with your family and personal physician before making any decisions.

Should I have a Living Will and a Healthcare Power of Attorney?

You do not have to be seriously ill or even expect to be ill in order to benefit from having these documents. If you sign them when you are still able, you will be protecting your family members from emotional stress in an unexpected crisis. You will be deciding in advance who will make healthcare decisions for you based upon your wishes. These documents will give you control over the extent to which doctors will use various medical means to prolong your life. By doing this, you will relieve others from the responsibility of having to decide what you want because you would have made your wishes known.

Does this mean giving up or stopping care?

No. The only care that will be discontinued is the treatment your Advance Directive indicates you do not wish to receive. In that case, your doctors and nurses will continue to care for you, making every effort to help you be comfortable and pain-free.

Can my healthcare representative make decisions even if I am not terminally ill?

Yes. For example, if you are in a car accident and you become unconscious, your healthcare representative can make decisions on your behalf about your medical care until you are able to do so. Therefore, you should talk with your representative, so that person will know what your wishes are.

How do I make a Living Will and a Healthcare Power of Attorney?

You can make a Living Will and Healthcare Power of Attorney by completing and signing the forms included in this pamphlet. You must have two adults, other than your healthcare representative, witness your signature and sign the forms before they are considered legal.

What do I do with my Living Will and Healthcare Power of Attorney?

Give copies to your doctors, hospital, healthcare representative, family members and important people in your life. It is important for them to know your wishes relative to your own healthcare.

What if I change my mind?

You can change or cancel your Living Will at any time. Make sure you tell your doctors, hospital, healthcare representative, family members and important people in your life that your wishes have changed. Ask them to tear up and destroy all copies of the old Living Will.

What can be done if my wishes are not being carried out?

The issue should be discussed with your doctor(s) first. If it is not resolved at this point, discuss with your nurses, social worker and /or chaplain. If it is still not resolved, present the issue to the hospital Ethics Committee.

Help is Available.

Your Living Will and Healthcare Power of Attorney involve some of life's most important choices and ethical considerations. Do not hesitate to ask for help. Ask your doctor to discuss these questions with you or to refer you to someone who is qualified to help.

Organ/Tissue Donation

The Uniform Anatomical Gift Act, adopted by all 50 states and the District of Columbia, regulates who may donate organs/tissues for transplantation and who may receive an organ/tissue donation.

What should I do if I want to donate my organ/tissues for transplantation?

If you are at least 18 years of age and a Minnesota resident, you may contact the Minnesota Department of Motor Vehicles Branch Office nearest you and have them indicate on your Driver's License that you wish to be an Organ Donor. Your designation will then be printed on your license. Or you may call the Clerk of the District Court in your county.

What organs can be donated?

Organs needed for transplantation are kidneys, lungs, heart, liver and pancreas. Tissues used for transplantation are eyes/corneas, bone, skin and heart valves. If you have specific questions about organ/tissue donations, contact any of the organizations listed below:

State Anatomical Committee
262 Jackson Hall
University of Minnesota
Minneapolis, MN 55435
(612) 625-1111

The National Kidney Foundation
920 South 7th Street
Minneapolis, MN 55415
(612) 337-7300

Minnesota Lions Eye Bank
Box 493 MAYO
420 Delaware Street SE
Minneapolis, MN 55455
1-888-5-DONATE (536-6283)
E-mail: augus006@tc.umn.edu

American Red Cross Tissue Services
North Central Area
100 South Robert Street
St. Paul, MN 55107
1-800-24-SHARE (247-4273)

Department of Anatomy
MSB – 3115
Mayo Clinic
Rochester, MN 55905
(507) 284-2201
E-mail: fisher.dean@mayo.edu

LifeSource
Upper Midwest Organ Procurement
2550 University Avenue West
Suite #315 South
St. Paul, MN 55114
(651) 603-7873
E-mail: ppedersen@life-source.org

Should I talk with my family about donating my organs?

Yes, even if you have signed an Organ Donor Card, your family will be consulted upon your death and prior to the removal of any organs/tissues. The best way to avoid any conflicts is to talk with them beforehand and make sure they understand your wishes. (One way to involve family members in your decision is to show them the designation on your Driver's License or notify them that you have registered with an organization that accepts organ donations).

Do I have to pay anything to donate my organs?

No. The recipient pays the cost of organ donation.

Ethics Statement

Catholic Health Initiatives (CHI) and St. Francis Healthcare Campus will conduct their activities in accordance with the Ethical and Religious Directives for Catholic Health Care Services, developed by the United States Conference of Catholic Bishops and reflecting those principles important to the delivery of health care in the Catholic faith tradition. This faith tradition is rooted in a commitment to contribute to the common good of the community, to promote and defend the human dignity of each member of that community, especially those who are poor and vulnerable.

All activities of CHI and St. Francis Healthcare Campus support the ministry of providing health care to the communities we serve and doing so based upon CHI's Core Values of Reverence, Integrity, Compassion and Excellence. As a living expression of these values:

- CHI and St. Francis Healthcare Campus are committed to the highest standards of business ethics and integrity.
- Everyone associated with CHI and St. Francis Healthcare Campus will conduct his or her activities in compliance with applicable laws.
- Everyone associated with Catholic Health Initiatives and St. Francis Healthcare Campus has a duty to act in a manner consistent with our Core Values and to adhere to the following standards:
 - To exercise good faith and honesty in all dealings and transactions
 - To create a workplace that fosters community, respects the inherent dignity of every person, promotes employee participation and ensures safety and well-being
 - To maintain a high level of knowledge and skill among all who serve in order to provide a high quality of care
 - To provide accurate and truthful information in all transactions
 - To maintain and protect the confidentiality of patient, employee and organizational information
 - To exercise responsible stewardship of both human and financial resources
 - To avoid conflicts of interest and/or the appearance of such conflicts.

Instructions for using this document: This document has a Living Will and an Appointment of Healthcare Proxy /Healthcare Representative (Power of Attorney) forms. Indicate your wishes before signing. Fill them out and sign them in front of two witnesses. You may sign one or both forms. If you want a Living Will **and** a Healthcare Proxy /Healthcare Representative, you will have to sign both documents.

The documents do not have to be notarized. Completing these forms is voluntary.

LIVING WILL DECLARATION

By _____ Age _____
(Name of person signing document)

Social Security Number _____

If I am terminally ill or permanently unconscious, and I am not able to make decisions about my medical treatment, I direct my physician to withhold or withdraw treatment that prolongs the process of my dying and is not necessary to my comfort.

Specifically, if I am terminally ill or permanently unconscious, I do not want (check all appropriate items below):

- Surgery
- Blood Products
- Antibiotics
- Artificially Administered Feeding (feeding tubes)
- Artificially Administered Fluids
- Artificial Breathing Machine (respirator/ventilator)
- Cardiac Resuscitation (CPR)
- Kidney Dialysis

You may add further instructions here: _____

Signed this day _____ of _____ 20 ____ .

Signed: _____
(signature of person this form is for)

Witnesses: (two witnesses must sign for either or both documents)

The declarant has voluntarily signed this writing in my presence.

Signature of Witness: _____

Address (If not hospital employee) _____

Signature of Witness: _____

Address (If not hospital employee) _____

APPOINTMENT OF HEALTHCARE PROXY /HEALTHCARE REPRESENTATIVE

Should I become temporarily incapacitated or permanently unconscious I direct my attending physician, to follow the instructions of:

_____ ,

whom I appoint as my healthcare proxy/healthcare representative.

My healthcare proxy /healthcare representative may make all decisions about:

- | | | |
|-------|-------|--|
| Yes | No | |
| _____ | _____ | Withholding or withdrawing life sustaining treatments that are no longer necessary to my comfort or to alleviate pain pursuant to the Minnesota Rights of the Terminally Ill or Permanently Unconscious Act; |
| _____ | _____ | My personal care; |
| _____ | _____ | My medical care; |
| _____ | _____ | Hospitalization; |
| _____ | _____ | Whether I shall receive medical treatment or procedures, including artificial feeding and fluids, even though I may die as a result of this decision; |
| _____ | _____ | Visitors, if problems arise concerning visits by friends or family. |

Such decisions will be consistent with my wishes, or, if my wishes are not known, will be consistent with my best interests.

Additional Instructions:

This document is intended to be a durable power of attorney for healthcare matters under and a declaration and proxy statement under the Patient Self-Determination Act.

Signed this _____ day of _____ 20 _____ .

Signed: _____

Witnesses: (two witnesses must sign for either or both documents)

The declarant has voluntarily signed this writing in my presence.

Signature of Witness: _____

Address (If not hospital employee) _____

Signature of Witness: _____

Address (If not hospital employee) _____