

Writing Your Health Care Choices Down

How to Complete Your West Virginia Advanced Directive Forms
(Medical Power of Attorney and Living Wills)

Booklet 2

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West Virginia Center for End-of-Life Care

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Getting Started

You should talk with family members and close friends about your need to make future health care decisions. *Booklet 1, Family Conversations: How to Talk with Your Family and Friends About Future Health Care Decisions* can be helpful. Information on how to get a copy is available at the end of this booklet. You already realize that these discussions are needed because people sometimes become unable to make choices for themselves. As long as you can speak for yourself, you are in charge of your health care. But serious illness often causes pain, weakness, coma, and trouble thinking clearly. If unable to speak for yourself, someone else will have to make decisions for you.

Carefully think about whom you want to make decisions for you, and what decisions you want made. You may want to choose someone in your family or a close friend to make these decisions. You want to help them follow your wishes the best they can, and you want to make it as easy as possible. Spoken words may get changed over time. There are special forms available for this purpose that are recommended by the West Virginia Health Care Decision Act. West Virginia is a leader in enacting laws that support your right to have your health care decisions respected.

West Virginia Forms

There are special forms in West Virginia that help you tell others what health care decisions you want made. These forms are called Advanced Directives. There are two types of advanced directives – medical powers of attorney and living wills.

Medical Power of Attorney

The Medical Power of Attorney form is a legal form that allows you to name a person to make health care decisions for you. The person you name only make decisions for you if you are unable to make them for yourself.

Living Will

A Living Will is a legal form that tells your family, friends, doctor and other health care providers how you want to be treated if you are terminally ill or will remain unconscious.

If you are interested in completing BOTH Medical Power of Attorney and a Living Will, the best thing for you to do is to complete a special combined form.

How to Complete the Combined Form

Step 1

Fill in today's date on the top of the form as it appears below.

STATE OF WEST VIRGINIA
COMBINED
MEDICAL POWER OF ATTORNEY AND LIVING WILL

The Person I Want to Make Health Care Decisions
For Me When I Can't Make Them For Myself
And
The Kind of Treatment I Want and Don't Want
If I Have A Terminal Condition or Am In A Persistent Vegetative State

Dated: _____, 20__

Step 2

Fill in your name and address below the date on the form as it appears below.

I, _____ ,
(insert your name)

(insert your address)

hereby appoint as my representative to act on my behalf to give, withhold or withdraw informed consent to health care decisions in the event that I am not able to do so myself.

Step 3

Write the name, address and telephone number of the person you want to make your health care decisions if you are unable to do so. This person is called a representative. (Fill in the information from page 6 in Booklet 1 - Family Conversations.)

The person I choose as my representative is:

(Insert the name, address, area code, and telephone number of the person you wish to designate as your representative)

Step 4

Write the name, address and telephone number of the person you want to make your health care decisions if the first person you designated is unable to do so. This person is called a successor representative. (Fill in the information from page 6 in Booklet 1 - Family Conversations.)

The person I choose as my successor representative is:

If my representative is unable, unwilling or disqualified to serve, then I appoint:

(Insert the name, address, area code, and telephone number of the person you wish to designate as your representative)

Step 5

Be aware of certain key points about advance directives that are described in the next 4 paragraphs on the combined form.

- The person you name can make ANY and ALL health care decisions for you in ALL health care settings.
- The person you name will have access to your medical records and they can even make decisions about autopsy, funeral arrangements and organ donation.
- The person you name and all health care providers MUST follow your wishes. The form is a legal document.

Step 6 - Living Will

Unless you note otherwise, the directives provided in paragraph 1 under the heading Special Directives will be followed. This is the living will part of the form. It tells your family, friends, and health care providers that you DO NOT want treatments that prolong your life if you are dying or permanently unconscious, as determined by your doctor. This part of the form appears below.

I am giving the following SPECIAL DIRECTIVES OR LIMITATIONS ON THIS POWER: (Comments about tube feedings, breathing machines, cardiopulmonary resuscitation and dialysis may be placed here. My failure to provide special directives or limitations does not mean that I want or refuse certain treatments.)

1. If I am very sick and not able to communicate my wishes for myself and I am certified by one physician who has personally examined me, to have a terminal condition or to be in a persistent vegetative state (I am unconscious and am neither aware of my environment not able to interact with others), I direct that life-prolonging medical intervention that would serve solely to prolong the dying process or maintain me in a persistent vegetative state be withheld or withdrawn. I want to be allowed to die naturally and only be given medications or other medical procedures necessary to keep me comfortable. I want to receive as much medication as is necessary to alleviate my pain.

Step 7

Write down other special wishes you may have in the spaces provided on the lines marked with a 2. Fill in the information from pages 6-8 of Booklet 1 “Family Conversations.” Use your comments from Booklet 1 or write down what’s important to you in your health care: when you would want your doctor NOT to use life-sustaining treatments, and any special wishes about treatments like CPR, Breathing Machines, Food and Water Through Tubes, Dialysis, and Surgery. Attach more pages if you need more space. You can even attach Booklet 1 to your advanced directive form.

2. Other directives: _____

Step 8

Sign your name in the presence of two witnesses and a notary public.

- Witnesses must be at least 18 years old and not related by blood or marriage. They cannot be the people who will inherit your property. Witnesses cannot be the person you named as your representative or successor representative or your doctor.
- Businesses such as banks, insurance agents, government offices (post offices and senior centers), hospitals, doctors’ offices, and automobile associations have a notary public or staff or can direct you one.

This part of the form appears on the next page.

THE MEDICAL POWER OF ATTORNEY SHALL BECOME EFFECTIVE ONLY UPON MY INCAPACITY TO GIVE, WITHHOLD OR WITHDRAW INFORMED CONSENT TO MY OWN MEDICAL CARE.

Signature of the Principal

I did not sign the principal's signature above. I am at least eighteen years of age and am not related to the principal by blood or marriage. I am not entitled to any portion of the estate of the principal or to the best of my knowledge under any will of the principal or codicil thereto, or legally responsible for the costs of the principal's medical or other care. I am not the principal's attending physician, not am I the representative or successor representative of the principal.

Witness _____ Date _____

Witness _____ Date _____

STATE OF _____

COUNTY OF _____

I, _____, a Notary Public of the said County, do certify

Witness _____ Date _____

that _____, as principal, and _____ and

_____, as witnesses, whose names are signed to the writing above

bearing date on the ___ day of _____, 20___, have this day acknowledged the same before me.

Given under my hand this _____ day of _____, 20___.

My commission expires: _____

Signature of Notary Public: _____

Step 9

Give a copy of your completed form to the people that you have named as your representative and successor representative. Take a copy to your doctor and explain your wishes to him or her. You may also want to give copies to other family members, your clergy, your lawyer. Keep a copy that is readily available in your home. **DO NOT KEEP THE ONLY COPY IN A SAFE DEPOSIT BOX AT THE BANK WHERE IT IS DIFFICULT TO GET TO.**

Step 10

If you change your mind, be sure to tear up all copies of the old form, complete a new one, and give the new copies to all the appropriate people.

Other Resources

To get copies of *Booklet 1 - Family Conversations: How to Talk with Your Family and Friends about Future Health Care Decisions* or additional copies of *Booklet 2 - Writing Your Health Care Choices Down* contact any of the following:

West Virginia Caregivers
www.wvcaregivers.org

The West Virginia Center for End-of-Life Care
www.wvendoflife.org
1-877-209-8086 (toll-free)

The West Virginia Center for Health Ethics and Law
www.wvethics.org

The West Virginia University Center on Aging
www.hsc.wvu.edu/linkage/index.html
1-888-WV-AGING (toll-free)

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