

### Basic information for patients and families

This handout helps you say how you want to be treated if you get very sick and cannot make decisions. This handout has three parts. It will help you:

#### 1. THINK ABOUT YOUR OWN HEALTH CARE CHOICES.

This handout helps you choose the kind of health care treatment you want if you are dying or cannot get well and cannot make your own decisions.

Your answers in this handout will prevent your doctors and family from having to guess what you want if you are too sick to tell them yourself.

If you complete this part of the document, it can serve as your Living Will or our staff can use your answers on this part of the document to help you complete the formal Texas Directive to Physicians and Family or Surrogates (Living Will) form if you wish. There is no charge for this service. You do not need a lawyer, but you may consult one if you wish.

**2. CHOOSE A PERSON TO SPEAK FOR YOU AND BE YOUR HEALTH CARE AGENT.** A health care agent is a person who can make medical decisions for you if you are too sick to make them yourself.

If you complete this part of the document and choose a health care agent, that person will have authority to make decisions for you only if you are terminally or irreversibly ill and unable to communicate. If you wish to appoint someone to make decisions for you when you are unable to communicate but are not terminally or irreversibly ill, you will need to complete a Texas Medical Power of Attorney form. Our staff can help you

complete a Texas Medical Power of Attorney form if you wish. There is no charge for this service. You do not need a lawyer, but you may consult one if you wish.

#### 3. THINK ABOUT ORGAN DONATION AND/OR

**AUTOPSY.** Anyone over the age of 18 may choose to donate at the time of their death any or all of their major vital organs, such as their heart, kidneys, pancreas, lungs or liver, to help save the lives of others. You may indicate your desire to give the “gift of life” with this form.

An autopsy is a medical procedure performed after death that may benefit your family or other patients with similar problems. For more information about autopsies, you can ask our staff for a copy of Baylor’s handout called “Common Questions and Answers About Autopsies.”

### What do I do with this document or with the Texas Directive to Physicians and Family or Surrogates (Living Will) and Texas Medical Power of Attorney form(s) after I fill one or both out?

Share them with those who care for you: doctors, nurses, social workers, chaplains, family, friends.

### What if I change my mind?

- You must complete this document again if you are using it as your Living Will, or you must complete new Texas Directive to Physicians and Family or Surrogates (Living Will) and Texas Medical Power of Attorney forms.
- Tell those that care for you about your changes and share the new document and forms with them.

## What if I have questions about this document or the Texas Directive to Physicians and Family or Surrogates (Living Will) and Texas Medical Power of Attorney forms?

- Ask your doctors, nurses, social workers or hospital chaplains to answer your questions.
- You may also wish to consult a lawyer if you have legal questions.

## What if I want to make health care choices that are not on this document or the Texas Directive to Physicians and Family or Surrogates (Living Will) and Texas Medical Power of Attorney forms?

- You may handwrite those health care choices in Part 1 on this document or on the forms.
- Share your choices with those who care for you.
- You may also want to consider talking to an attorney about formally changing this document or the forms to include your choices before you sign this document or the forms.

## PART 1 – Think about what is most important to you if you are seriously ill.

*Do this so those who care for you will not have to guess.*

- Think about what makes your life worth living. Put an X next to all the sentences you most agree with.

### MY LIFE IS ONLY WORTH LIVING TO ME IF I CAN:

- talk to family and friends
- wake up from a coma
- feed, bathe, or take care of myself
- be free from pain
- live without being hooked up to machines
- I am not sure

### MY LIFE IS ALWAYS WORTH LIVING TO ME NO MATTER HOW MUCH PAIN OR SICKNESS I HAVE.

### IF I AM DYING, IT IS IMPORTANT FOR ME TO BE:

- at home
- in the hospital
- I am not sure

### MY RELIGION, FAITH OR SPIRITUALITY IS IMPORTANT TO ME.

- yes
- no

### I WANT MY DOCTORS AND NURSES TO KNOW THE FOLLOWING ABOUT MY RELIGION, FAITH OR SPIRITUALITY:

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If you are sick, your doctors and nurses will always try to keep you comfortable and free from pain.

### THINK ABOUT WHAT TREATMENTS YOU WILL ACCEPT IF YOU ARE SO ILL THAT YOUR DOCTORS EXPECT YOU TO DIE.

Sometimes the only way we can stay alive is with life support treatments like a breathing machine, stomach or IV tubes for nutrition, dialysis, blood transfusions, difficult surgery or strong medicine.

- Please read all of the options below, then go back and put an X next to the sentences you most agree with.

### IF I AM SO SICK THAT I MAY DIE SOON:

- Try all life support treatments that my doctors think might help. If the treatments do not work and there is little hope of getting better, **I DO NOT WANT** to stay on life support machines.
- Try all life support treatments that my doctors think might help. If the treatments **DO NOT WORK** and there is little hope of getting better, **I STILL WANT TO STAY** on life support machines.

Try all life support treatments that my doctors think might help, **BUT NOT** these treatments.

*Mark what you DO NOT want.*

- stomach tube for nutrition
- dialysis (kidney failure machine)
- blood transfusion
- breathing machine
- heart machine
- IV drugs to keep my heart working
- other treatments \_\_\_\_\_

I **DO NOT WANT ANY** life support treatments.

I want my **HEALTH CARE AGENT OR MEDICAL POWER OF ATTORNEY** to decide for me.

I am not sure.

I want someone from the hospital to help me complete the official Directive to Physicians and Family or Surrogates (Living Will) form for Texas.

I do not want someone from the hospital to help me complete the official Directive to Physicians and Family or Surrogates (Living Will) form for Texas.

**OTHER HEALTH CARE CHOICES I WISH TO MAKE:**

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## **PART 2 – Choose your health care agent**

This is the person who will make medical decisions for you if you are too sick to make them yourself and your doctor has determined that you are either terminally or irreversibly ill.

**WHOM SHOULD I CHOOSE TO BE MY HEALTH CARE AGENT?** A family member or friend who:

- Is at least 18 years old
- Knows you well
- Can be there for you when you need them
- You trust to do what is best for you

- Can tell your doctors about the decisions you made on this form

Your agent cannot be your doctor or someone who works at your hospital, clinic or residential care/assisted living facility, unless they are a family member.

**WHEN CAN MY HEALTH CARE AGENT MAKE DECISIONS FOR ME?** Your health care agent can make decisions for you only when you are no longer able to make your own decisions and your doctor has determined that you are terminally or irreversibly ill.

**WHAT WILL HAPPEN IF I DO NOT CHOOSE A HEALTH CARE AGENT?** If you are too sick to make your own decisions, Texas law provides a list of family members to make decisions for you. If you do not chose an agent and there are no family members to make decisions for you, your physician and a second physician who is a member of the hospital ethics committee can make decisions for you.

**WHAT KIND OF DECISIONS CAN MY HEALTH CARE AGENT MAKE?**

- Which doctors or medical facilities you are treated at or transferred to
- Help choose the overall goal of treatment including:
  - Whether to try to maintain life at all costs, or
  - Allow a gentle and peaceful death
- Help choose treatments that may be offered by your doctors such as:
  - Breathing machines that pump air in and out of your lungs
  - Dialysis machines that clean your blood when the kidneys stop working
  - Heart machines that support or replace your heart when it no longer works
  - Stomach tubes for artificial nutrition
  - Blood transfusions
  - Surgery
- Help choose whether you die at home, at a nursing home, in a hospice or in a hospital

## Your Health Care Agent

*I want this person to make my medical decisions if I am unable to make my wishes known and I am terminally or irreversibly ill.*

FIRST NAME	LAST NAME	HOME PHONE	WORK PHONE	
STREET ADDRESS		CITY	STATE	ZIP CODE

*If the first person cannot do it, then I want this person to make my medical decisions if I am unable to make my wishes known and I am terminally or irreversibly ill.*

FIRST NAME	LAST NAME	HOME PHONE	WORK PHONE	
STREET ADDRESS		CITY	STATE	ZIP CODE

*If you wish to pick a specific person to make decisions for you when you are unable to make decisions for yourself because of illness, but you are not terminally or irreversibly ill, you will need to complete a Texas Medical Power of Attorney form.*

- Put an X next to the sentence you agree with.
- I want someone from the hospital to help me complete an official Medical Power of Attorney form for Texas.
- I do not want someone from the hospital to help me complete an official Medical Power of Attorney form for Texas. I understand that if I do not designate someone to make decisions for me and I am later unable to make my own decisions, Texas law provides a list of persons to serve as my decision-maker.

### Part 3 – Consider the gift of life.

*Your doctors may ask your family about organ donation and autopsy after you die. PLEASE TELL US YOUR WISHES.*

**DONATING (GIVING) YOUR ORGANS CAN HELP SAVE LIVES.**

- Put an X next to the sentences you most agree with.

I **WANT** to donate my organs to help save someone else's life.

Which organs do you want to donate?

all organs

only \_\_\_\_\_

I **DO NOT** want to donate my organs.

I want the person who is designated to make this decision under Texas law to decide after I die.

I am not sure.

*An autopsy can be done after death to find out why someone died. It is done by surgery. It can take a few days but does not normally interfere with funeral plans.*

I **WANT** an autopsy if my doctor thinks it will help others.

I **WANT** an autopsy only if there are questions about my death.

I **DO NOT** want an autopsy.

I want the person who is designated to make this decision under Texas law to decide after I die.

I am not sure.

By signing below, I intend for this document to serve as my Living Will. If I have designated person(s) in this document to be my health care agent(s) and those person(s) are not available, or if I have not designated a health care agent(s), I understand that a decision-maker will be chosen for me under Texas law. If, in the judgment of my physician, my death is imminent within minutes to hours, even with the use of all available medical treatment provided within the prevailing standard of care, I acknowledge that all treatments may be withheld or removed except those needed to maintain my comfort. I understand that under Texas law this directive has no effect if I have been diagnosed as pregnant. This directive will remain in effect until I revoke it. No other person may do so.

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SIGNED

DATE

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CITY, COUNTY, STATE OF RESIDENCE

Two competent adult witnesses must sign below, acknowledging the signature of the declarant. The witness designated as Witness 1 may not be a person designated to make a treatment decision for the patient and may not be related to the patient by blood or marriage. This witness may not be entitled to any part of the estate and may not have a claim against the estate of the patient. This witness may not be the attending physician or an employee of the attending physician. If this witness is an employee of a health care facility in which the patient is being cared for, this witness may not be involved in providing direct patient care to the patient. This witness may not be an officer, director, partner or business office employee of a health care facility in which the patient is being cared for or of any parent organization of the health care facility.

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WITNESS 1

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WITNESS 2