

WASHINGTON Advance Directive Planning for Important Healthcare Decisions

Caring Connections, 1700 Diagonal Road, Suite 625, Alexandria, VA 22314
www.caringinfo.org, 800/658-8898

Caring Connections, a program of the National Hospice and Palliative Care Organization (NHPCO), is a national consumer engagement initiative to improve care at the end of life, supported by a grant from The Robert Wood Johnson Foundation.

The goal of Caring Connections is for consumers to hear a unified message promoting awareness and action for improved end-of-life care. Through these efforts, NHPCO seeks to support those working across the country to improve end-of-life care and conditions for all Americans.

Caring Connections tracks and monitors all state and federal legislation and significant court cases related to end-of-life care to ensure that our advance directives are always up to date.

CARING CONNECTIONS

HelpLine

You can call our toll-free HelpLine, 800/658-8898, if you have any difficulty understanding your state-specific advance directive, or if you are dealing with a difficult end-of-life situation and need immediate information. We can help provide resources and information on questions like these:

- How do I communicate my end-of-life wishes to my family?
- What type of end-of-life care is available to me?
- What questions should I ask my mother's doctors about her end-of-life care?

It's About How You LIVE

It's About How You LIVE is a national community engagement campaign encouraging individuals to make informed decisions about end-of-life care and services. The campaign encourages people to:

- Learn about options for end-of-life services and care
- Implement plans to ensure wishes are honored
- Voice decisions to family, friends and health care providers
- Engage in personal or community efforts to improve end-of-life care

Please call the HelpLine at 800/658-8898 to learn more about the LIVE campaign, obtain free resources, or to join the effort to improve community, state and national end-of-life care.

HOW TO USE THESE MATERIALS

1. Check to be sure that you have the materials for your state. You should complete a form for the state in which you expect to receive health care.

2. These materials include:

- Instructions for preparing your advance directive.
- Your state-specific advance directive forms, which are the pages with the gray instruction bar on the left side.

3. Read the instructions in their entirety. They give you specific information about the requirements in your state.

4. You may want to photocopy these forms before you start so you will have a clean copy if you need to start over.

5. When you begin to complete the form, refer to the gray instruction bars - they indicate where you need to mark, insert your personal instructions, or sign the form.

6. Talk with your family, friends, and physicians about your decision to complete an advance directive. Be sure the person you appoint to make decision on your behalf understands your wishes.

If you have questions or need guidance in preparing your advance directive or about what you should do with it after you have completed it, you may call our toll free number 800/ 658-8898 and a staff member will be glad to assist you.

For more information contact:

**The National Hospice and Palliative Care Organization
1700 Diagonal Road, Suite 625
Alexandria, VA 22314**

**Call our HelpLine: 800/658-8898
Visit our Web site: www.caringinfo.org**

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INTRODUCTION TO YOUR WASHINGTON ADVANCE DIRECTIVE

This packet contains two legal documents that protect your right to refuse medical treatment you do not want, or to request treatment you do want, in the event you lose the ability to make decisions yourself:

1. The Washington Durable Power of Attorney for Health Care lets you name someone to make decisions about your medical care—including decisions about life support—if you can no longer speak for yourself. The Durable Power of Attorney for Health Care is especially useful because it appoints someone to speak for you any time you are unable to make your own medical decisions, not only at the end of life.

2. The Washington Health Care Directive lets you state your wishes about medical care in the event your attending physician determines that you have developed a terminal condition and can no longer make your own medical decisions. The Health Care Directive also applies to conditions of permanent unconsciousness, like irreversible coma and persistent vegetative state, although another doctor must then agree with your attending physician's opinion.

Caring Connections recommends that you complete both of these documents to best ensure that you receive the medical care you want when you can no longer speak for yourself.

Note: These documents will be legally binding only if the person completing them is a competent adult (at least 18 years old).

COMPLETING YOUR WASHINGTON DURABLE POWER OF ATTORNEY FOR HEALTH CARE

Whom should I appoint as my Attorney-in-fact?

Your attorney-in-fact is the person you appoint to make decisions about your medical care if you become unable to make those decisions yourself. Your attorney-in-fact may be a family member or a close friend whom you trust to make serious decisions. The person you name as your attorney-in-fact should clearly understand your wishes and be willing to accept the responsibility of making medical decisions for you.

The person you appoint as your attorney-in-fact **cannot** be:

- your doctor,
- an employee of your doctor, or
- an administrator, owner or employee of a health care facility in which you are a patient at the time you sign your Durable Power of Attorney for Health Care.

However, if any of the individuals listed above is also your spouse, adult child, brother or sister, you may appoint that individual to be your attorney-in-fact.

You can appoint an additional individual as your successor attorney-in-fact. The successor will step in if your first choice for attorney-in-fact is unable, unwilling or unavailable to act for you.

How do I make my Washington Durable Power of Attorney for Health Care legal?

Although the law does not explicitly require your Durable Power of Attorney for Health Care to be witnessed, we recommend that two

adults sign the statement on the document indicating that you were of sound mind and under no duress when you signed the document.

Should I add personal instructions to my Washington Durable Power of Attorney for Health Care?

Caring Connections advises you not to add instructions to this document. One of the strongest reasons for naming an attorney-in-fact is to have someone who can respond flexibly as your medical situation changes and deal with situations that you did not foresee. If you add instructions to this document, you might unintentionally restrict your attorney-in-fact's power to act in your best interest.

Instead, we urge you to talk with your attorney-in-fact about your future medical care and describe what you consider to be an acceptable "quality of life." If you want to record your wishes about specific treatments or conditions, you should attach an additional sheet of personal instructions to your Washington Health Care Directive (living will).

What if I change my mind?

If you wish to revoke your Washington Durable Power of Attorney for Health Care, you should notify your attorney-in-fact or your health care provider in writing of your intent to revoke. If you are unable to write, you can have someone else write a statement for you explaining that you are unable to write, but want your Durable Power of Attorney for Health Care revoked.

COMPLETING YOUR WASHINGTON HEALTH CARE DIRECTIVE

How do I make my Washington Health Care Directive legal?

In order to make your Health Care Directive legally binding, you must sign the document in the presence of two adult witnesses. The two witnesses **cannot** be:

- related to you by blood or marriage,
- entitled to any portion of your estate through the operation of law or through any will or codicil,
- a person who has a claim against your estate, or
- your attending physician, an employee of your attending physician or an employee of a health facility in which you are a patient.

Can I add personal instructions to my Health Care Directive?

Yes. You can add personal instructions under section (h). *This is important because it is unclear when you would be considered “terminal” under Washington law.* Caring Connections recommends that you add the statement, “I do not want life support if it is likely that my death would occur without its use and there is no reasonable expectation that I will regain the ability to make decisions and express my wishes.” You may also want to refuse specific treatments by a statement such as, “I especially do not want cardiopulmonary resuscitation, a respirator or antibiotics,” or emphasize pain control by adding instructions

such as, “I want to receive as much pain medication as necessary to ensure my comfort, even if it may hasten my death.”

If you have appointed an attorney-in-fact, it is a good idea to write a statement such as, “Any questions about how to interpret or when to apply my Health Care Directive are to be decided by my attorney-in-fact.”

It is important to learn about the kinds of life-sustaining treatment you might receive. Consult your doctor or order the Caring Connections booklet “ Advance Directives and End-of-Life Decisions.”

What if I change my mind?

You may revoke your Health Care Directive at any time by:

- canceling, defacing, obliterating, burning, tearing or otherwise physically destroying your Directive or having another destroy it for you in your presence,
- executing a written and dated revocation, or
- orally expressing your intent to revoke your Directive.

What other important facts should I know?

A pregnant patient’s Health Care Directive will not be honored due to restrictions in state law.

AFTER YOU HAVE COMPLETED YOUR DOCUMENTS

1. Your Washington Health Care Directive and Washington Durable Power of Attorney for Health Care are important legal documents. Keep the original signed documents in a secure but accessible place. Do not put the original documents in a safe deposit box or any other security box that would keep others from having access to them.

2. Give photocopies of the signed originals to your attorney-in-fact and successor attorney-in-fact, doctor(s), family, close friends, clergy and anyone else who might become involved in your health care. If you enter a nursing home or hospital, have photocopies of your documents placed in your medical records.

3. Be sure to talk to your attorney-in-fact and successor, doctor(s), clergy, and family and friends about your wishes concerning medical treatment. Discuss your wishes with them often, particularly if your medical condition changes.

4. If you want to make changes to your documents after they have been signed and witnessed, you should complete new documents.

5. Remember, you can always revoke one or both of your Washington documents. If you revoke your documents, make sure you notify your representative, successor representatives, your family and your doctors.

6. Be aware that your Washington documents will not be effective in the event of a medical emergency. Ambulance personnel are required to provide cardiopulmonary resuscitation (CPR) unless they are given a separate order that states otherwise. These orders, commonly called “non-hospital do-not-resuscitate orders,” are designed for people whose poor health gives them little chance of benefiting from CPR. These orders must be signed by your physician and instruct ambulance personnel not to attempt CPR if your heart or breathing should stop. Currently not all states have laws authorizing non-hospital do-not-resuscitate orders. Caring Connections does not distribute these forms. We suggest you speak to your physician.

If you would like more information about this topic contact Caring Connections or consult the Caring Connections booklet “Cardiopulmonary Resuscitation, Do-Not-Resuscitate Orders and End-Of-Life Decisions.”

WASHINGTON HEALTH CARE DIRECTIVE – PAGE 1 OF 2

INSTRUCTIONS

PRINT THE DATE

PRINT YOUR
NAME

Directive made this _____ day of _____, _____.
(date) (month) (year)

I, _____,
(name)

having the capacity to make health care decisions, willfully, and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, and do here by declare that:

(a) If at any time I should be diagnosed in writing to be in a terminal condition by the attending physician, or in a permanent unconscious condition by two physicians, and where the application of life-sustaining treatment would serve only to artificially prolong the process of my dying, I direct that such treatment be withheld or withdrawn, and that I be permitted to die naturally. I understand by using this form that a terminal condition means an incurable and irreversible condition caused by injury, disease, or illness, that would within reasonable medical judgment cause death within a reasonable period of time in accordance with accepted medical standards, and where the application of life-sustaining treatment would serve only to prolong the process of dying. I further understand in using this form that a permanent unconscious condition means an incurable and irreversible condition in which I am medically assessed within reasonable medical judgment as having no reasonable probability of recovery from an irreversible coma or a persistent vegetative state.

(b) In the absence of my ability to give directions regarding the use of such life-sustaining treatment, it is my intention that this directive shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and I accept the consequences of such refusal. If another person is appointed to make these decisions for me, whether through a durable power of attorney or otherwise, I request that the person be guided by this directive and any other clear expressions of my desires.

(c) If I am diagnosed to be in a terminal condition or in a permanent unconscious condition (check one):

- I DO want to have artificially provided nutrition and hydration.
 I DO NOT want to have artificially provided nutrition and hydration.

(d) If I have been diagnosed as pregnant and that diagnosis is known to my physician, this directive shall have no force or effect during the course of my pregnancy.

INDICATE YOUR
WISHES ABOUT
ARTIFICIAL
FEEDING

WASHINGTON HEALTH CARE DIRECTIVE – PAGE 2 OF 2

(e) I understand the full import of this directive and I am emotionally and mentally capable to make the health care decisions contained in this directive.

(f) I understand that before I sign this directive, I can add to or delete from or otherwise change the wording of this directive and that I may add to or delete from this directive at any time and that any changes shall be consistent with Washington state law or federal constitutional law to be legally valid.

(g) It is my wish that every part of this directive be fully implemented. If for any reason any part is held invalid it is my wish that the remainder of my directive be implemented.

(h) I make the following additional instructions regarding my care:

ADD PERSONAL
INSTRUCTIONS
(IF ANY)

SIGN YOUR NAME
AND PRINT YOUR
ADDRESS

Signed: _____

City, County, and State of Residence: _____

WITNESSING
PROCEDURE

The declarer has been personally known to me and I believe him or her to be capable of making health care decisions.

TWO WITNESSES
SIGN HERE

Witness: _____

Witness: _____