

A photograph of a laptop keyboard, a yellow sticky note, and a pen on a wooden desk. The sticky note is placed on the laptop's palm rest and has the text "Your Wishes Matter" written on it in a cursive font. A blue banner is overlaid on the top left of the image, containing the text "Your Guide to Advance Directives".

Your Guide to Advance Directives

Your
Wishes
Matter



[BayCare.org/AdvanceDirectives](https://www.baycare.org/AdvanceDirectives)

Sam and Mary were headed home after enjoying dinner at their favorite restaurant. They stopped at a red light and suddenly everything changed. The vehicle behind them didn't stop, crashing into them at a very high speed. Emergency responders were on the scene quickly, and Sam and Mary were rushed to the emergency department, stabilized and transferred to the Intensive Care Unit. Sam had chest injuries and needed a ventilator to help him breathe. Mary had a head injury with swelling in her brain, and was in a coma. Both were critically injured and couldn't communicate. The medical team met with the distressed family, described Sam and Mary's conditions, offered treatment options, and then asked the family to make decisions. One by one, each family member responded, "I don't know what to do. They never talked about things like this." One of the doctors asked, "Did either of them appoint a health care surrogate to make these decisions?" The overwhelmed family members shook their heads. None of them knew what Sam and Mary would have chosen at this moment, when the most important medical decisions of their lives had to be made.

Health Care Planning Is Important

Health care planning lets you choose the kind of health care you want if you're unable to make your own decisions due to injury or illness. An advance directive is a legal form in which you name a person to make medical decisions for you. You can also make your health care choices in advance about what treatments you would or wouldn't want at the end of life. Patients who talk to their family members or doctors about their wishes:

- Have less fear about this topic
- Express a greater understanding and comfort level after discussion and planning
- Have less stress, confusion and guilt, and more peace of mind about their decisions
- Feel they have more ability to influence and direct their medical care

This booklet will help you learn more about advance directives. Most importantly, we'll give you the tools you need to make informed and well-planned decisions about your health care wishes.

About Advance Directives

What Is an Advance Directive?

Advance directives are forms that detail your choices for health care and treatment, should you become unable to talk to your doctors or make your own health care decisions, due to being sick or hurt. The best time to prepare an advance directive is while you're able to consider your wishes carefully and can discuss them with your doctor and the people close to you. While no one is required to prepare an advance directive, all care providers are required by Florida law to make patients and families aware of them. In Florida, the two main types of advance directives are designation of health care surrogate and a living will.

Designation of health care surrogate:

- Lets you choose someone to make medical decisions, based on your wishes, if you're not able to make your own decisions or if you choose not to make them for yourself and put that choice in writing
- Lets you include specific wishes if you have certain medical conditions
- Allows you to choose someone who'll honor your wishes. You select **one** person and designate an additional person as a backup.

Living will:

- Lets you choose the kind of health care you do and don't want if you have a condition that will soon result in death, an end-stage condition or if you're in a persistent vegetative state
- Goes into effect *only* if you're no longer able to make decisions or communicate your wishes, and are at or near end-of-life or are in a persistent vegetative state



When Should I Complete an Advance Directive?

The best time to complete an advance directive is *before* you have a serious illness or injury that prevents you from speaking for yourself. To complete an advance directive, you should be at least age 18 or older. The right time for you to make an advance directive is when you can take the time to:

- Talk with your doctor about any health care problems and future concerns
- Think about your values and health care goals
- Consider your life, your family, cultural traditions and spiritual beliefs
- Think about experiences you or your loved ones have had with serious illness or injury

Commonly Asked Questions

Q. Do I need to have my designated health care surrogate form and living will notarized or witnessed by a lawyer?

A. If you're a Florida resident, it's not necessary to notarize your designated health care surrogate form or living will, or have a lawyer involved to complete the forms. It's required that the forms' signatures be witnessed by two competent adults other than your designated surrogate; one witness must not be your spouse or a blood relative. It's best to have someone witness the signatures who isn't an heir, a family member or your health care provider(s).

Q. Is there a cost to create a designated health care surrogate form or living will?

A. There's no cost to have or complete a designated health care surrogate form or living will. Included in this booklet is a copy of a designated health care surrogate form and living will. You can complete these forms without an attorney as long as your signature is witnessed as mentioned above.

With Whom Should I Discuss Advance Directives?

Deciding who to involve is up to you. You may find it helpful to talk with people who know you well, such as your doctor, family members or close friends, and your religious or spiritual advisor. If you have additional questions, you can find more information online at [BayCare.org/AdvancDirectives](https://www.baycare.org/AdvancDirectives).

By Florida law, if you haven't chosen a designated health care surrogate, a person will be appointed in the following order:

- Court-appointed guardian
- Spouse
- Majority of adult children (who are readily available)
- A parent
- Majority of adult siblings (who are readily available)
- A close adult relative
- A close friend who knows you well
- A licensed clinical social worker



Completing A Designated Health Care Surrogate Form And Living Will

- Read the forms carefully and think about your wishes.
- If you don't understand the forms, find someone to help you so that you're sure about your choices.
- Talk with your family, friends, clergy and doctor about your wishes and values.
- Complete the designation of the health care surrogate form and the living will according to your wishes.
- Have two witnesses sign the forms. Follow the instructions on the forms about who can sign as witnesses.
- Florida doesn't require that a lawyer prepare your living will or designated health care surrogate form, and a notary isn't required. However, if there's something you don't understand or if you have questions, see page 6 for a list of contact information.



Q. What if I change my mind or need to make changes?

A. You can change your forms at any time. Just complete a new form and destroy the old one. Be sure to replace all the old versions and make sure that your loved ones, health care surrogate, clergy and doctor(s) have a copy of the new version. Health care providers will always honor the most recent dated forms.

Q. How will having a designated health care surrogate form or living will affect my medical treatment?

A. These forms make it easier for your health care team to give you the type of care you want. Knowing your choices in advance also gives peace of mind to your loved ones.

Q. Is an advance directive the same thing as a 'do not resuscitate' (DNR) order?

A. No. A DNR is a medical form written by a doctor. It tells health care providers not to perform cardiopulmonary resuscitation (CPR) if a person stops breathing or their heart stops beating. A DNR order should be put into place before you have a medical emergency.

Q. I'd like to know what my religion says about these important health care issues. Who should I talk to for clarification?

A. For many individuals, it's important to follow the teachings of their faith tradition when making end-of-life decisions. It's best to consult with a trusted clergy person or spiritual leader for a clear understanding of what beliefs a particular group might hold. Some groups (e.g. Roman Catholic) have forms that incorporate the teachings of that faith with regard to end-of-life care. Check with your faith community about this option.

**DESIGNATION OF HEALTH CARE SURROGATE**

I, (NAME) _____, want to choose how I will be treated by my health care team.

INSTRUCTIONS FOR MY HEALTH CARE SURROGATE:

If I am unable to communicate or make my medical decisions, my health care surrogate (HCS) will:

- Talk to my health care team and have access to my medical information
- Authorize my treatment or have treatment stopped based on my choices and values
- Authorize transportation to another facility if needed
- Make decisions about organ/tissue donation based on my choices
- Apply for public benefits, such as Medicare/Medicaid, on my behalf
- Ensure my comfort and management of my pain
- Involve palliative care as a way to ensure my comfort
- Honor my written or oral wishes for end-of-life as designated in my living will

My health care surrogate's authority only begins when my doctor decides that I am unable to make my own health care decisions, UNLESS I initial either or both of the following boxes:

☐ My health care surrogate can receive my health information immediately.

☐ My health care surrogate can make health care decisions immediately.

If I am able to make decisions and disagree with any choices made by my health care surrogate, MY choices will be honored.

I designate as my health care surrogate:

Name: _____

Address: _____

Phone: _____

If my health care surrogate is not willing, able or reasonably available to perform his or her duties, I designate as my alternate health care surrogate:

Alternate surrogate:

Name: _____

Address: _____

Phone: _____

(signatures on next page)

Other instructions: _____





LIVING WILL

I understand that this living will becomes effective only when I am no longer able to communicate or I am not able to make my health care decisions **AND** when two physicians have determined that I have one of the following:

- A terminal or end-stage condition, and there is little or no chance of recovery
- A condition of permanent and irreversible unconsciousness, such as coma or vegetative state
- An irreversible and severe mental or physical illness that prevents me from communicating with others, recognizing my family and friends, or caring for myself in any way

[] INITIAL HERE IF YOU CHOOSE NOT TO COMPLETE THE LIVING WILL PORTION OF THIS FORM AT THIS TIME.

MY SPECIFIC CHOICES IF I HAVE ONE OF THE ABOVE CONDITIONS	PLEASE CIRCLE YOUR CHOICE	
Cardiopulmonary resuscitation (CPR) if my heart or breathing stops	Yes, I Want	No, I Do Not Want
A breathing machine if I am unable to breathe on my own	Yes, I Want	No, I Do Not Want
Nutrition and fluids through tubes in my veins, nose or stomach	Yes, I Want	No, I Do Not Want
Kidney dialysis, a pacemaker or defibrillator, or other such machines	Yes, I Want	No, I Do Not Want
Surgery or admission to a hospital Intensive Care Unit	Yes, I Want	No, I Do Not Want
Medications that can prolong my dying, such as antibiotics	Yes, I Want	No, I Do Not Want
Palliative care provided to relieve pain, symptoms and stresses	Yes, I Want	No, I Do Not Want
Hospice involved in my care at the earliest opportunity	Yes, I Want	No, I Do Not Want

Optional Information (such as quality of life, cultural, spiritual, religious or personal beliefs):

Make It Legal: *(Your health care surrogate(s) cannot serve as a witness to this document. At least one witness must be someone other than your spouse or a blood relative.)*

I fully understand the meaning of this form; I am emotionally and mentally competent to make decisions listed in this form and have given these decisions careful thought.

Your signature
Print name
Date

WITNESSED BY:

First witness signature	Print name	Date
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First witness address	City	State	Zip
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Second witness signature	Print name	Date
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Second witness address	City	State	Zip
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ADVANCE DIRECTIVE

Making Your Own Health Care Choices

Quality of life can be different for each person. When facing a life-threatening injury or illness, being comfortable is the most important thing for some people. They want to focus on the quality of their life instead of ways to make it longer, and don't want to be kept alive by machines. Other people may want to be kept alive as long as possible, even if it means needing machines to help them live longer. It's important to know that it's okay if your thoughts change over time, as your health changes.

Think about what may be important to you in the event of a life-threatening injury or illness. These conditions are examples of things that can be hard on quality of life for those who are very sick or seriously injured:

- Being in a coma and not able to wake up or talk to family and friends
- Not being able to live without being hooked up to machines
- Not being able to think clearly or make my own decisions
- Not being able to control my bladder or bowels
- Not being able to feed, bathe or take care of myself
- Being in severe pain almost all the time and needing medications that make me think less clearly, and there being little chance that this will improve
- Having other severe symptoms almost all the time; for example, nausea or difficulty breathing, and there being little chance that this will improve
- Needing to live in a nursing home or assisted care facility
- Being a financial burden on my loved ones
- I would do a trial for new treatments but don't want to stay on treatments if they're not working.
- I'm willing to live through all these things for a chance of living longer.

As you think about these choices, remember to share them with the person(s) you select to be your health care surrogate. The more your health care surrogate knows about your wishes, the easier it will be for them to honor your wishes.

We understand that filling out a designated health care surrogate form and living will can be confusing and complicated. For more information, contact us at (844) 344-1981. There is additional information available online at BayCare.org/AdvanceDirectives.

National organizations you can get more information from include:

- Agency for Health Care Administration: FloridaHealthFinder.gov
- National Health Care Decisions Day: NHDD.org
- The American Bar Association: AmericanBar.org

I've Completed My Forms. What's Next?

- Your health care surrogate and health care team should have copies of your forms, in case of an emergency.
- Place your original signed forms in a reachable place, not in a safety deposit box or unavailable location. Some people keep copies in their glove compartment or in a plastic bag with their medications.
- Give copies to others, including your health care surrogate, family members, friends, lawyer, clergy and your doctor(s).
- Take a copy of these documents with you when you have any planned procedures and upon admittance to a hospital or outpatient facility. When you undergo treatment, be sure to mention that you have a designated health care surrogate form and living will in place.





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