



**The following contains information on
"Advance Directives: Your Right to Make Health Care
Decisions Under the Law in Kentucky" and will
answer your questions and includes the legal form
and instructions for completing the form.**

The Kentucky Living Will Directive Act of 1994 ensures that citizens have the right to make decisions regarding their own medical care, including the right to accept or refuse treatment. This right to decide to say yes or no to medical treatment applies to treatments that extend life, like a breathing machine or a feeding tube. When you complete an advance directive you ensure that your wishes about accepting or refusing certain medical treatment or life-prolonging measures will be communicated even when you are unconscious or too ill to communicate. Remember, as long as you are able to express your own decisions, neither your living will nor your health care surrogate designee will be used.

A Living Will and Health Care Surrogate Designation form allows you to leave instructions in four critical areas. You can:

- ♦Designate a Health Care Surrogate
- ♦Refuse or request life prolonging treatment
- ♦Refuse or request artificial feeding or hydration
- ♦Express your wishes regarding organ donation

After you have made your decisions, the most important step, is to talk about your wishes with, and make copies of the document for, your family, friends; clergy and physicians. You should discuss this with everyone close to you, not just the person you appoint as your surrogate. The enclosed, "Talking with Others about Advance Directives" can help you with those discussions.

Be aware that, by law, hospitals and health care institutions are required to ask patient when they are admitted if they have an advance directive. You will be asked this question every time you are admitted to the hospital. You will need to give a copy of your advance directive to the hospital each admission; because advance directives are not kept in you permanent medical record.

Also included is a "Kentucky Emergency Medical Services Do Not Resuscitate (DNR) Order" form. This form should only be completed when the person named is terminally ill or death is imminent and the person does not want heroic measures taken to be kept alive. Please read it carefully. This form is honored by emergency medical personnel who will not attempt to revive or resuscitate the patient but will provide other necessary medical attention. Without the DNR form, emergency medical personnel are required by law to do everything they can to keep a person alive. This is the case even if an advance directive stating wishes to the contrary is produced.

Thinking and making decisions about advance directives is often a very difficult task. We commend you for taking the first step to learn about Kentucky's document. If we can be off additional assistance, such as notarizing your form once you have made your decisions, please call us at (859) 781-4900.

Sincerely,
Head and Neck Surgery Associates, PSC

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ADVANCE DIRECTIVES

Your Right to Make Health Care Decisions Under the Law in Kentucky

- Questions & Answers
- Living Will Directive & Health Care Surrogate Designation Form

"To everything there is a season, a time to every purpose under heaven: A time to be born, a time to die..."

- Ecclesiastes 3:1-2

TALKING WITH OTHERS ABOUT ADVANCE DIRECTIVES

Talking about the possibility of losing your health is never easy. Because it can be so uncomfortable, some people make broad statements like:

- If I get too sick to take care of myself, then just take me behind the barn and shoot me.
- I don't want to live like a vegetable.
- No heroics, please.

Statements like these do not really help your family or doctor know your feelings about specific treatments and procedures if you were in a terminal condition. For example would you want CPR, tube feedings, or antibiotics? Even you may find it difficult to know what you would want without actually being in the situation. How, then, can you help your family understand your preferences?

Although you might not be able to give them the exact answer to specific treatment decisions, it is possible for you to talk generally about your values, beliefs, and wishes. Such knowledge could help guide decisions your family might someday need to make. Think through the following questions.

Treatment Questions to ask Yourself

- 1) Are there some basic functions which you believe that you must have in order to feel that you would want to continue to live? (For example, to be able to recognize your loved ones or to respond to others.)
- 2) Do you have certain spiritual or religious beliefs that affect your attitudes toward a terminal illness, treatment decisions, or death and dying? (For example, some people believe that life sustaining treatment should never be withdrawn. Others believe that when there is no hope for recovery, death should be allowed to occur.)
- 3) Are there specific kinds of life sustaining treatment you would want to have if you were diagnosed with a terminal condition? (For example, some people feel that if they could not eat or drink, they would want a feeding tube under all circumstances. Other people say they would want it tried for a short period of time.)
- 4) Are there specific kinds of life-sustaining treatment you would not want to have if you were diagnosed with a terminal condition? (Unlike the example above, other people would choose to forego a feeding tube if they could not eat or drink.)
- 5) Is there a particular doctor you want to help your family make decisions about your care?
- 6) Is there a particular person you want as your surrogate? (Cannot be your doctor or nurse.)
- 7) Is there anyone you do not want involved in your health care decisions? (For example, specific family members, friends, or professionals?)
- 8) If given a choice, where would you prefer to die? (For example, home, the hospital, a nursing home?)

Beginning the Conversation

Sometimes when a person tries to initiate a serious conversation about health care decisions, other people become afraid. For example, if an older parent starts such a conversation, the adult son or daughter might say, "Oh Mom, we don't need to talk about this. You're going to outlive us all."

It's important to begin your conversation in a way that lets other people know that you want to be taken seriously. Perhaps you could start by saying something like, "I want to talk to you about something that is important to me. I hope you will be able to listen."

If you know of a specific situation you can discuss, such as a friend who was terminally ill, you might talk about what you would have wanted if you had been that person. For example, "Remember what happened to Mary after her third stroke. If that ever happens to me, I would want..."

When there is a health crisis in a family, communication with the nurses and doctors can become complicated and confusing. It's helpful to have appointed a surrogate who is responsible for most of the communication with the medical team. This can prevent serious miscommunication. Talk to the person you think would best know your wishes. Ask the person to be your surrogate. It is a good idea to name an alternate person in case the first is unable to be your surrogate. It is critical that you designate your legal surrogate on the Kentucky Living Will Directive form.

After you have chosen a surrogate, talk with your family about your wishes and tell them whom you have chosen as your surrogate. Explain that this is the person you want to be responsible for helping the medical team understand your wishes regarding terminal care. If you express your feelings to all members of your family, conflict will be less likely to arise later.

Consider making a video or audio tape in which you talk about your feelings concerning end-of-life health care. If you are not comfortable making a tape, write a personal letter addressed to your family and friends. Tangible expressions of your wishes are comforting to families during times of crisis.

What If You Don't Have A Close Family Member Or Friend?

You may feel that you have no one close enough to make decisions for you, or perhaps you have outlived the most important people in your life. If this is the case, think carefully about those around you. Is there a neighbor, a clergy member, or a distant relative you could ask to be a surrogate for you? Because you may not know this person well, you must express your wishes carefully, it is particularly important to document your wishes in writing or record them on tape.

It is possible to designate a public guardian or conservator to serve as your health care surrogate. Some people choose to have their attorney serve as their guardian when they can no longer make decisions.

Talking To Your Doctor

In addition to family, it is crucial that you talk to your doctor about your feelings concerning life support in the event of a terminal illness or injury. Your primary care doctor is the one who provides most of your medical care and your routine checkups and is the one you should speak to about these issues.

It is a good idea to make a special appointment with your doctor to discuss your wishes concerning medical treatment if you should become seriously ill. When you call for an appointment, simply say that you want to have a consultation with your doctor about advance directives. You can have a general conversation with your doctor about your values concerning end-of-life medical treatments or your doctor may be able to anticipate what treatment decisions might arise based on your particular medical history. It is a good idea to give your doctor a copy of your Kentucky Living Will Directive form at this time.

Keep In Mind

- No adult is too young or old to plan for future health care.
- Health care decisions are based primarily upon your personal values and beliefs.
- You are the best decision-maker for these issues.
- No time is better for planning than the present.

What To Do

- 1) Select one or two surrogates who are willing to base decisions upon what you would choose for yourself.
- 2) Complete a Kentucky Living Will Directive form which names your surrogate decision-makers. Give copies to the surrogates, your doctor and keep a copy in an easy to find place, like your desk drawer.
- 3) Tell your family whom you have chosen as your primary and alternate surrogate.
- 4) Become familiar with life-sustaining procedures and the circumstances you would and would not want them to use.
- 5) Make an appointment with your doctor to discuss your preferences for end-of-life health care.
- 6) Explain your preferences in a letter or on an audio or video tape. Give copies to the following people:
 - Your primary and alternate surrogate
 - Your doctor
 - Close family members

Remember that the choices are yours when you plan ahead.

This material is accepted from: "Talking to Your Family and Doctor About Difficult Health Care Decisions", Oregon State University Extension Service, September 1992

Please contact us if you have any questions or need additional information.

Head and Neck Surgery Associates, PSC
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ADVANCED DIRECTIVES

Your Right to Make Health Care Decisions Under the Law in Kentucky

We are living in an age of medical miracles. New transplants, medications, procedures, and life support machines are used every day. Medical advances save many lives, but with these advances so can questions about using machines and treatments to prolong the natural dying process. Many people today are worried about the medical care they would be given should they become terminally ill and unable to communicate. Some may not want to spend months or years dependent on life-support machines, while others may want every measure to be taken to sustain their life.

In Kentucky, competent adults, 18 years or older, have the right to decide what medical care or treatment to accept, reject, or discontinue. If you do not want to receive certain types of treatment, you have the right to make your wishes known to your doctor, hospital, or other health care provider, and in general, have these rights respected. You also have the right to be told about the nature of your illness in terms you can understand, the general nature of the proposed treatments, the substantial risks of choosing to undergo or not to undergo these treatments, and any alternative procedures that might be available.

However, there may be circumstances when an individual cannot make his or her wishes known to their doctor or other health care providers. Perhaps an accident or illness occurs and you are not able to communicate. You would probably want the hospital's medical staff to know what your specific wishes are about the medical care that you want or do not want to receive.

A growing number of people are taking action before some unforeseeable emergency or serious illness happens. By completing an advance directive you make sure that your wishes are known. This allows your family and health care providers the opportunity to make the right decision for you. Whether you are young or old, completing an advance directive form is one of the most helpful gifts you can give to family members.

This booklet explains your right under Kentucky law to state your health care preferences in writing through the Living Will Directive and Health Care Surrogate Designation form. The decision to make an advance directive can be a difficult one and should only be made after careful consideration. Regardless of your decision regarding advance directives, the most important step is to talk about your wishes with, and make copies of the document for your family, close friends, clergy and doctors.

Questions and Answers regarding Advance Directives

What is an advance directive?

An advance directive is a document that states, in writing, your choices about medical care and/or names someone to make medical choices for you if you become unable to make decisions regarding medical care for yourself. It is called an "advance directive" because it is signed in advance to let your family and doctor know your wishes about medical treatment. Through advance directives, you can make legally valid decisions about your future medical care. Kentucky law recognizes several types of advance directives. They include living wills, health care surrogate designations, durable powers of attorney and living will directives. A copy of the advance directive form authorized by the 1994 Kentucky General Assembly is included.

Who can make an advance directive?

Any person age 18 or over who is of sound mind may make an advance directive.

Do I have to have an advance directive?

No, you are not required to have an advance directive. Under Federal law, hospitals, long term care facilities and certain other healthcare providers are required to ask patients when they are admitted or when they receive hospice or home health care if they have an advance directive. You, as a patient, will be asked this question each time you are admitted.

What will happen if I do not have an advance directive?

You will receive medical care even if you do not have any advance directive. If you are unable to make health care decisions for yourself, and you do not have any advance directives, your health care provider will look to the following people in the order listed for decisions about your care: a) A guardian, if a court has appointed one for you. b) Your spouse. c) Your adult child, or if you have more than one, the majority of your adult children who are available to be asked about your care. d) Your parents, or your nearest living relative, or if you have more than one relative of the same relation available, a majority of them. If you have not named a health care surrogate in an advance directive, then the above listed people would generally have the same authority to make decisions as a designated surrogate would have and are required to act in your best interest.

Is there an advance directive form for residents of Kentucky?

Yes, the form was created and approved under Senate Bill 311 in 1994 and is included in this information. It is called The Living Will Directive and Health Care Surrogate Designation Document.

When does an advance directive go into effect?

An advance directive goes into effect only when you can no longer make your own health care decisions. As long as you are able to give informed consent, your health care providers will rely on you and not your advance directives.

Will my Kentucky advance directive be honored in another state?

Advance directive laws and forms are different in every state so it is uncertain if your Kentucky advance directive will be valid in another state. However, if your advance directive gives clear direction concerning your wishes about medical treatment, it will influence your care no matter where you are. If you spend a great deal of time in another state, you might want to complete an advance directive that meets the requirements of that state.

Questions and Answers regarding Health Care Surrogate

What is a health care surrogate?

A healthcare surrogate is an adult you name, in your Kentucky Living Will Directive and Health Care Surrogate Designation Document or another written document, to make medical decisions for you when you are not able to decide for yourself.

Who can be a surrogate?

Any adult (18 or older) may be a surrogate except employees, owners, directors or officers of a health care facility (such as hospital or nursing home) where you are receiving care unless that person is related to you or a member of your religious order.

Can a surrogate resign?

Yes. Your surrogate and/or alternates can resign at any time by giving written notice to you, your doctor, or the health care facility where you are receiving care.

What kinds of decisions can a surrogate make?

In general, your surrogate has the authority to make any medical care decisions that you may make for yourself. However, your surrogate may decide to withhold or stop artificial nutrition and hydration (artificially provided food, water or other nourishment or fluids) only in the following circumstances:

- If death is expected in a few days.
- If the feeding cannot be digested.
- If the burden of providing tube feeding is greater than the benefit.
- If you are in a permanently unconscious state and either you have given permission to withhold or stop artificial nutrition and hydration in a written advance directive or there is clear and convincing evidence that you would not have wanted to receive artificial nutrition and hydration under the circumstances.

A surrogate cannot reject life-prolonging treatment for a pregnant woman except in limited circumstances. Your surrogate must honor the wishes you include in your advance directive and must consider the advice of your doctor.

Questions and Answers regarding Living Will Directive

What is included in the Living Will Directive?

The Kentucky Living Will Directive includes the following:

- Directions that life-prolonging treatment be withheld or withdrawn OR direction that life prolonging treatment not be withheld or withdrawn.
- Directions that artificially provided food or water be withheld OR directions that they not be withheld.

You may also include any other special directions as long as they are not prohibited by law and follow accepted medical practice.

What is life-prolonging treatment?

Life-prolonging treatment is medical care that is used to keep a vital body function going after it fails. Examples of such care include ventilators to do the work of your lungs, dialysis to do the work of your kidneys, cardiac devices to take over for your heart, or tubes through which you are fed. These treatments are used every day to help people get better. They are only considered life-prolonging when they will not help you recover and will only prolong the dying process.

When can life-prolonging treatment be withheld or stopped?

Under the Kentucky living will directive, life-prolonging treatment can be withheld or stopped only if you have indicated that you do not want life-prolonging treatment continues AND your doctor and one other doctor agree that you are permanently unconscious; or you have a condition that cannot be cured; you are expected to die within a relatively short time, and treatment will only prolong the dying process.

Does a living will directive apply if a woman is pregnant?

Under Kentucky law, a pregnant woman must always receive life-prolonging treatment, including artificially provided nutrition and hydration, unless her doctor, and one other doctor who has examined her, decide that the baby cannot be saved or that treatment harms the woman or causes her uncontrollable pain.

Questions and Answers regarding Durable Power of Attorney

What is a Durable Power of Attorney?

A durable power of attorney is another advance directive that lets you select someone (known as your attorney-in-fact) to make decisions about your personal and financial affairs when you cannot make them yourself. For example, you could give your attorney-in-fact the power to write checks to pay your bills or sell property for you. A durable power of attorney for health care is another advance directive that lets you select someone to make medical decisions for you if you are not able to decide for yourself. It is similar to naming a health care surrogate.

A durable power of attorney is a complicated document which can contain many directions on health, personal and financial decisions. You should consult with a lawyer if you want to make a durable power of attorney.

Questions and Answers regarding Making an Advance Directive

Where do I find an advance directive?

You may use the Kentucky form provided in this information, but other forms are permitted as well. If you want to use another form or to change the one in this information, you may want to ask a lawyer for help. All advance directives must be in writing and witnessed or notarized to be honored.

How do I complete the advance directive form in this information?

Follow the detailed instructions that will print in front of the form.

Briefly, you will:

- Read the form completely and make sure you understand the form before filling out any part of the form.
- At the top of the form, print your full name and birthdate.
- Complete the section of the form entitled, "Health Care Surrogate" if you wish to designate someone as your health care surrogate.
- Complete the section of the form entitled, "Living Will Directive" to identify what types of life-sustaining treatments you do or do not want to receive should you become terminally ill or permanently unconscious.
- Complete the section of the form entitled, "Organ/Tissue Donation" to identify your wishes about organ and tissue donation.

- Do not sign and/or date this form unless you have a Notary Public or two witnesses with you. Be aware that the following people cannot be witness to or serve as a notary public for your advance directive:
 - A blood relative
 - A person who will inherit your property under Kentucky law
 - An employee of a health care facility in which you are a patient (unless the employee is a notary public)
 - Your attending physician
 - Any person directly financially responsible for your health care

If I have a living will or health care surrogate designation that is different from the one in this information, is it still valid?

Probably, in 1994 Kentucky expanded the rights of individuals to refuse treatment. You should reread your documents to make sure that they express all your wishes and rights under the law. Your old documents may, or may not, accurately state all the choices you want to make. If you have more questions, you may want to talk to a lawyer or make out a new advance directive using the form included in this information.

Can I revoke or change my advance directive after it is signed?

You can revoke your advance directive at any time by:

- Stating those wishes in a signed and dated document.
- Stating them orally in front of a health care provider and one other adult witness
- Destroying your advance directive document.

You may limit or reduce the power given to your surrogate by signing and dating a document that outlines the limitations.

To change an advance directive, it is better to destroy the document and create a new one that states your wishes. If you choose to change or revoke your advance directive, be sure to immediately tell those that are close to you and have had copies of your previous advance directive included but not limited to: your doctor, any health care professionals who are caring for you in your home, family members or close friends and any named surrogate.

What should I do with my advance directive once I have completed it?

Keep the original in a safe place, but do not lock it away where you or your family may not be able to get to it if you need it in an emergency. Make sure that family members and/or close friends and your surrogate(s) have a copy and discuss it with them. You should also give a copy to your doctor and discuss your wishes with him or her.

You will be asked if you have an advance directive each time you are admitted to the hospital or another health care facility. This is required by Federal law. You need to bring a copy of your advance directive, if you have one, each time you are admitted. This policy protects you by making sure the hospital has only your most current advance directive.

Where can I get help in understanding this advance directive?

A good place to start is by talking to your doctor, or if you are currently in the hospital, your nurse or the social service staff. For additional information you can contact:

- | | | |
|--|----------------|----------------|
| ▪ PrimeWise at St. Elizabeth Healthcare | 859 / 301-5999 | |
| ▪ Senior Services of Northern Kentucky | 859 / 491-0522 | 800 / 255-7265 |
| ▪ Northern Kentucky Area Agency on Aging | 859 / 283-1885 | |
| ▪ Aging and Disability Resource Center | 859 / 692-2480 | 866 / 766-2372 |

- Kentucky Organ Donor Affiliates
- www.ag.ky.gov/consumer/livingwills

859 / 278-3492

800 / 525-3456

The form included in this information was established by Kentucky law, but other forms are also valid. You may want to talk to a lawyer about changing the form in this information or about the differences between a living will directive, a durable power of attorney for health care and other types of advance directives.

Other Questions

What happens when someone with an advance directive is rushed to the emergency room with a life-threatening emergency?

People with an unexpected medical emergency don't often arrive at the emergency room carrying an advance directive. Also, it is sometimes difficult for ER doctors and staff to know if the sick or injured person's advance directive is valid and whether it applies at that moment. In addition, surrogates or attorneys-in-fact must be found before they can make medical choices. For these reasons, the emergency room staff will make every effort to save your life. This may include giving CPR (cardiopulmonary resuscitation) to get the heart beating again or using life support machines such as ventilators.

Will EMS personnel honor my advance directive?

In most cases, emergency medical personnel and paramedics will make every effort to save your life. Kentucky law states that a person's wish not to be resuscitated will not be honored by EMS personnel unless a Kentucky Emergency Medical Services Do Not Resuscitate (DNR) Order form has been completed and the original form is readily available to EMS personnel. It is recommended that the EMS DNR Order be displayed in a prominent place close to you and/or the bracelet be on your wrist or ankle.

Will my doctor, the hospital or nursing home do what my advance directive asks?

Generally yes, as long as the document is valid. However, the doctor or health care facility may refuse to honor your wishes for oral, religious or ethical reasons. If that happens, under Kentucky law, the doctor or health care facility must promptly tell you, your surrogate or your attorney-in-fact and your family. They must also help transfer you to another doctor or facility that will do what you want. Comfort care and pain relief are always provided.

Do dying patients with advance directives receive the same care as other patients?

Yes. Each person is given the same high quality care whether or not they have an advance directive. Every effort is made to keep all patients comfortable during their final hours or days. Patients are given the medical and nursing care needed to ease suffering and the dying process.

Organ Donation

Organ transplants are truly a miracle of modern medicine. Thousands of organ transplants occur in the United States each year, yet thousands of people also die each year while waiting for an organ. The generous gift of one's organs or tissues can allow other seriously ill individuals to live. Information about organ donation may be obtained from the Ohio Valley Life Center at 513 / 558-5555.

Instructions for completing the Kentucky Living Will form

The Living Will form should be used to let your physician and your family know what kind of life-sustaining treatments you want to receive if you become terminally ill or permanently unconscious and are unable to make your own decisions. This form should also be used if you would like to designate someone to make those healthcare decisions for you should you become unable to express your wishes.

Note: You may fill out all or part of the form according to your wishes. Keep in mind that filling out this form is not required for any type of health care or any other reason. Filling out this form should solely be a personal decision. **You must initial your choices as well as sign and date the form in front of your witnesses or a notary public.**

- 1) Read over all information carefully before filling out any part of the form.
- 2) At the top of the form in the designated area, print your full name and birth date.
- 3) The first section of the form on page one relates to designating a **"Health Care Surrogate"**. Fill this section out if you would like to choose someone to make your health care decisions for you should you become unable to do so yourself. When choosing a surrogate, remember that the person you name will have the power to make important treatment decisions. Choose the person best qualified to be your healthcare surrogate. Also, consider picking a back-up person, in case your first choice isn't available when needed. Be sure to tell the person that you have named them a surrogate and make sure that the person understands what's most important to you. **Do not complete this section if you do not wish to name a surrogate.**
- 4) The next section of the form is the **"Living Will Directive"**. Fill out this section to identify what kinds of life sustaining treatments you want to receive should you become terminally ill or permanently unconscious.

Life Prolonging Treatment

Under this bolded section on page one, you may designate whether or not you wish to receive treatment (such as a life support machine), and be permitted to die naturally, with only the administration of medication or treatment deemed necessary to alleviate pain. If you do not want treatment, except for pain, and would like to die naturally, check and initial the first line. If you want life-sustaining treatment, check and initial the second line. Check and initial only one line.

Nourishment and/or Fluids

Under this bolded section on page two, you may designate whether or not you wish to receive artificially provided food, water, or other artificially provided nourishment or fluids (such as a feeding tube). If you do not want to receive artificial nourishment or fluids, check and initial the first line. If you want to receive nourishment and/or fluids, check and initial the second line. Check and initial only one line.

Surrogate Determination of Best Interest

Important: this section cannot be completed if you have completed the two previous bolded sections. Under this bolded section on page two, if you have designated a person as your surrogate in the first section, you may allow that person to make decisions for you regarding life-sustaining treatments and/or nourishment. Check and initial this line **ONLY** if you wish to allow your surrogate to make decisions for you and if you do not want to detail your specific life-sustaining wishes on this form.

Organ/Tissue Donation

Under this bolded section on page two, you may designate whether or not to donate all or any part of your body upon your death. If you wish to donate all or part of your body, check and initial the first line. If you do not want to donate all or part of your body, check and initial the second line. Check and initial only one line.

- 5) On page three, you will sign and date the form. Sign and date the form in the presence of two witnesses over the age of 18 OR in the presence of a Notary Public.

The following people **CANNOT** be a witness to or serve as a notary public:

- A blood relative of yours
 - A person who is going to inherit your property under Kentucky law
 - An employee of a healthcare facility in which you are a patient (unless the employee serves as a notary public)
 - Your attending physician
 - Any person directly financially responsible for your healthcare
- 6) Once you filled out the Living Will and either signed it in the presence of witnesses or in the presence of a notary public, give a copy to your personal physician and any contacts you have listed in the Living Will. A copy of any Living Will should be put in your medical records. Remember, you are responsible for telling your hospital or nursing home that you have a Living Will. Do not send your Living Will to the Office of the Attorney General.

Kentucky Living Will Directive and Health Care Surrogate Designation Of

(Printed Name)

(Date of Birth)

My wishes regarding life-prolonging treatment and artificially provided nutrition and hydration to be provided to me if I no longer have decisional capacity, have a terminal condition, or become permanently unconscious have been indicated by checking and initialing the appropriate lines below.

HEALTHCARE SURROGATE DESIGNATION

By checking and initialing the line below, I specifically:

_____ (check box and initial line, if you desire to name a surrogate)

Designate _____ as my health care surrogate(s) to make health care decisions for me in accordance with this directive when I no longer have decisional capacity. If _____ refuses or is not able to act for me, I designate _____ as my health care surrogate(s).

Any prior designation is revoked.

LIVING WILL DIRECTIVE

If I do not designate a surrogate, the following are my directions to my attending physician. If I have designated a surrogate, my surrogate shall comply with my wishes as indicated below. By checking and initialing the lines below, I specifically:

Life Prolonging Treatment (check and initial only one)

_____ (check box and initial line, if you desire the option below)

Direct that treatment be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical treatment deemed necessary to alleviate pain.

_____ (check box and initial line, if you desire the option below)

DO NOT authorize that life-prolonging treatment be withheld or withdrawn.

LIVING WILL DIRECTIVE – continued

Nourishment and/or Fluids (check and initial only one)

_____ (check box and initial line, if you desire the option below)
Authorize the withholding or withdrawal of artificially provided food, water, or other artificially provided nourishment or fluids.

_____ (check box and initial line, if you desire the option below)
DO NOT authorize the withholding or withdrawal of artificially provided food, water, or other artificially provided nourishment or fluids.

Surrogate Determination of Best Interest

Note: If you desire this option, **DO NOT** choose any of the preceding options regarding Life Prolonging Treatment and Nourishment and/or Fluids

_____ (check box and initial line, if you desire the option below)
Authorize my surrogate, as designated on the previous page, to withhold or withdraw artificially provided nourishment or fluids, or other treatment if the surrogate determines that withholding or withdrawing is in my best interest; but I do not mandate that withholding or withdrawing.

Organ/Tissue Donation (check and initial only one)

_____ (check box and initial line, if you desire the option below)
Authorize the giving of all or any part of my body upon death for any purpose specified in KRS 311.185

_____ (check box and initial line, if you desire the option below)
DO NOT authorize the giving of all or any part of my body upon death.

In the absence of my ability to give directions regarding the use of life-prolonging treatment and artificially provided nutrition and hydration, it is my intention that this directive shall be honored by my attending physician, my family, and any surrogate designated pursuant to this directive as the final expression of my legal right to refuse medical or surgical treatment and I accept the consequences of the refusal.

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

I understand the full import of this directive and I am emotionally and mentally competent to make this directive.

Signed this _____ day of _____, 20_____

Signature and address of the grantor

Have two adults witness your signature OR have signature notarized*

In our joint presence, the grantor, who is of sound mind and 18 (eighteen) years of age, or older, voluntarily dated and signed this writing or directed it to be dated and signed for the grantor.

Signature and address of witness

Signature and address of witness

-OR-

STATE OF KENTUCKY, _____ County

Before me, the under signed authority, came the grantor who is of sound mind and 18 (eighteen) years of age, or older, and acknowledged that they voluntarily dated and signed this writing or directed it to be signed and dated as above.

Done this day _____ of _____, 20_____

Signature of Notary Public

Date commission expires

*None of the following shall be a witness to or serve as a notary public or other person authorized to administer oaths in regard to any advance directive made under this section:

- A blood relative of the grantor
- A beneficiary of the grantor under descent and distribution statutes of the Commonwealth
- An employee of a healthcare facility in which the grantor is a patient, unless the employee serves as a notary public
- An attending physician of the grantor
- Any person directly financially responsible for the grantor's health care

NOITICE: Execution of this document restricts withholding and withdrawing of some medical procedures. Consult Kentucky Revised Statutes or your attorney.

A person designated as a surrogate pursuant to an advance directive may resign at anytime by giving written notice to the grantor; to the immediate successor surrogate, if any; to the attending physician; and to any healthcare facility which is then waiting for the surrogate to make a health care decision.

Do Not Resuscitate (DNR Order)

The following form is NOT part of the Kentucky Living Will Directive and Health Care Surrogate Designation.

This form is not included as part of an Advance Directive unless:

- You are terminally ill and
- Death is imminent

The DNR order is only for those individuals who do not want any heroic measures taken to be kept alive. This form is honored by emergency medical personnel who will not attempt to revive or resuscitate the patient, but will provide other necessary medical attention.

Without this DNR form, if emergency medical personnel are called (911, ambulance, life squad, etc.) or if the person goes to a hospital Emergency Department, they are required by law to do everything possible to keep the patient alive, including reviving or resuscitating the patient through extraordinary means. This is the case even if an advance directive stating wishes to the contrary is provided.

Kentucky law states that a person's wish not to be resuscitated will **not** be honored by EMS or Emergency Department personnel unless a Kentucky Emergency Medical Services Do Not Resuscitate (DNR) Order form has been completed with the original form given to EMS personnel. It is recommended that the DNR order form be displayed in a prominent place and the bracelet notice be on the person's wrist or ankle.

For more information on that form contact:

- Transcare of Northern Kentucky 859 / 392-2805
- Medical Licensure Board 502 / 429-8046



Kentucky Emergency Medical Services Do Not Resuscitate (DNR) Order

Person's Full Legal Name _____

Surrogate's Full Legal Name (if applicable) _____

I, the undersigned person or surrogate who has been designated to make health care decisions in accordance with Kentucky Revised Statutes, hereby direct that in the event of my cardiac or respiratory arrest that this **Do Not Resuscitate (DNR) Order** be honored. I understand that DNR means that if my heart stops beating or if I stop breathing, no medical procedure to restart breathing or heart function, more specifically the insertion of a tube into the lungs, or electrical shocking of the heart or cardiopulmonary resuscitation (CPR) will be started by emergency medical services (EMS) personnel.

I understand this decision will not prevent emergency medical services personnel from providing other medical care.

I understand that I may revoke this DNR order at any time by destroying this form, removing the DNR bracelet, or by telling the EMS personnel that I want to be resuscitated. Any attempt to alter or change the content, names, or signatures on the EMS DNR form shall make the DNR form invalid.

I understand that this form or a standard EMS DNR bracelet must be available and must be shown to EMS personnel as soon as they arrive. If the form or bracelet is not provided, the EMS personnel will follow their normal protocols which could include cardiopulmonary resuscitation (CPR) or other resuscitation procedures. I understand that should I die, EMS personnel will require this form and/or bracelet for their records.

I give permission for information about this EMS DNR order to be given to the pre-hospital emergency medical care personnel, physicians, nurses, or other health care personnel as necessary to implement this directive.

I hereby state that this **"Do Not Resuscitate (DNR) Order"** is my authentic wish not to be resuscitated.

Person/Legal Surrogate Signature _____

Date _____

Commonwealth of Kentucky County of _____

Subscribed and sworn to before me by _____ to be his/her own free act and deed, this _____ day of _____, 20_____

_____, Notary Public

My commission expires: _____

In lieu of having this form notarized, it may be witnessed by two persons not related to the individual noted above.

WITNESSED BY:

- 1) _____
- 2) _____

This EMS Do Not Resuscitate Form was approved by the Kentucky Board of Medical Licensure at their March 1995 meeting.

Complete the portion below, cut out, fold, and insert in DNR bracelet.



I certify that an EMS Do Not Resuscitate (DNR) form has been executed.

Person's Name (print or type) _____

Person's or Legal Surrogate's Signature _____

Kentucky Emergency Medical Services Do Not Resuscitate (DNR) Order Instructions

Purpose

This standardized EMS DNR Order has been developed and approved by the Kentucky Board of Medical Licensure, in consultation with the Cabinet for Human Resources. It is in compliance with KRS Chapter 311 as amended by Senate Bill 311 passed by the 1994 General Assembly, which directs the Kentucky Board of Medical Licensure to develop a standard form to authorize EMS providers to honor advance directives to withhold or terminate care.

For covered persons in cardiac or respiratory arrest, resuscitative measures to be withheld include external chest compressions, intubation, defibrillation, administration of cardiac medications and artificial respiration. The EMS DNR Order does not affect the provision of other emergency medical care, including oxygen administration, suctioning, control of bleeding, administration of analgesics and comfort care.

Applicability

This EMS DNR Order applies only to resuscitation attempts by health care providers in the **pre-hospital** setting (i.e., certified EMT-First Responders, Emergency Medical Technicians, and Paramedics) – in patient’s homes, in a long-term care facility, during transport to or from a health care facility, or in other locations outside acute care hospitals.

Instructions

Any adult person may execute an EMS DNR Order. The person for whom the Order is executed shall sign and date the Order and may either have the Order notarized by a Kentucky Notary Public or have their signature witnessed by two persons not related to them. The executor of the Order must also place their printed or typed name in the designated area and their signature on the EMS DNR Order bracelet insert found at the bottom of the EMS DNR Order form. The bracelet insert shall be detached and placed in a hospital type bracelet and placed on the wrist or ankle of the executor of the Order.

If the person for whom the EMS DNR Order is contemplated is unable to give informed consent, or is a minor, the person’s legal surrogate shall sign and date the Order and may either have the form notarized by a Kentucky Notary Public or have their signature witnessed by two persons not related to the person for whom the form is being executed or related to the legal health care surrogate. The legal health care surrogate shall also complete the required information on the EMS DNR bracelet insert found at the bottom on the EMS DNR Order form. The bracelet insert shall be detached and placed in a hospital type bracelet and placed on the wrist or ankle of the person for which this Order was executed.

The original, completed EMS DNR Order or the EMS DNR Bracelet must be readily available to EMS personnel in order for the EMS DNR Order to be honored. Resuscitation attempts may be initiated until the form or bracelet is presented and the identity of the patient is confirmed by the EMS personnel. It is recommended that the EMS DNR Order be displayed in a prominent place close to the patient and/or the bracelet be on the patient’s wrist or ankle.

Revocation

An EMS DNR Order may be revoked at any time orally or by performing an act such as burning, tearing, cancelling, obliterating or by destroying the order by the person on whose behalf it was executed or by the person’s legal health care surrogate.

IT SHOULD BE UNDERSTOOD BY THE PERSON EXECUTING THIS EMS DNR ORDER OR THEIR LEGAL HEALTH CARE SURROGATE, THAT SHOULD THE PERSON LISTED ON THIS EMS DNR ORDER DIE WHILE EMS PRE-HOSPITAL PERSONNEL ARE IN ATTENDANCE, THE EMS DNR ORDER OR EMS DNR BRACELET MUST BE GIVEN TO THE EMS PRE-HOSPITAL PERSONNEL FOR THEIR RECORDS.