



Bermuda Hospitals Board
CARING FOR OUR COMMUNITY

ADVANCE DIRECTIVES



PREPARING YOUR LIVING
WILL, HEALTH CARE POWER
OF ATTORNEY AND ORGAN
DONATION FORMS



CREATED FOR YOU BY THE BERMUDA
HOSPITALS BOARD ETHICS COMMITTEE IN
ASSOCIATION WITH YOUR DOCTOR.

WHAT ARE ADVANCE DIRECTIVES?

Advance directives were formulated in 1967 and are documents you can use to provide directions for your medical care. They are used only when you become physically unable to speak these wishes. They are prepared before any condition or circumstance occurs that causes you to be unable to actively make a decision about your health care. Advance directives can also be used to assign someone you trust to make decisions about medical care.

An advance directive should not be confused with euthanasia or assisted suicide. These latter issues involve the *active* and *deliberate* ending of one's life, while an advance directive focuses on the care and intervention to be utilised while a person is in the dying process and unable to express their wishes. These issues are easily confused as they relate to the area of "dying with dignity," and maintaining control over the last stages of one's life.

Potential advantages for individuals who develop advance directives include:

- Decreased personal worry
- Decreased feelings of helplessness and guilt for family members
- Decreased legal concerns.

The primary limitation of advance directives is the inability to predict what situations may arise in the future or what new modes of care may be available for situations considered nearly "hopeless" today.

The three types of advance directive forms that you will find in this package are: (1) the living will; (2) the appointment of a health care power of attorney holder; and (3) the organ and tissue donation form. In addition to these forms, you may wish to attach a written statement to the advance directive with general directions of care as well as specific instructions to help your health care power of attorney holder and doctor.

WHO CAN WRITE AN ADVANCE DIRECTIVE?

It is generally considered that anyone eighteen years old or older who is able to make an informed decision about their care can submit an advance directive.

BUT AREN'T THEY JUST FOR OLD PEOPLE?

This is not an old people's issue. It may be natural to link death and dying issues with old age, but that is a mistake when it comes to advance directives. Consider that many of the landmark court cases involved individuals in their twenties! The stakes are actually higher for younger persons in that, if tragedy strikes, they might be kept alive in a condition they may not want. Therefore, advance directives are important planning tools for all adults.

MUST I HAVE AN ADVANCE DIRECTIVE?

NO. You do not have to make a living will or other type of advance directive to receive medical care or to be admitted to a health care facility. No person can be denied medical care or admission based on whether or not they have signed a living will or other type of advance directive.

WHAT WILL HAPPEN IF I DON'T HAVE AN ADVANCE DIRECTIVE?

If you are unable to make and communicate your decision concerning your medical care and you do not have an advance directive, your physician will consult with other persons to determine what your wishes are regarding the withholding or withdrawal of aggressive care. If you have discussed your wishes with your physician, he or she will, of course, know your stated wishes. Your physician will also ask your health care power of attorney holder, your next of kin or close relatives what you have told them about your wishes regarding withholding or withdrawing of aggressive care.

WHAT IS A LIVING WILL?

A living will is a document that states the type of treatment you want should you be in a "terminal condition" or "permanently unconscious." The living will tells your doctor whether you want aggressive treatment to keep you alive or whether you do not want such treatment, even if the result is your death.

We consider a patient to be in a "terminal condition" when the doctor finds that the patient has a condition which is: (1) incurable or irreversible; and (2) will result in death within a relatively short time if aggressive treatment is not provided. Also, "permanently unconscious" is considered to be a permanent coma or persistent vegetative state where the patient is not aware of himself or his surroundings and is unresponsive.

WHAT WILL HAPPEN IF I DECIDE NOT TO BE FED ARTIFICIALLY?

Many people are concerned about the withdrawal of food and water at the end of life, assuming that it would produce discomfort. Closer study, however, has shown that this is not the case. The only discomfort usually reported is dryness of the mouth, which will be remedied by regular mouth freshening. Benefits of fluid deprivation include reducing respiratory secretions, less nausea and vomiting, reducing urine output with less need for catheters or bedpan use, and reducing fluid retention and associated bed sores. Patients rarely report any sensation of hunger near the end of life; indeed, feeding the person often leads to bloating or nausea.

WILL I RECEIVE “PAIN KILLERS” IF I HAVE A LIVING WILL?

YES. A living will does not affect the provision of pain medication or care solely to maintain your physical comfort (for example, care designed to maintain your circulation and health of your skin). This type of care will continue to be provided as appropriate. If you have specific instructions regarding pain medication, you can write them on your living will form.

WILL MY LIVING WILL BE HONOURED BY EMERGENCY MEDICAL STAFF OR THE EMERGENCY ROOM?

Sometimes people who have signed living wills are surprised and upset when emergency medical staff have (unknowingly) disregarded the living will and administered life-support anyway. The reason that this may happen is that, in an emergency, the staff may not have time to read the living will, to make sure that the patient is in a terminal condition and that it is indeed appropriate to withdraw treatment. If you are already in a terminal condition and feel strongly that you do not want to be given life-support under any circumstances, you should talk to your doctor. Your doctor may be able to notify the ambulance service and the emergency room that they should not give life-support and that they should only give you treatment that will ease your pain and keep you comfortable.

WHAT IS A HEALTH CARE POWER OF ATTORNEY?

A health care power of attorney holder is someone that you appoint to make health care decisions for you, in the event that you are unable to express your wishes due to illness or incapacitation. Your living will is very important for your health care power of attorney holder, as it guides them in their decision making process. You should note that in your advance directive, not only can you specify who you wish to act as your proxy, but you can also say who you specifically do not want to act in this capacity.

IF I NAME A POWER OF ATTORNEY HOLDER, DO I GIVE UP SOME CONTROL AND FLEXIBILITY?

NO. As long as you are able to make decisions, your consent must be obtained for medical treatment. Your doctors and nurses cannot ignore you in favour of your health care power of attorney holder or written instruction. There may be times when a competent patient relinquishes decision making by saying, for example, “Do whatever my daughter thinks is best.” However, this form of delegation of decision making is effective only from moment to moment and needs to be rechecked at every significant decision point. Neither the proxy nor a written instruction can override your currently expressed choice.

WHAT ABOUT ORGAN AND TISSUE DONATION?

The subject of organ and tissue donation is something that we would like you consider as well. If you would like to have information on this subject, the Bermuda Organ and Tissue Donor Association has produced an informative flyer to answer your questions. They are available at TCD and all post offices and doctors' offices.

WHAT DO I DO AFTER COMPLETING MY ADVANCE DIRECTIVE?

It is essential that you give the person appointed as your health care power of attorney holder and doctors copies of your advance directive. You should also make a copy for the Clinical Records Department of the hospital. It will become a part of your medical record. When you are admitted to hospital, please remind staff that you have an advance directive on file. It would be in your best interest to tell those close to you (family and friends) what your wishes are, and where a copy of the advance directives are kept. The more openly you are able to express your personal wishes, the more likely your wishes will be followed.

WHAT IF I CHANGE MY MIND?

We encourage you to review your advance directives every few years to ensure that they reflect your current wishes. If you decide to modify or cancel your living will or other advance directive, please inform your doctor and those that are close to you of what you have done. Also, please be sure to provide copies of the updated advance directive as necessary.

The Bermuda Hospitals Board Ethics Committee
Revised: 20 January 2005

BERMUDA HOSPITALS BOARD

LIVING WILL DECLARATION

If the time comes when I am incapacitated to the point when: (1) I can no longer actively take part in decisions for my own life; and (2) I am unable to direct my physician as to my own medical care, I wish this statement to stand as a testament of my wishes.

I, _____ (NAME), born _____ (DATE OF BIRTH) request that, if my condition is such that I am near death, you follow my choices below.

CHOOSE A OR B AND SIGN IN THE APPROPRIATE BOX

<p><u>A. CHOICE NOT TO BE KEPT ALIVE</u></p> <p>I do not want to be kept alive if my doctor decides that any of the following are true:</p> <ol style="list-style-type: none">1. I have an illness that will not get better, cannot be cured, and will result in my death; OR2. The likely risks and burdens of treatment would be more than the expected benefits. <p>Initials: _____</p>	<p><u>B. CHOICE TO BE KEPT ALIVE</u></p> <p>I want to be kept alive as long as possible within the limits of generally accepted health care standards in Bermuda.</p> <p>Initials: _____</p>
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ALSO, I HAVE INDICATED BELOW MY CHOICES ABOUT TUBE FEEDING OR HAVING WATER AND NUTRITION FED INTO MY VEINS THROUGH AN IV (ARTIFICIAL NUTRITION AND HYDRATION).

CHOOSE C OR D AND SIGN IN THE APPROPRIATE BOX

<p><u>C. FEED ME ACCORDING TO MY DECISION ABOVE</u></p> <p>I want artificial nutrition and hydration to be given, not given, or stopped based on the choice I have made above about keeping me alive.</p> <p>Initials: _____</p>	<p><u>D. FEED ME REGARDLESS</u></p> <p>I want artificial nutrition and hydration given to me regardless of the choice I have made about keeping me alive.</p> <p>Initials: _____</p>
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Living Will Continues Overleaf

LIVING WILL DECLARATION FOR _____ (NAME) CONTINUED

I HAVE CHECKED BELOW MY CHOICES ABOUT PAIN RELIEF

CHOOSE E OR F AND SIGN IN THE APPROPRIATE BOX

<p style="text-align: center;"><u>E. GIVE ME REGULAR PAIN MEDICATION</u></p> <p>I want treatment for relief of pain or discomfort to be given whenever necessary, even if it shortens the time until my death or makes me unconscious or unable to do other things.</p> <p style="text-align: right;">Initials: _____</p>	<p style="text-align: center;"><u>F. SPECIAL PAIN MEDICATION INSTRUCTIONS</u></p> <p>These are my wishes about relief of pain or discomfort:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">Initials: _____</p>
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**IN ADDITION TO WHAT I HAVE DENOTED ABOVE,
I WOULD LIKE TO ADD THESE COMMENTS**

SIGNATURE: _____

DATE: _____

WITNESS: _____

RELATIONSHIP: _____

DATE: _____

BERMUDA HOSPITALS BOARD

**HEALTH CARE POWER OF
ATTORNEY (HCPOA) DECLARATION**

The Health Care Power of Attorney (HCPOA) declaration is a legal document that designates another individual to make health care decisions on behalf of a person when they are unable to do so. The HCPOA holder does not have to be the person's spouse or next-of-kin but must be an adult (18 years old or older).

I, _____ (NAME), born _____ (DATE OF BIRTH) request that, if my condition is such that I am near death and am unwilling or unable to make decisions for myself, you follow my choices below.

I appoint the person or people below to make my health care decisions. These people will ensure that my living will instructions are carried out as far as they are able. They will also make additional decisions based on those choices. If I have not made special declarations, they will be able to:

- make all health care decisions for me including tests, surgery and medication;
- decide whether or not food or fluids are given to me through tubes or into my veins through an IV;
- decide whether or not to use treatments or machines to keep me alive or to restart my heart or breathing;
- choose who will give me health care and where I will get it;
- **make any health decisions they truly believe represent my beliefs and values even if they are not listed in the form.**

I choose the following person as my Health Care Power of Attorney holder to make health care decisions for me, if necessary:

NAME: _____

TITLE OR RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

HCPOA HOLDER'S SIGNATURE: _____

Patient's Signature:

Witness

Date

HCPOA DECLARATION FOR _____ (NAME) CONTINUED

If I cancel my first choice, or if my first choice is not able to be my proxy, my second choice is listed below:

CHOICE #2

NAME: _____

TITLE OR RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

HCPOA HOLDER'S SIGNATURE: _____

If neither of the above people is willing or available, my third choice is listed below:

CHOICE #3

NAME: _____

TITLE OR RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

HCPOA HOLDER'S SIGNATURE: _____

**I DO NOT WANT THE FOLLOWING PERSON(S) TO PARTICIPATE
IN DECISIONS ABOUT MY CARE.**

Patient's Signature:

Witness

Date