



Advance Health Care Directive

Experts in **caring for you.**

MORE INFORMATION

citizensmemorial.com | 417-328-6010



Interpreter Services

CMH complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CMH has arranged for language assistant services free of charge. Call 417-326-6000.

English	If you speak English, language assistance services, free of charge, are available to you.
Spanish	Si usted habla español, tiene a su disposición servicios de asistencia con el idioma sin costo alguno.
Chinese	如果您讲汉语普通话，则可以免费向您提供语言协助服务。
Vietnamese	Chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị, nếu quý vị nói tiếng Việt.
Serbo-Croatian	Ukoliko govorite srpski, na raspolaganju su vam besplatne usluge jezične pomoći.
German	Wenn Sie deutsch sprechen, stehen Ihnen kostenlos Sprachhilfen zur Verfügung.
Arabic	إذا كنت تتحدث العربية، فستوفر لك خدمات المساعدة اللغوية مجاناً
Korean	모국어가 한국어일 경우 무료 언어지원 서비스가 제공됩니다.
Russian	Если ваш язык — русский, то вам могут быть предоставлены бесплатные услуги переводчика.
French	Si votre langue est le français, des services d'assistance linguistiques sont mis gratuitement à votre disposition.
Tagalog	Kung nagsasalita ka ng Tagalog, may magagamit kang mga serbisyo sa lengguahe na walang bayad.
Pennsylvanian Dutch	Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch.
Persian Farsi	اگر شما به فارسی صحبت میکنید، خدمات کمکهای زبان بطور رایگان در دسترس شما می باشند.
Cushite Oromo	Yoo qooqa Oromo dubbatta tahe, tajaajilli gargaarsaa, baasi (kaffaltii malee) siif jira.
Portuguese	Se você fala português, está disponível atendimento gratuito com assistência ao idioma.
Amharic	አማርኛ የሚናገሩ ከሆኑ የቋንቋ ዕርዳታ አገልግሎቶችን በነጻ ያገኛሉ።

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Citizens Memorial Hospital “Understanding Your Healthcare Wishes” Booklet

We at Citizens Memorial Hospital have identified that in crisis situations it is difficult for families to make healthcare decisions. We encourage you to talk with your family in a non-crisis time about your healthcare wishes.

For more information or to obtain your FREE copy of this booklet, please call Citizens Memorial Hospital Social Services Department at 417-326-6000.

How to use this booklet - Advance Health Care Directive

This booklet contains three (3) parts: 1) Durable Power of Attorney for Health Care; 2) Advance Health Care Directive; and 3) Notarization of Durable Power of Attorney for Health Care. Upon completion of this booklet, Citizens Memorial Hospital will be happy to notarize the form in this booklet. Call the Social Services Department at 417-326-6000 for an appointment.

Make your Advance Health Care Directive accessible and readily available in case of emergency

Your Advance Health Care Directive (labeled “Legal Document” - six [6] pages) needs to be accessible to any person who may be present during a medical emergency. Following are some suggested people:

- Your family.
- Your agent.
- Your alternative agent(s).
- Your primary care provider for healthcare.
- Your hospital’s medical records department.
- Your clergy.
- Anyone who would represent you in case of a medical emergency.

Update your Advance Health Care Directive regularly

You need to update your Advance Health Care Directive as your wishes change. You may make minor changes to your Advance Health Care Directive by making the change, initialing it and dating the document. If you need to make numerous changes to your document, you may want to begin with a new document. Remember to give new copies of your modified Advance Health Care Directive to your family, agent, alternate agent(s), physician and hospital’s medical records department. If you make changes to your Durable Power of Attorney for Health Care, this will need to be a new document and will need to be notarized to be valid. To obtain a new document from

Citizens Memorial Hospital’s Social Services Department call 417-326-6000.

About Advance Health Care Directives: Definitions and Explanations

What is an Advance Health Care Directive?

Advance Health Care Directive is a general term that describes two kinds of legal documents. Statutory Living Wills (question #16) and Durable Power of Attorney for Health Care. These documents provide instructions about future medical care should a person be unable to participate in medical decisions due to serious illness or incapacity. For example, if you suffered a severe stroke and were in a coma, these documents would be used to communicate your wishes to your healthcare providers.

An Advance Health Care Directive is a document that communicates and expresses your healthcare treatment wishes in case a situation develops in which you are unable to communicate. The U.S. Supreme Court decision (Cruzan v. Director, Missouri Department of Health) states that all people have a constitutional right to refuse any medical treatment, including life-prolonging treatment(s). The U.S. Supreme Court’s decision gives you the right to name another person, an agent, to become a decision-maker for healthcare issues in the event that you are unable to communicate and make your own decisions.

An Advance Health Care Directive describes the kind of treatment you want to receive for different levels of illness. For example, the Advance Health Care Directive should describe what kind of care you want if you have a critical illness, a terminal illness or permanent unconsciousness. An Advance Health Care Directive usually tells your physician that you do not want certain kinds of treatment when you are this ill.

What is Durable Power of Attorney for Health Care?

Most people associate a Durable Power of Attorney with planning their estate. A Durable Power of Attorney for Estate Planning is a legal form designating someone to make financial/legal decisions and financial transactions on your behalf. But for this booklet’s purposes, we are discussing only a Durable Power of Attorney for Health Care. For information about a financial power of attorney, please contact a lawyer.

A Durable Power of Attorney for Health Care is similar to a statutory living will or healthcare directive, but it becomes active any time you are incapacitated and unable to make medical decisions for yourself. Unlike a living

will or other trusting individual, in a Durable Power of Attorney for Health Care, you select an agent (a family member, friend or other trusted individual) who will be your medical decision-maker to communicate healthcare decisions that you have not specified in your Advance Health Care Directive. The Durable Power of Attorney for Health Care document goes into effect only when you lack the ability to make or communicate decisions for yourself, as determined by a physician(s).

The Advance Health Care Directive

The Advance Health Care Directive is a document in which you give instructions about your healthcare if, in the future, you cannot communicate for yourself. This is a signed, dated and witnessed document that allows you to express your healthcare wishes in advance concerning the use of life-prolonging medical treatment(s). Similar to a Statutory Living Will, the Advance Health Care Directive is a more comprehensive document and goes into effect only when you no longer can make or communicate decisions for yourself.

Most Commonly Asked Questions About An Advance Health Care Directive

1. Why do I need an Advance Health Care Directive?

An Advance Health Care Directive is similar to a living will, yet it does not focus exclusively on refusing treatment. In an Advance Health Care Directive, you are stating your wishes about future medical decisions in advance. In the event that you become incapacitated due to an illness or injury, the responsibility of making decisions is relieved from family and friends. Your wishes will be honored.

Due to the complexity of illnesses and medical treatment options, situations may arise when it is not clear from your Advance Health Care Directive what your decision or wish may be in regards to your care. To provide for that event, you may name a person you trust to make decisions for you (an agent). This is done in the Durable Power of Attorney for Health Care (Part I and Part III of the legal document).

2. When does an Advance Health Care Directive go into effect?

The Advance Health Care Directive only will be used when you cannot make or communicate decisions for yourself. Your Advance Health Care Directive is good until the time of your death unless you cancel it. It is recommended that you review the document annually to make sure it still expresses your wishes. When you do conduct a review, put your initials and the date in the margin to show you are continuing to think out your decisions.

3. Do I need a lawyer to fill out an Advance Health Care Directive?

No. It is not necessary to hire a lawyer to fill out an Advance Health Care Directive. If the form in this booklet does not meet your needs, you should consult a lawyer. Although a lawyer is not necessary to complete an Advance Health Care Directive, a Durable Power of Attorney for Health Care requires notarization. Both the Advance Health Care Directive and the Durable Power of Attorney for Health Care are legal documents and you should consult a lawyer if you have questions concerning the legal effect.

4. What should I know about a Durable Power of Attorney for Health Care?

A Durable Power of Attorney for Health Care is a legal document in which you appoint someone to make decisions for you if you are unable to do so. The person you appoint to make decisions for you is called an "agent." This person also is sometimes called an "Attorney in Fact." It's important that you choose an agent who knows your goals, values and whom you trust to carry out your decisions. You must appoint a person 18 years of age or older. Usually, a close relative or someone you trust with your life is named as your agent.

It cannot be your physician or an owner, operator or employee of a healthcare facility in which you reside, unless you are related. A Durable Power of Attorney for Health Care does not cover business or financial decisions; it only covers healthcare decisions when you are unable to make decisions for yourself. Be sure to talk with your agent about your wishes in detail and be sure he or she agrees to act on your behalf.

5. Who needs to know about my Advance Health Care Directive?

It is your responsibility to notify and provide copies of your Advance Health Care Directive to the agent appointed in your Durable Power of Attorney for Health Care and others such as your physician, family, friends and clergy. Discuss the details of your Advance Health Care Directive with those people and ask your physician to make it part of your permanent medical record.

6. Will my wishes be carried out?

Healthcare providers and your agent must honor your wishes as expressed in your Advance Health Care Directive, as long as the directions you have made are clear and in accord with state law. Any provider who will not honor your Advance Health Care Directive or decisions made by your agent must assist in arranging your transfer to a provider who will honor your Advance Health Care Directive and the decisions of your agent.

If you have named an agent, only he or she has the legal authority to make healthcare decisions for you. However, your agent may wish to obtain information from your family members to assist him or her in making your healthcare decisions. It is a good idea to explain to your family members your healthcare wishes so they will know what to expect.

7. Will my Advance Health Care Directive be honored in an emergency situation?

In an emergency situation, it may be possible and necessary for healthcare providers to make a quick judgement of medical treatment versus quality of life. You should assume that treatment will be tried until it proves to be useless. If treatment does not lead to a significant recovery, you should expect that your Advance Health Care Directive will be honored and treatment, which has proven to be useless, will be stopped.

8. What if I DO NOT want to be revived when I die (when my heart and breathing stops)?

Some people want to refuse cardiopulmonary resuscitation (CPR) because they fear being “trapped” on life support. Your Advance Health Care Directive partly addresses this concern. The Advance Health Care Directive states that if it is uncertain whether or not treatment “will lead to significant recovery,” it only should be tried for a reasonable period of time. If, however, you do not want CPR at all, you need to talk to your physician about a medical order directing emergency workers not to use CPR (No Code or Do Not Resuscitate [DNR] see question #9).

9. What is a “Do-Not-Resuscitate” (DNR) order?

A DNR request is an order written by a physician instructing healthcare providers not to attempt cardiopulmonary resuscitation (CPR) when your heart and breathing stops. A person with a valid DNR order will not be given CPR. Even though the DNR order is written at the request of a person or his or her family, it must be signed by a physician to be valid. An “Outside of Hospital DNR” request is written for individuals who are outside the hospital setting. These are available by contacting CMH Social Services at 417-326-6000 or your primary care provider’s office.

10. What is the difference between a DNR request and a “No Code Outside the Hospital?”

Although both are orders signed by a physician to direct healthcare personnel not to start CPR on a patient whose heart and breathing stops, each are used in different settings. The “no code” applies to a hospital setting and becomes part of the vital information for all healthcare personnel. This way your wishes easily can be recognized in case your heart and breathing stop. The “Outside of Hospital

DNR” request is for outside the hospital and primarily is directed to medical staff to honor your wishes not to start CPR when your heart and breathing have stopped.

If you have checked “No CPR” in your Advance Health Care Directive, you also will need to talk to your physician about “DNR” and “No Code” designations.

11. May I request that artificially administered food and water be stopped and feeding tubes be removed?

Yes. You clearly must express this wish in your Advance Health Care Directive.

12. How can I describe what an “acceptable quality of life” means to me?

It is important to describe what an “acceptable quality of life” means in terms of your personal goals and values. There is no single “right” answer to this question. Therefore, this definition needs to be a personal description. Some examples of statement people have made regarding an “acceptable quality of life” include:

I want to have...

- the ability to recognize people.
- the ability to communicate.
- the ability to feed myself.
- the ability to swallow food and fluid.
- the ability to make decisions for myself.
- the ability to relate to my environment.
- the ability to reasonably be free of pain.

13. Will filling out an Advance Health Care Directive affect my future medical treatment or my health or life insurance?

No. Your decision to make an Advance Health Care Directive is your right under law. Your signature on an Advance Health Care Directive will not affect your benefits or ability to obtain life or health insurance. Furthermore, an Advance Health Care Directive will not affect your ability to obtain healthcare treatment.

14. If I change my mind, may I cancel or change an Advance Health Care Directive?

Yes. You may cancel or change your Advance Health Care Directive by telling your agent or physician in writing of your decision to do so. You may change your Advance Health Care Directive by reinitializing and dating the areas of change. If many changes are made to your Advance Health Care Directive, you need to destroy all copies of the old Advance Health Care Directive and complete a new form. Remember to give a new copy to your agent(s), family and physician.

15. What happens if I do not have an Advance Health Care Directive?

If you do not have an Advance Health Care Directive and you cannot make healthcare decisions because of your physical or mental condition at the time, the decision making power may default to a someone else. In these situations, decisions about your healthcare may or may not reflect your wishes and may be made by someone you would not choose.

16. What if I have a Statutory Living Will?

A Statutory Living Will was the first type of Advance Health Care Directive. The Statutory Living Will document allows a person to direct that "death prolonging procedures" not be used to keep him or her alive when the person is in a terminal condition and is unable to make treatment decisions. A Statutory Living Will is now a part of the Advance Health Care Directive contained in this booklet.

Advance Health Care Directive GLOSSARY OF TERMS

Advance Health Care Directive

A general term that describes two kinds of legal documents: the Advance Health Care Directive and Durable Power of Attorney for Health Care. Together, these documents allow a person to give instructions about future medical care should he or she be unable to participate in medical decisions due to incapacity. Each state regulates the use of advance directive differently. An Advance Health Care Directive is a more comprehensive document than a living will.

Agent

A person who you have designated to make decisions for you when you no longer are able to do so. Agent is another name for your Durable Power of Attorney for Health Care.

Artificial Nutrition and Hydration

Artificial nutrition and hydration (or tube feeding) supplements or replaces ordinary eating and drinking by giving a chemically balanced mix of nutrients and fluids through a tube placed directly into the stomach, the upper intestine or a vein. Artificial nutrition and hydration can save lives when used until the body heals. Long-term artificial nutrition and hydration may be given to people with serious intestinal disorders that impair their ability to digest food, thereby helping them to enjoy a quality of life that is important to them.

Brain Death

The irreversible loss of all brain function. Most states legally define death to include brain death.

Capacity

In relation to end-of-life decision-making, a patient has medical decision-making capacity if he or she has the ability to understand the medical problem and the risks and benefits of the available treatment options.

Cardiopulmonary Resuscitation

Cardiopulmonary resuscitation (CPR) is a group of treatments used when someone's heart and/or breathing stops. CPR is used in an attempt to restart the heart and breathing. It may consist only of mouth-to-mouth breathing or it may include pressing on the chest to mimic the heart's function and cause the blood to circulate. Electric shock and medications also are used frequently to stimulate the heart. When used quickly in response to a sudden event like a heart attack or drowning, CPR can be lifesaving. The success rate, however, is extremely low for people who are at the end of a terminal disease process. If you do not wish to receive CPR under certain circumstances, and you are in the hospital, your physician must write a "No Code" order on the medical record. If you are at home, the state of Missouri allows for a Do-Not-Resuscitate (DNR) order. This order is written by a physician and directs emergency workers or others outside of a hospital setting not to start CPR.

Chemotherapy

Chemotherapy is the use of medications to treat cancer. Cancer is a cell that divides quickly and grows out of control. Chemotherapy possibly can kill the cancer cells so that the tumor shrinks or even disappears.

Chemotherapy can be administered in several different ways. Chemotherapy can be given into a vein (IV); by mouth (in the form of a pill, capsule or liquid); topically (the medication is applied to the skin); or can be given into a muscle, under the skin. This is done by an injection.

Do-Not-Resuscitate Order (DNR)

A DNR order is physician's written order instructing healthcare providers not to attempt cardiopulmonary resuscitation (CPR) when your heart and breathing stops in case of cardiac respiratory arrest. A person with a valid DNR order will not be given CPR under these circumstances. Although the DNR order is written at the request of a person or his or her family, it must be signed by a physician to be valid. A DNR order typically is written for individuals who are at home and do not want to receive CPR.

Dialysis

Dialysis is a method of removing harmful substances from the blood when the kidneys are unable to do so. Peritoneal dialysis works by placing a very small tube into the abdo-

men and attaching a bag of special fluid to flow into the abdomen. This is done by the patient at home. Hemodialysis requires placing a very small tube into the arm and allowing the machine to clean your blood. This is done by going to a dialysis center two or three times a week.

Durable Power of Attorney for Health Care

A legal document that allows an individual to appoint someone else to make decisions about his or her medical care if he or she is unable to do so. This type of advance directive also may be called a healthcare proxy, or may be accomplished by the appointment of a healthcare agent. The person appointed may be called a healthcare agent, surrogate, proxy or attorney-in-fact.

Incapacitated

This term is used to describe someone who is unable to communicate decisions. Legally it means a state in which a person is incapable or ineligible. (Incapacity - Lack of physical or intellectual power or of natural or legal qualifications.) Incompetent – See “Capacity.”

Living Will

One type of advance directive in which an individual documents his or her wishes about medical treatment should he or she be at the end of life and unable to do so. It also may be called a “directive to physicians,” “healthcare declaration” or “medical directive.” The purpose of a living will is to guide family members and physicians in deciding how aggressively to use medical treatments to delay death.

Mechanical Ventilation

Mechanical ventilation is used to support or replace the function of the lungs. A machine called a ventilator (or respirator) forces air into the lungs. The ventilator is attached to a tube inserted into the nose or mouth and down into the windpipe (or trachea). Mechanical ventilation often is used to assist a person through a short-term problem or for prolonged periods in which irreversible respiratory failure exists due to injuries to the upper spinal cord or a progressive neurological disease. Some people on long-term mechanical ventilation are able to live a quality of life that is important to them. For the dying patient, however, mechanical ventilation often merely prolongs the dying process until some other body system fails. Mechanical ventilation may supply oxygen but it cannot improve the underlying condition. When discussing end-of-life wishes, make clear to loved ones and your physician whether you want mechanical ventilation if you never regain the ability to breathe on your own or return to a quality of life acceptable to you.

“No Code”

A “No Code” is an order written on a hospital medical record and signed by a physician. This tells all medical personnel that you do not want to have CPR, mechanical ventilation or medication should your heart or breathing stop.

Radiation

The emission of energy, rays or waves. In medicine, radioactive therapy is the use of a radioactive substance in the diagnosis or treatment of disease.

Respirator (see mechanical ventilator)

A machine used to modify air for breathing or to improve pulmonary ventilation.

Surrogate Decision-Making

Surrogate decision-making laws allow an individual or group of individuals (usually family members) to make decisions about medical treatments for a patient who has lost decision-making capacity and did not prepare an advance directive. A majority of states have passed statutes that permit surrogate decision-making for patients without advance directives.

Ventilator (see mechanical ventilation)

Any of several devices used in respiratory therapy to provide assisted respiration and positive pressure breathing.

A BRIEF SUMMARY: MISSOURI LAW REGARDING A PATIENT’S RIGHT TO MAKE HEALTH CARE TREATMENT DECISIONS

Any time you are admitted to a hospital, long-term care facility or are served by certain organizations that receive Medicare or Medicaid money, you must be told about your right to make healthcare decisions. The requirement applies to all adults no matter what their medical condition. Long-term care facilities and other healthcare organizations must determine if you have an “advance directive,” but they cannot require you to have one in order for you to receive services or be admitted to a facility. They must have policies and procedures concerning how they handle medical emergencies and advance directives, and they must inform you or your legal representative of these prior to or at the time of admission. If you have an advance directive, long-term care facilities must have a copy of it on file and must adhere to your wishes if these are not in conflict with their policies.

This information is designed to provide information about your rights under Missouri law to accept or refuse medical treatment, including life support. These are important personal healthcare decisions and they deserve careful thought.

It is a good idea to talk about them with your physician, family, friends, staff members of your healthcare facility, and most important, if possible, your lawyer.

DURABLE POWER OF ATTORNEY FOR HEALTH CARE (Chapter 404 RSMO, 1994)

On August 28, 1991, a law went into effect in Missouri that allows a competent adult to designate another person to make healthcare and treatment decisions if and when the adult is unable to do so. The act is known as the durable power of attorney for health care.

The Durable Power of Attorney for Health Care

- must be signed by the patient and notarized;
- becomes effective upon certification of the incapacity of an individual by two licensed physicians (unless the power of attorney document provides for a different number; but in any case, certification by at least one physician is required);
- must provide a specific grant of authority to withhold or withdraw artificially supplied nutrition and hydration if the patient intends the designated person to be able to withhold or withdraw this type of medical treatment; and
- may be revoked by the adult, if competent, at any time and in any manner by which he/she is able to communicate his/her intent to revoke.

MISSOURI CASE LAW

"The Cruzan Case"

Cruzan vs. Director; Missouri Department of Health

- determined that a state has a right to require "clear and convincing evidence" that a patient would have, if competent, refused treatment; and
- established that there is a constitutional basis for persons to make decisions regarding their own medical care (including the withholding or withdrawing of food and hydration provided by artificial means).

As applied in Missouri, the Jasper County Circuit Court in Cruzan vs. Mouton

- authorized the removal of nutrition and hydration based upon clear and convincing evidence that the patient would have desired the discontinuance of life support measures.

"Clear and convincing evidence" can be established in many ways. Persons can execute a formal document developed by their attorney, can use a statutory declaration form or other printed Advance Directive form, or even can write something out in their own words. Whatever form or format you use, be sure to give a copy to your physician and healthcare provider.

MISSOURI LIFE SUPPORT DECLARATION ACT (Chapter 459 RSMO)

On September 24, 1985, a law went into effect in Missouri that allows a competent adult to sign a declaration permitting the withholding of "death-prolonging procedures" if the adult has a terminal condition and is unable to make treatment decisions at that time. The act refers to the written authorization as a "Declaration."

Declaration

- must be written, signed, dated and witnessed (unless wholly in the patient's handwriting);
- is only valid in cases of terminal illness; and
- may not include directives regarding withholding food and water or palliative medical care.

Any person who executes a Declaration may revoke it orally, in writing or in any other method of communication.

CITIZENS MEMORIAL HOSPITAL/CITIZENS MEMORIAL HEALTH CARE FOUNDATION (CMH) POLICIES AND PROCEDURES

During admission for CMH services you will be asked if you have an existing Advance Health Care Directive. If admitted as a patient, home care client or resident of a long-term care facility, you will be asked to provide a copy for your permanent medical record. However, you are not required to have an Advance Directive, nor does it affect your admission or quality of services.

CMH staff members cannot fulfill directives that are illegal in Missouri, including mercy killing, assisted suicide and withholding or withdrawing life support from a pregnant patient. CMH staff must comply with all legal directives unless they are specifically contrary to CMH policy, in which case staff will cooperate with, or reasonably assist, a resulting patient transfer to another healthcare provider. A staff physician unwilling to comply with a patient's legal directive will likewise assist transfer of patient care to another physician.

State laws vary, so documents prepared outside the State of Missouri should be reviewed for validity. At your request, CMH staff gladly will provide forms and/or refer you to the CMH Social Services Department for additional assistance. You are also welcome to call the Social Services Department at 417-326-6000.

Advance Directive Resource Directory

Alzheimer's Disease

Alzheimer's Association, Springfield – 417-886-2199

Cancer

American Cancer Society National Office – 1-800-227-2345

American Cancer Society, Springfield – 417-881-4668

Cancer Care Inc. – 800-813-4673

Cancer Information Center – 417-885-2273

Carrie J. Babb Cancer Center – 417-326-7200

Division of Health and Senior Services

Cedar County – 417-276-5113

Dade County – 417-637-5326

Dallas County – 417-345-7651

Greene County – 417-895-5677

Hickory County – 417-745-6491

Polk County – 417-326-6241

St. Clair County – 417-646-8165

Health Departments

Cedar County – 417-876-5492

Dade County – 417-637-2345

Dallas County – 417-345-2332

Greene County – 417-864-1658

Hickory County – 417-745-2138

Polk County – 417-326-7250

St. Clair County – 417-646-8332

Health Transportation

Citizens Memorial Health Transit Services – 417-777-5165

Logisticare – 866-269-5927

Home Health Care

Citizens Memorial Hospital Home Health Services –
417-328-6350

Home Medical Equipment

Bolivar Home Medical Equipment – 417-328-6350

Buffalo Home Medical Equipment – 417-345-2244

Hermitage Home Medical Equipment – 417-745-2010

Stockton Home Medical Equipment – 417-276-2401

Hospice Care

Citizens Memorial Hospice – 417-326-3585

Missouri Hospice Organization – 573-634-5514

Independent Living

Ash Grove Senior Living Community – 417-751-2575

Butterfield Apartments – 417-326-7648

Colonial Springs Senior Living – 417-345-2888

Community Springs Senior Living – 417-876-2531

Parkview Senior Living Community – 417-326-3000

Residential Care

Butterfield Residential Care Center – 417-328-6380

Skilled Nursing Care

Ash Grove Healthcare Facility – 417-751-2575

Citizens Memorial Healthcare Facility – 417-326-7648

Colonial Springs Healthcare Center – 417-345-2228

Community Springs Healthcare Facility – 417-876-2531

Lake Stockton Healthcare Facility – 417-276-5126

Parkview Health Care Facility – 417-326-3000

Support Groups

Alzheimer's Support Group, Bolivar – 417-328-7310

Alzheimer's Support Group, Buffalo – 417-345-2228

Alzheimer's Support Group, Stockton – 417-276-5126

Cancer Support Community Alliance – 417-328-7907

CHEMOcare – 1-844-268-3901

Citizens Memorial Hospice Bereavement Support Group –
417-326-3585

Diabetes Support Group, Bolivar – 417-328-7957

Hereditary Cancer Center – 1-800-648-8133

High Hopes Cancer Support Group – 417-328-7912

Parkinson's Disease Support Group, Bolivar – 417-328-7059

Smoking Cessation Support Group, Bolivar – 417-328-6574

Website Directory

www.citizensmemorial.com

www.cancernet.com

www.extendedcare.com

Give a copy of this legal document to:

- Your family
- Your agent
- Your alternative agent(s)
- Your physician
- Your hospital's records department
- Your clergy

If you do not wish to name an agent (someone to act on your behalf if you are unable) initial here, print your name and Social Security Number, and move on to part III of Advanced Health Care Directive.

If you do wish to name an agent (someone to act on your behalf if you are unable), fill in your Social Security Number, your agent's name date of birth, telephone number and address in the blanks

You are allowed to select an alternate agent, in the event that your primary agent is not available.

List your alternate's name, telephone number and address in the blanks.

List here the name, telephone number and address for your second choice for an agent if you have chosen one.

Durable Power of Attorney for Health Care and Advance Health Care Directive Legal Document

Take a copy of this legal document with you whenever you go to the hospital

Durable Power of Attorney for Health Care and Advanced Health Care Directive Part 1

Durable Power of Attorney for Health Care

_____ **I DO NOT** wish to name an agent to make health care decisions for me.

(Initial here and go to Part II)

Selection of agent. It is suggested that only one agent be named. However, if more than one agent is named, any one may act individually unless you specify otherwise.

1. I, (print your name) _____
(SS#) _____ (date of birth) _____
appoint (name person) _____
(phone) _____ (address) _____
(city) _____ (state) _____ (zip) _____

as my agent when I am unable to communicate or make decisions regarding my healthcare.

2. **Alternate agent.** Only an agent named by me may act under this Durable Power of Attorney. If my Agent resigns or is not able or available to make healthcare decisions for me, or if an Agent named by me is divorced from or is my spouse legally separated from me, I appoint the person(s) named below (in order named if more than one.)

First Alternate:

Name _____ Telephone _____
Address _____
City _____ State _____ Zip _____

Second Alternate:

Name _____ Telephone _____
Address _____
City _____ State _____ Zip _____

If you choose to only have one physician, instead of two physicians to determine if you are incapacitated, initial here.

Your agent's power: if you want your agent to be able to withhold or withdraw artificial nutrition and hydration, initial here.

Your agent's power: if you do not want your agent to be able to withhold or withdraw artificial nutrition and hydration, initial here.

3. Effective date and durability.

This Durable Power of Attorney for Health Care is effective when two physicians decide and certify that I am incapacitated and unable to make and communicate healthcare decisions.

_____ If you want ONE physician instead of TWO, to decide whether you are incapacitated, initial here.

4. Agent's power. I grant to my agent full authority to:

- A. Give consent to, prohibit or withdraw any type of healthcare, medical care, treatment or procedure, even if death may result;
_____ If you wish to AUTHORIZE your agent to direct a healthcare provider to withhold or withdraw artificially supplied nutrition and hydration (including tube feeding of food and water), initial here.
_____ If you DO NOT WISH TO AUTHORIZE your agent to direct health care providers to withhold or withdraw artificially supplied nutrition and hydration (including tube feeding of food and water), initial here.
- B. Make all necessary arrangements for healthcare services on my behalf, and to hire and fire medical personnel responsible for my care;
- C. Move me into or out of any healthcare facility (even if against medical advise) to obtain compliance with the decisions of my agent; and
- D. Take any other action necessary to do what I authorize here, including (but not limited to) granting any waiver or release from liability required by any healthcare provider, and taking any legal action at the expense of my estate to enforce this Durable Power of Attorney for Health Care.

5. Agent's financial liability and compensation.

My agent, acting under this Durable Power of Attorney for Health Care, will incur no personal financial liability. My agent shall not be entitled to compensation for service performed under this Durable Power of Attorney for Health Care, but my agent shall be entitled to reimbursement for all reasonable expenses incurred as a result of carrying out any provision hereof.

Part II

Advance Health Care Directive

Initial here if you do not wish to make an Advance Health Care Directive Go to Part III

Initial here for the following life-prolonging procedures you do not want. Refer to the glossary located at the end of this booklet for further explanations of the procedures.

_____ If you **DO NOT WISH** to make an Advance Health Care Directive, initial here and go to Part III.

I make this **ADVANCE HEALTH CARE DIRECTIVE** to exercise my right to determine the course of my healthcare and to provide clear and convincing proof of my wishes and instructions about my medical treatment.

If I am persistently unconscious or there is no expectation of my recovery from a serious incapacitating or terminal illness or condition, I direct that all of the life-prolonging procedures that have initialed below be **WITHHELD OR WITHDRAWN**.

I WANT THE FOLLOWING LIFE-PROLONGING PROCEDURES TO BE WITHHELD OR WITHDRAWN (I do not want any of the treatment I have initialed):

_____ artificially supplied nutrition and hydration (including feeding tubes of food and water)

_____ surgery or any other invasive procedure

_____ cardiopulmonary resuscitation (CPR to restart my heart or breathing)

_____ medicine to treat infections (antibiotics)

_____ artificial kidney machine (dialysis)

_____ breathing machine (mechanical ventilator/respirator)

_____ chemotherapy (a medical treatment for cancer using drugs)

_____ radiation therapy (a medical treatment for cancer using radiation)

_____ all other "life-prolonging" medical or surgical procedures that merely are intended to keep me alive without reasonable hope of improving my condition or curing my illness or injury

However, if my physician believes that any "life-prolonging" procedures may lead to a significant recovery, I direct my physician to try the treatment for a medically reasonable period of time. If it does not improve my condition, I direct the treatment be withdrawn, even if it shortens my life. Also, I direct that I be given medical treatment to relieve pain or to provide comfort, even if such treatment may shorten my life, suppress my appetite or my breathing, or be habit-forming.

On the lines provided, in your own words, describe:

If medical treatment were to help you regain health, explain here what you believe would be an acceptable quality of life (refer to question #12 in "Commonly Asked Questions").

If you were wanting to donate your organs initial "yes." If you do not wish to donate your organs initial "no." If you do not wish not to deal with this issue at this time initial "I do not want to address this question now."

If you selected "yes," check the organs to be donated.

Use this section to describe any other medical directions you would like for your agent to know.

If it is reasonable to expect that medical treatment will aid me in reaching an acceptable "quality of life," I want my physician to try those treatments. My definition of an "acceptable quality of life" is:

I want to donate my organs and tissue, and I realize it may be necessary to maintain my body artificially after my death on a breathing machine (ventilator) until my organs can be removed.

Yes _____ (initial) No _____ (initial) I do not want to address this question now _____ (initial)

If Yes, please indicate which organs you wish donate:

☐ Any needed organs and tissues

Only the following organs and tissues

☐ heart

☐ lungs

☐ bone

☐ eyes

☐ veins

☐ skin

☐ kidneys

☐ liver

☐ heart valves

☐ other _____

My other directions include:

Part III

General Provisions Included in the Advance Health Care Directive and Durable Powers of Attorney for Health Care

Relationship

1. **Relationship between Advance Health Care Directive and Durable Power of Attorney for Health Care.** If I have executed the Advance Health Care Directive and Durable Power of Attorney for Health Care I encourage my agent to follow my wishes as expressed in the Advanced Health Care Directive in making decisions regarding life-prolonging procedures. However, I have confidence in my agent's ability to make decisions on my best interest, and I authorize my agent to make decisions that are contrary to my Advance Health Care Directive in his or her best judgement. If the Durable Power of Attorney for Health Care is somehow determined to be ineffective, or if my agent is not able to serve, the Advance Health Care directive is intended to be used on its own firm instructions to my health care providers regarding life prolonging procedures.

Your agent cannot be held liable for health-care decisions.

2. **Protection of agent and third parties who rely on my Agent.** Neither my agent, nor any person who relies in good faith upon any representations by my agent or alternate agent (s) shall be liable to me, my estate, my heirs or assigns for exercising or recognizing the agents authority.

Revoking past Advance Health Care Directive or Durable Power of Attorney for Health Care

3. **Revocation of prior Advance Health Care Directive or Durable Power of Attorney for Health Care.** I revoke any prior Living Will, Declaration or Advance Health Care Directive executed by me. If I have appointed an agent in a prior Durable Power of Attorney for Health Care, I revoke any healthcare terms contained in the Durable Power of Attorney for Health Care.

Validity

4. **Validity.** This document is intended to be valid in any jurisdiction in which it is presented. The provision of this document are separable, so that the invalidity of one or more provisions shall not affect any others. A copy of this document shall be valid as the original.

This form should be signed and witnessed in the presence of a notary.

SIGN HERE for Durable Power of Attorney for Health Care and Advance Health Care Directive. Please ask two (2) persons to witness your signature who are not related to you, are not your assigned agents and are not financially connected to your estate.

In witness whereof, I have executed this document this _____ day of _____, 20_____.

Signature _____

Social Security Number _____ Date of Birth _____

The person who signed this document is of sound mind and voluntarily signed this document in our presence. Each of the undersigned is at least eighteen (18) years of age.

Witness _____

Address _____

Date _____

Witness _____

Address _____

Date _____

NOTARIZATION

On this _____ day of _____, in the year of _____, before me personally appeared in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal in the County of _____, State of _____, on the date written above.

Notary Public _____

My Commission Expires _____

(Notary seal)

You must put today's date and year here.

You must sign the document here.

Your Social Security Number and date of birth should be written here.

This document must be signed in the presence of two witnesses. These witnesses must be more than 18 years of age, not related to your DPOA, not an agent for you, and not financially connected to your estate.

This document must be notarized by a Notary Public. This is where the Notary will sign and seal the document (Durable Power of Attorney for Health Care).



MORE INFORMATION

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