

Advance Directives Planning for Important Healthcare Decisions

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

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

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

SERVICES FROM CARING CONNECTIONS

Information and Advice Services

You can call our toll-free helpline, 800-658-8898, if you need help completing your living will or health care power of attorney, if you wish to talk to someone about how to plan for decisions you might face near the end of your life, or if you are dealing with a difficult end-of-life situation and need immediate information and advice. Below is just a sampling of the kinds of questions that we respond to:

- How do I complete my advance directives?
- What questions should I ask my mother's doctors about her care?
- My father's health care providers will not honor his wishes. What shall I do?
- Do I have to be in pain?

Education Services

For the Public: We can provide publications and videos that offer practical information to educate consumers about how to get the best possible care near the end-of-life. We are building grassroots activities to help the public be involved in improving care for dying people. We also give consumers the opportunity to add their voices to the call for good end-of-life care.

For the Professionals: We can provide education and consultation to doctors, nurses, social workers, attorneys, clergy, and others. By becoming Partners, professional organizations gain access to a wide variety of materials and services that can help them improve end-of-life care in their institution or community.

Legal Services:

Caring Connections tracks and monitors all state and federal legislation and significant court cases related to end-of-life care to ensure that our advance directives are always up to date, and to ensure that we are the source for the most up-to-date information about legislation and case law affecting end-of-life decision making and care.

HOW TO USE THESE MATERIALS

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

2. These materials include:

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

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

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

5. When you begin to complete the form, refer to the gray instruction bars - they

indicate where you need to mark, insert your personal instructions, or sign the form.

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

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

Caring Connections
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Alexandria, VA 22314
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For more information contact:

The National Hospice and Palliative Care Organization
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Call our HelpLine: 800/658-898
Visit our Web site: www.caringinfo.org

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INTRODUCTION TO YOUR MICHIGAN ADVANCE DIRECTIVE

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

1. The **Michigan Designation of Patient Advocate for Health Care** lets you name someone to make decisions about your medical care — including decisions about life support—if you can no longer speak for yourself. The Designation of Patient Advocate for Health Care is especially useful because it appoints someone to speak for you any time you are unable to make your own medical decisions, not only at the end of life. It becomes effective when your doctor and one other physician or licensed psychologist examine you and determine in writing that you are unable to make medical treatment decisions. The written determination shall be made part of your medical record and must be reviewed at least once a year.

2. Michigan does not have a statute governing the use of living wills. The **Caring Connections Living Will** has been created to protect your constitutional right to state your wishes about medical care in the event that you develop an irreversible condition that prevents you from making your own medical decisions. The Living Will becomes effective if you become terminally ill, permanently unconscious or minimally conscious due to brain damage and will never regain the ability to make decisions.

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

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

COMPLETING YOUR MICHIGAN DESIGNATION OF PATIENT ADVOCATE FOR HEALTH CARE

Whom should I appoint as my patient advocate?

Your patient advocate is the person you appoint to make decisions about your medical care if you become unable to make those decisions yourself. Your patient advocate may be a family member or a close friend whom you trust to make serious decisions. The person you name as your patient advocate must be an adult who clearly understands your wishes and is willing to accept the responsibility of making medical decisions for you. (A patient advocate may also be called an “attorney-in-fact,” “agent” or “proxy.”)

You can appoint a second person as your alternate patient advocate. The alternate will step in if the first person you name as patient advocate is unable, unwilling or unavailable to act for you.

How do I make my Michigan Designation of Patient Advocate for Health Care legal?

The law requires that you sign your Designation in the presence of two witnesses, who must also sign the document to show that you voluntarily signed the Designation in their presence and that you appear to be of sound mind and under no duress, fraud or undue influence. These witnesses **cannot** be:

- your spouse, parent, child, grandchild or sibling,

- a person who stands to inherit from your estate, either by law or through a will,
- a physician or patient advocate,
- an employee of your life or health insurance provider,
- an employee of your treating health care facility, or
- an employee of a home for the aged, if you are a patient in that facility.

Note: You do not need to notarize your Michigan Designation.

Should I add personal instructions to my Michigan Designation of Patient Advocate for Health Care?

No. Although space is provided where you may list limitations on your patient advocate’s authority, Caring Connections advises you not to restrict your patient advocate’s authority. One of the strongest reasons for naming a patient advocate is to have someone who can respond flexibly as your medical situation changes and deal with situations that you did not foresee. If you add limitations to this document, you might unintentionally restrict your patient advocate’s power to act in your best interest.

Instead, we urge you to talk with your patient advocate about your future medical care and describe what you consider to be an acceptable “quality of life.” If you want to record your wishes about specific treatments or conditions, you should use your Caring Connections Living Will.

COMPLETING YOUR MICHIGAN DESIGNATION OF PATIENT ADVOCATE FOR HEALTH CARE (CONTINUED)

What if I change my mind?

You may revoke your Designation at any time and in any manner, regardless of your ability to make medical decisions. If your revocation is not in writing, you are required to have a witness to your revocation who must sign a written description of the revocation and, if possible, notify your patient advocate. Your Designation is automatically revoked if:

- your death occurs,
- your patient advocate resigns or is removed by a probate court for failing to act in your best interests (unless you have appointed an alternate),
- you execute a subsequent Designation,
- you have explicitly made a provision for revocation in your document, or
- you name your spouse as your patient advocate and your marriage ends (unless you have appointed an alternate).

What other important facts should I know?

- Due to restrictions in the state law, a patient advocate does not have the authority to decide to withhold or withdraw life support from a pregnant patient. If this issue concerns you, contact Caring Connections for more information.
- Your patient advocate and alternate (if any) must receive a copy of your document and date and sign an acceptance to the Designation on page 4 before he or she can make medical decisions on your behalf.
- If you have religious convictions that prohibit you from being examined by a physician, you can add instructions to your designation stating that you do not wish to be examined by a physician. You must then state in your Designation how it shall be determined when your patient advocate has authority to make decisions on your behalf.

COMPLETING YOUR CARING CONNECTIONS LIVING WILL

How do I make my Living Will legal?

Because Michigan does not have a statute governing the use of living wills, there are no specific requirements to make your Caring Connections Living Will legal. Caring Connections recommends that you sign your Living Will in the presence of two adult witnesses. Your witnesses should not be:

- related to you by blood or marriage,
- beneficiaries of your estate,
- your health care provider or an employee of your health care provider, or
- your health care agent or proxy.

Note: You do not need to notarize your Living Will.

Can I add personal instructions to my Living Will?

Yes. You can add personal instructions in the part of the document called “Other directions.” For example, if there are any specific forms of treatment that you wish to refuse that are not already listed on the document, you may list them here. Also, you can add instructions such as, “I do not want to be placed in a nursing home,” or “I want to die at home.” If you have appointed a patient advocate, it is a good idea to write a statement such as, “Any questions about how to interpret or when to apply my Living Will are to be decided by my agent.”

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

What if I change my mind?

You may revoke your Living Will at any time by:

- executing a new Living Will,
- tearing, burning, or otherwise destroying your document, or
- notifying your doctor orally or in writing of your intent to revoke your document.

AFTER YOU HAVE COMPLETED YOUR DOCUMENTS

1. Your Michigan Designation of Patient Advocate for Health Care and Caring Connections Living Will are important legal documents. Keep the original signed documents in a secure but accessible place. Do not put the original documents in a safe deposit box or any other security box that would keep others from having access to them.

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

3. Be sure to talk to your patient advocate and alternate, doctor(s), clergy, and family and friends about your wishes concerning medical treatment. Discuss your wishes with them often, particularly if your medical condition changes.

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

5. Remember, you can always revoke your Michigan Designation of Patient Advocate

for Health Care or your Caring Connections Living Will.

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

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

**MICHIGAN DESIGNATION OF PATIENT ADVOCATE
FOR HEALTH CARE**

INSTRUCTIONS

**PRINT YOUR NAME
AND ADDRESS**

I _____
(name)

(address)
am of sound mind, and I voluntarily make this designation.

**PRINT THE NAME,
ADDRESS AND
PHONE NUMBERS
OF YOUR PATIENT
ADVOCATE**

I designate _____
(name of patient advocate)

residing at _____
(address)

(home phone number) (work phone number)
as my patient advocate to make care, custody, or medical treatment decisions for
me only when I become unable to participate in medical treatment decisions. The
determination of when I am unable to participate in medical treatment decisions
shall be made by my attending physician and another physician or licensed
psychologist.

If the first individual is unable, unwilling, or unavailable to serve as my patient
advocate, then I designate:

(name of successor agent)

residing at _____
(address)

(home phone number) (work phone number)
to serve as my patient advocate.

**PRINT THE NAME,
ADDRESS AND
PHONE NUMBERS
OF YOUR
ALTERNATE
PATIENT
ADVOCATE**

**MICHIGAN DESIGNATION OF PATIENT ADVOCATE FOR
HEALTH CARE - PAGE 2 OF 4**

I authorize my patient advocate to decide to withhold or withdraw medical treatment which could or would allow me to die. I am fully aware that such a decision could or would lead to my death.

In making decisions for me, my patient advocate shall be guided by my wishes, whether expressed orally, in a living will, or in this designation. If my wishes as to a particular situation have not been expressed, my patient advocate shall be guided by his or her best judgment of my probable decision, given the benefits, burdens and consequences of the decision, even if my death, or the chance of my death, is one consequence.

My patient advocate shall have the same authority to make care, custody and medical treatment decisions as I would if I had the capacity to make them EXCEPT (*here list the limitations, if any, you wish to place on your patient advocate's authority*):

This designation of patient advocate shall not be affected by my disability or incapacity. This designation of patient advocate is governed by Michigan law, although I request that it be honored in any state in which I may be found. I reserve the power to revoke this designation at any time by communicating my intent to revoke it in any manner in which I am able to communicate.

Photostatic copies of this document, after it is signed and witnessed, shall have the same legal force as the original document.

I voluntarily sign this designation of patient advocate after careful consideration. I accept its meaning and I accept its consequences.

(your signature)

(date)

(your street address)

(city, Michigan, zip code)

LIST LIMITATIONS
TO YOUR PATIENT
ADVOCATE'S
AUTHORITY
(IF ANY)

SIGN AND DATE
YOUR DOCUMENT
AND PRINT YOUR
ADDRESS

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**MICHIGAN DESIGNATION OF PATIENT ADVOCATE FOR
HEALTH CARE — PAGE 3 OF 4**

Statement of Witnesses

We sign below as witnesses. This designation was signed in our presence. The designator appears to be of sound mind, and to be making this designation voluntarily, and under no duress, fraud, or undue influence.

Witness 1: _____
(signature)

(print or type full name)

(address)

Witness 2: _____
(signature)

(print or type full name)

(address)

Acceptance by Patient Advocate and Successor Advocate (If Any)

(A) This designation shall not become effective unless the patient is unable to participate in treatment decisions.

(B) A patient advocate shall not exercise powers concerning the patient's care, custody and medical treatment that the patient, if the patient were able to participate in the decision, could not have exercised on his or her own behalf.

(C) This designation cannot be used to make a medical treatment decision to withhold or withdraw treatment from a patient who is pregnant that would result in the patient's death.

(D) A patient advocate may make a decision to withhold or withdraw treatment which would allow a patient to die only if the patient has expressed in a clear and convincing manner that the patient advocate is authorized to make such a decision, and that the patient acknowledges that such a decision could or would allow the patient's death.

(E) A patient advocate shall not receive compensation for the performance of his or her authority, rights, and responsibilities, but a patient advocate may be reimbursed for actual and necessary expenses incurred in performance of his or her authority, rights, and responsibilities.

WITNESSING
PROCEDURE

WITNESSES MUST
SIGN AND PRINT
THEIR NAME AND
ADDRESS

ACCEPTANCE
STATEMENT

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**MICHIGAN DESIGNATION OF PATIENT ADVOCATE FOR
HEALTH CARE — PAGE 4 OF 4**

(F) A patient advocate shall act in accordance with the standards of care applicable to fiduciaries when acting for the patient and shall act consistent with the patient's best interests. The known desires of the patient expressed or evidenced while the patient is able to participate in medical treatment decisions are presumed to be in the patient's best interests.

(G) A patient may revoke his or her designation at any time and in any manner sufficient to communicate an intent to revoke.

(H) A patient advocate may revoke his or her acceptance to the designation at any time and in any manner sufficient to communicate an intent to revoke.

(I) A patient admitted to a health facility or agency has the rights enumerated in Section 20201 of the Public Health Code, Act No. 368 of the Public Acts of 1978, being section 333.20201 of the Michigan Compiled Laws.

(J) A patient advocate may choose to have the patient placed under hospice care.

I understand the above conditions and I accept the designation as patient advocate
for _____
(name of principal)

Dated _____ Signed _____

I understand the above conditions and I accept the designation of successor patient
advocate for _____
(name of principal)

Dated _____ Signed _____

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

YOUR PATIENT
ADVOCATE MUST
SIGN AND DATE
YOUR DOCUMENT
HERE

YOUR ALTERNATE
PATIENT
ADVOCATE MUST
SIGN AND DATE
YOUR DOCUMENT
HERE

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CARING CONNECTIONS LIVING WILL

INSTRUCTIONS

PRINT YOUR NAME

I, _____,
being of sound mind, make this statement as a directive to be followed if I become permanently unable to participate in decisions regarding my medical care. These instructions reflect my firm and settled commitment to decline medical treatment under the circumstances indicated below:

I direct my attending physician to withhold or withdraw treatment that merely prolongs my dying, if I should be in an **incurable or irreversible mental or physical condition with no reasonable expectation of recovery**, including but not limited to: (a) **a terminal condition**; (b) **a permanently unconscious condition**; or (c) **a minimally conscious condition in which I am permanently unable to make decisions or express my wishes**.

I direct that treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing treatment.

While I understand that I am not legally required to be specific about future treatments, **if I am in the condition(s) described above I feel especially strongly about the following forms of treatment:**

I do not want cardiac resuscitation.
I do not want mechanical respiration.
I do not want tube feeding.
I do not want antibiotics.

However, I **do want** maximum pain relief, even if it may hasten my death.

CROSS OUT ANY
STATEMENTS
THAT DO NOT
REFLECT YOUR
WISHES

CARING CONNECTIONS LIVING WILL - PAGE 2 OF 2

ADD PERSONAL
INSTRUCTIONS
(IF ANY)

Other directions (insert personal instructions):

These directions express my legal right to refuse treatment under federal and state law. I intend my instructions to be carried out, unless I have revoked them in a new writing or by clearly indicating that I have changed my mind.

Signed: _____ Date: _____

Address: _____

SIGN AND DATE
THE DOCUMENT
AND PRINT
YOUR ADDRESS

WITNESSING
PROCEDURE

I declare that the person who signed this document appeared to execute the living will willingly and free from duress. He or she signed (or asked another to sign for him or her) this document in my presence.

Witness: _____

Address: _____

TWO WITNESSES
MUST SIGN AND
PRINT THEIR
ADDRESSES

Witness: _____

Address: _____
