Advance directives: exercising your right to choose

Through the past several decades, the ability of medical science to save and preserve lives has increased dramatically. However, this ability has raised some serious questions: Should health care providers preserve a patient’s life after the quality of the patient’s life is gone? When a patient can no longer make decisions or communicate their treatment wishes, should health care providers make those decisions?

Many states — including Kansas — have passed laws allowing people to prepare written directions about their future health care. These documents are called “advance directives.”

In 1990, the federal government passed the Patient Self-Determination Act, a law that requires hospitals to provide written information to adult inpatients concerning their right under state law to make decisions about their own medical care and their right to formulate advance directives.

Two types of advance directives are most commonly used:

1. The “Living Will” and the “Durable Power of Attorney for Health Care Decisions.”

2. A Living Will is a written declaration that makes your wishes known in the event that you have a terminal condition and cannot communicate. (A terminal condition is one that is expected to cause the patient to die.) The Living Will states that life-sustaining procedures should be withheld or withdrawn if you have lost the ability to make decisions and when such procedures would merely prolong death. Medical procedures that provide comfort or alleviate pain are not considered life-sustaining procedures.

To be valid, the Living Will must be signed by you and witnessed by two adults who are not related to you, and who will not inherit from you. The powers that can be granted to your agent include the power to make decisions, give consent, refuse consent or withdraw consent for organ donation, autopsy or the treatment of any physical or mental condition. The agent may make all necessary arrangements for hospitalization, doctors or other care. The agent may also sign releases for your medical records or request and receive your medical records or information about your condition. You can outline in your durable power of attorney document which of the above powers your agent will have.

You can also put specific instructions in your document. For example, you may prohibit a specific treatment. Or you may request treatment, including life-sustaining care. Your agent and health care providers must follow your expressed wishes. They must also respect any wishes you have stated in a Living Will.

For further information about a Living Will or a Durable Power of Attorney, or to complete these documents, ask your nurse or call Guest Services at 962-2100. Alternate numbers are 962-2096 and 962-3148.

Questions and answers about advance directives

Should I have both a Living Will and a Durable Power of Attorney for Health Care Decisions?

You may choose between a Living Will and a Durable Power of Attorney for Health Care Decisions, or you may have both. The basic difference between the two is that the durable power of attorney designates a particular person to make decisions for you when you are not able to decide for yourself. It can cover all health care decisions and then daily or upon a change in condition. They use a fall scale that rates the patient’s gait, transferring ability, need for an ambulatory aid, mental status, recent fall history, and whether IV or other lines are present.

Patient safety: infection prevention

Infection prevention is a high priority at Wesley Medical Center. We follow the Centers for Disease Control (CDC) and other regulatory agencies’ requirements to make your hospital stay safe. Our staff is continuously updated on new infection prevention practices. We put these in place, evaluate our outcomes, and make any necessary adjustments to make Wesley Medical Center the safest medical environment. If you have questions or concerns, talk to your nurse or contact the Infection Prevention Department at 962-7570 or 116-962-2893.

Steps YOU can take to prevent infection

Hand hygiene (soap and water or alcohol gel)

- Clean your hands before you eat, after coughing, sneezing or using the bathroom.
- Clean your hands if they become soiled or touch items that are dirty.
- If you do not see your healthcare workers clean their hands before they care for you, ask them to do so.

Preventing pneumonia related to mechanical ventilation

- If you are on a ventilator, we encourage your family to ask about the following infection prevention measures: Raising the head of the bed
- Mouth care and how often
- When will you be ready to start coming off of the ventilator

Preventing surgical site infections

- Shower before your surgery, following instructions given to you by hospital staff or your doctor.
- Don’t shave hair where the procedure will be done.
- Talk to your doctor if you have an infection, a history of infection after operations or a history of MRSA (methicillin-resistant Staph aureus).

Patient safety: additional measures

It is the purpose and priority of the staff at Wesley Medical Center to make your hospital stay as pleasant as possible. Patient safety is a high priority at Wesley. To ensure your safety during the hospital stay, staff will educate you and visitors about any safety issues. This will ensure that you return to the maximum level of independence, functioning and previous quality of life.

There are many aspects of patient safety that may be addressed according to each patient’s individual needs. Listed below are a few of the safety issues that will be addressed with your during your stay at Wesley.

Falls: Nursing staff assess patients upon admission and daily or upon a change in condition. They use a fall scale that rates the patient’s gait, transferring ability, need for an ambulatory aid, mental status, recent fall history, and whether IV or other lines are present. Interventions are based on the scale results and are individualized for the patient. Physicians may consider the need for assistive devices, a change in medications, orders for physical therapy or other orders that can help reduce the risk of falling.

Plan of care: It is our goal to include all patients and their family in the planning and provision of their care plan.

Safe and effective use of medications: Indications for medications, side effects, and dosing regimens will all be discussed with you to ensure that the medications your used safely and effectively. Medications taken while you are in the hospital will be prescribed by your physician. Upon discharge, your physician will decide what
Privacy Official.

We may deny your request for an amendment, and, if this occurs, you will be notified of the reason for the denial.

- **An accounting of disclosures:** You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your health information for purposes other than treatment, payment or health care operations where an authorization was not required.

- **Request restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. Any request for a restriction must be sent in writing to the Facility Privacy Official.

- **We are required to agree to your request only if:** 1) except as otherwise required by law, the disclosure is to your health plan and the purpose is related to payment or health care operations (not treatment purposes), and 2) your information pertains solely to health care services for which you have paid in full. For other requests, we are not required to agree. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

- **Request confidential communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you at work instead of your home. The facility will grant reasonable requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services rendered by the facility and related correspondence regarding payment for services. Please realize that we will respect the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.

- **A paper copy of this notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. If the facility has a website you may print or view a copy of the notice by clicking on the Notice of Privacy Practices link.

To exercise any of your rights, please obtain the required forms from the privacy official and submit your request in writing.

**Changes to this notice**

We reserve the right to change this notice, and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in the hospital and made available to you in writing. In addition, each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

**Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the facility by following the process outlined in the facility’s Patient Rights documentation. You may also file a complaint with the secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

**Other uses of health information**

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Privacy Official
Wesley Medical Center, 550 N. Hillside, Wichita, KS 67214-4976
Call 316-962-3030 and ask the operator to page the Privacy Official

**Advance directives**

• **A Living Will must be witnessed by two adults.** A durable power of attorney may be witnessed or notarized. However, experts advise that you have either document both witnessed and notarized.

• **Who should have copies of my advance directives document?**

If you make advance directives, you should discuss them with your doctor. You are responsible for making copies available to your doctor and all other doctors who provide care for you.

You should also discuss and share copies of your advance directives with your family members. And be sure to keep copies yourself. When you are admitted to a health care facility, you should provide a copy of your advance directives.

**Will my Living Will be honored in an emergency situation?**

It is often impossible in an emergency situation to determine the patient’s chances of survival. During the emergency, the patient’s consent for treatment is presumed. The emergency room staff continues treatment until the patient is stabilized and the attending doctor evaluates the patient’s condition. Then, if necessary, the Living Will can be implemented.

**If I fill out an advance directives form in Kansas, will it be honored if I am hospitalized in another state?**

The law is not clear on whether the state where the health care provider is located should honor a form complying with the laws of another state. However, even if a Living Will form does not comply with the law in the state of the health care provider, it would still be beneficial because it would contain written instructions of your intent regarding your medical care. When traveling, you should keep a copy of your advance directives on your person along with the name of someone to contact in the event of an emergency.

**Must my doctor, family and institution carry out my wishes expressed in my advance directives?**

In a terminal situation, if there is no serious reason for doing otherwise, the doctor should honor your wishes even if your family does not agree. The Living Will has the force of law in terminal cases. Additional instructions in a durable power of attorney should also be honored as expressions of your right to self-determination.

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**Advance directives**

• **What if I change my mind about my advance directives?**

If you change your mind about your advance directives, you can revoke the old document and make new advance directives that must also be witnessed or notarized.

A Living Will may be revoked in several ways. You may destroy the document. You may state in writing that you revoke the Living Will. Or you may tell an adult that the document no longer expresses your wishes. For a verbal revocation to be effective, the adult who heard the verbal revocation must confirm it in writing. Written confirmation must be given to the attending doctor.

A Durable Power of Attorney for Health Care must be formally revoked in writing with a witnessed or notarized statement.

**For more information**

If you would like forms for a Living Will or durable power of attorney, or if you have further questions, please contact your nurse or call Wesley Guest Services at 316-962-2100. Alternate numbers are 962-2096 and 962-3148. The Guest Services office is open on weekdays from 8 a.m. to 6 p.m. and on Saturdays from 8 a.m. to 3 p.m. For your convenience these forms are included with this booklet. Here are some additional resources for information:

- Kansas Health Ethics
  5900 E. Central, Suite 101, Wichita, KS 67208
  (316) 684-1991 www.kansashealthethics.org

- Kansas Department of Aging
  New England Building, 503 S. Kansas Ave.
  (800) 432-3535 www.aginkingansas.org

• **What if my doctor or hospital refuses to honor my advance directives?**

If your Living Will complies with the state law and no one can present evidence that the document has been revoked, the doctor or hospital is legally obligated to honor the document. If your doctor or hospital cannot honor your advance directives, your family or your agent should be permitted to transfer your care to health care providers who will honor them.

• **Can I make provision for donating organs or tissues in my advance directives document?**

Yes. You should also complete a Uniform Donor Card, or indicate on the back of your driver’s license your wish to donate organs or tissues. You must be at least 18 years old to legally make this decision for yourself. You may also authorize your agent in a durable power of attorney to approve these donations.

- **Privacy Official**

If you make advance directives, you should discuss this decision for yourself. You may also authorize your agent in a durable power of attorney to approve these donations.

- **What if I change my mind about my advance directives?**

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