

Health Care Power of Attorney

The **health care power of attorney** lets you choose someone to make health-care decisions for you in the future, if you are no longer able to make these decisions for yourself. You are called the “principal” in the power of attorney form and the person you choose to make decisions is called your “agent”. Your agent would make health-care decisions for you if you were no longer able to make these decisions for yourself. So long as you are able to make these decisions, you will have the power to do so. You may use a standard health care power of attorney form or write your own. You may give your agent specific directions about the health care you do or do not want.

The agent you choose cannot be your health-care professional or other health-care provider. You should have someone who is not your agent witness your signing of the power of attorney.

The power of your agent to make health-care decisions on your behalf is broad. Your agent would be required to follow any specific instructions you give regarding care you want provided or withheld. For example, you can say whether you want all life-sustaining treatments provided in all events; whether and when you want life-sustaining treatment ended; instructions regarding refusal of certain types of treatments on religious or other personal grounds; and instructions regarding anatomical gifts and disposal of remains. Unless you include time limits, the health care power of attorney will continue in effect from the time it is signed until your death. You can cancel your power of attorney at any time, either by telling someone or by canceling it in writing. You can name a backup agent to act if the first one cannot or will not take action. If you want to change your power of attorney, you must do so in writing.

Living Will

A **living will** tells your health-care professional whether you want death-delaying procedures used if you have a terminal condition and are unable to state your wishes. A living will, unlike a health care power of attorney, only applies if you have a terminal condition. A terminal condition means an incurable and irreversible condition such that death is imminent and the application of any death delaying procedures serves only to prolong the dying process.

Even if you sign a living will, food and water cannot be withdrawn if it would be the only cause of death. Also, if you are pregnant and your health-care professional thinks you could have a live birth, your living will cannot go into effect.

You can use a standard living will form or write your own. You may write specific directions about the death-delaying procedures you do or do not want.

Two people must witness your signing of the living will. Your health-care professional cannot be a witness. It is your responsibility to tell your health-care professional if you

have a living will if you are able to do so. You can cancel your living will at any time, either by telling someone or by canceling it in writing.

If you have both a health care power of attorney and a living will, the agent you name in your power of attorney will make your health-care decisions unless he or she is unavailable.

Do-Not-Resuscitate Order

You may also ask your health-care professional about a **do-not-resuscitate order** (DNR order). A DNR order is a medical treatment order stating that cardiopulmonary resuscitation (CPR) will not be attempted if your heart and/or breathing stops. The law authorizing the development of the form specifies that an individual (or his or her authorized legal representative) may execute the IDPH Uniform DNR Advance Directive directing that resuscitation efforts shall not be attempted. Therefore, a DNR order completed on the IDPH Uniform DNR Advance Directive contains an advance directive made by an individual (or legal representative), and also contains a physician's order that requires a physician's signature.

Before a DNR order may be entered into your medical record, either you or another person (your legal guardian, health care power of attorney or surrogate decision maker) must consent to the DNR order. This consent must be witnessed by two people who are 18 years or older. If a DNR order is entered into your medical record, appropriate medical treatment other than CPR will be given to you.

Living Will

DECLARATION

This declaration is made this ____ day of _____ (month, year).

I, _____,
being of sound mind, willfully and voluntarily make known my desires that my moment
of death shall not be artificially postponed.

If at any time I should have an incurable and irreversible injury, disease, or illness judged
to be a terminal condition by my attending physician who has personally examined me
and has determined that my death is imminent except for death delaying procedures, I
direct that such procedures which would only prolong the dying process be withheld or
withdrawn, and that I be permitted to die naturally with only the administration of
medication, sustenance, or the performance of any medical procedure deemed necessary
by my attending physician to provide me with comfort care.

In the absence of my ability to give directions regarding the use of such death delaying
procedures, it is my intention that this declaration shall be honored by my family and
physician as the final expression of my legal right to refuse medical or surgical treatment
and accept the consequences from such refusal.

Signed _____

City, County and State of Residence:

The declarant is personally known to me and I believe him or her to be of sound mind. I
saw the declarant sign the declaration in my presence (or the declarant acknowledged in
my presence that he or she had signed the declaration) and I signed the declaration as a
witness in the presence of the declarant. I did not sign the declarant's signature above for
or at the direction of the declarant. At the date of this instrument, I am not entitled to any
portion of the estate of the declarant according to the laws of intestate succession or, to
the best of my knowledge and belief, under any will of declarant or other instrument
taking effect at declarant's death, or directly financially responsible for declarant's
medical care.

Witness _____

Witness _____