



# Advance Directives

How to Make Your Wishes Known  
Including frequently asked questions and forms.

**Case Management Department**  
**620-432-5984**  
**620-432-5983**

Neosho Memorial Regional Medical Center  
620-431-4000

NMRMC has Notary Services available, ask your nurse  
or case manager for assistance.



629 S. Plummer, Chanute, KS 66720

## About Advance Directives

**What are Advance Directives?** Advance directives are written instructions. They describe healthcare services and/or treatments you do (or do not) wish to have. Advance directives guide caregivers when you can't verbally communicate, and they serve as a written record of your wishes.

Advanced directives are important and require time and thought to create. Please discuss your wishes with your physician and family prior to completing an advance directive. It is also advisable for you to discuss any legal questions with an attorney.

**What can an Advance Directive do?** When patients become unconscious or in times of medical emergencies, decisions must be made for them by someone else, a physician, family members or other loved ones. An advance directive provides written information about the type of medical treatment you would or would not want.

Each emergency situation is different. Your physician will help your family understand your medical condition, the choices for treatment and the potential results of the alternatives.

An advance directive, alone, would not make the medical decisions. It would assist physicians and loved ones by providing information about what you would want.

**What happens if I don't have an Advance Directive?** If a patient is unconscious or unable to make decisions and there is no advance directive, the family is asked to make the necessary decisions.

The order of responsibility for family members asked to make these decisions are listed below:

1. Legal guardian 2. Spouse 3. Adult children 4. Parents 5. Adult brothers & sisters

There is no requirement that you complete an advance directive. You are free to verbally make your wishes known to your physician, family and/or friends. However, this type of communication may not be available in case of an emergency or if the person you told was not present. Without a written document, there could be confusion or disagreement among family members about your wishes.

**How are Advance Directives completed?** Any competent adult may create an advance directive. It must be signed by the individual whose healthcare is discussed in the document or at the direction of the individual. No one can complete an advance directive for an unconscious or mentally incapacitated person.

Three types of advance directives recognized at Neosho Memorial:

- ☐ Living Will
- ☐ Durable Power of Attorney for Healthcare Decisions
- ☐ Organ Tissue Donor Statements

## Living Wills

A living will is a written document stating your wishes concerning the use of life-sustaining procedures. It is used when a terminal injury or illness is diagnosed. (Terminal means having less than 6 months to live.) A living will can be completed at anytime an individual is competent, although it isn't effective until two physicians certify that you have a terminal illness. One of the physicians must be your attending physician.

**Who may complete a Living Will?** Any adult, age 18 or older, who is emotionally and mentally competent may create a living will. If a competent person wants to complete a living will and is unable to sign the document because of a physical disability, another individual may sign on his or her behalf.

**Does a Living Will require witnesses?** The living will may either be witnessed or notarized. If witnessed, the document must be signed by two adults (age 18 or older).

- ☐ Witnesses may not be:
- ☐ any person related by blood or marriage to the patient;
- ☐ the attending or any other physician, or any employee of the attending physician or any employee of NMRMC;
- ☐ Be directly financially responsible for the person's medical care

**Once I sign a Living Will, may I change my mind?** A living will continues until you decide to revoke (cancel) it. You may revoke a living will in several ways:

- a.) a written declaration signed and dated by you or a person acting at your direction;
- b. ) verbal expression of the intent to revoke in the presence of an adult witness who signs and dates a writing confirming such.

The word "Revoked" should be written across the Living Will, along with the date, time, and name of the person witnessing the revocation.

In all cases, you should recall the copies of your previous living wills and ensure that your physician, family and/or friends understand that you wish to revoke your living will.

## Durable Power of Attorney for Healthcare Decisions

**What is the difference between a "Power of Attorney" and a "Durable Power of Attorney for Healthcare Decisions"?** This question refers to two separate legal documents. They are not the same thing.

A **"power of attorney"** refers to finances while a **"durable power of attorney for healthcare decisions"** refers to medical care.

A **durable power of attorney for healthcare decisions** is a legal, written document appointing another person, an "agent". This agent can make healthcare decisions in the event that you cannot communicate your own wishes. To be "durable", the document must contain wording that states the power of attorney will not be affected by any subsequent disability, incapacity or death.

**If I complete a Durable Power of Attorney for Healthcare Decisions, may I still make my own healthcare choices?** Yes. A durable power of attorney for healthcare decisions contains a statement that the document “shall become effective immediately”. This does not mean that you lose your right to make decisions. This wording enables your agent to use the document if you are unable to make decisions.

**How is the Durable Power of Attorney for Healthcare Decisions different from a Living Will?** The durable power of attorney for healthcare decisions is broader than a living will. It does not require a “terminal condition” diagnosis to become effective. The document guides others on what your wishes would be if you cannot make decisions for yourself. This is helpful when you are unable to participate in healthcare decisions but do not have a “terminal condition”. For example, you are temporarily unconscious but expected to recover.

A durable power of attorney for healthcare decisions allows your agent to make your wishes known and to consider your situation at the time a decision is needed about starting or continuing treatment. It also allows your agent to make decisions about nursing home placement and about employing healthcare workers on your behalf.

**Who can serve as an agent?** Almost anyone 18 years of age or older may serve as your agent. It can be your spouse, child, parent, friend or pastor. You will want to choose someone with whom you feel comfortable making decisions about your healthcare. Generally, it is important that an agent can be easily contacted in the event of an emergency.

Before naming an agent, ask them. Discuss your wishes and learn whether the agent would be able to carry out your wishes. Some people may find it hard to serve as an agent. You need to know this before completing the document.

**Does a Durable Power of Attorney for Healthcare Decisions also require witnesses?** A durable power of attorney for healthcare decisions may either be notarized or witnessed by two people, 18 or older.

If the document is witnessed, the two witnesses may not:

- a) be related to you by blood, marriage or adoption; b.) yourself; c.) the attending physician or an employee of the attending physician or any employee of NMRMC; d.) entitled to any portion of your estate; or e.) have financial responsibility for your health care.

Notarized documents require the person completing it to sign the document in front of the notary. The notary attests to your identity and verifies that you are the person who signed the document.

Your attending physician or health care provider may not serve as your agent. There are two exceptions:

- a) if you and the physician are related by blood, marriage, or adoption; or
- b) if you and the physician are members of the same religious community.

**Can I change my mind?** Yes. It may be revoked or cancelled by completing a revocation in writing that is notarized or witnessed by two people who meet the criteria previously discussed.

**Will my Durable Power of Attorney for Healthcare Decisions be effective in another state?**

It is wise to check with an attorney in that state to make certain the document is valid.

If you have moved to Kansas from another state, a previously completed durable power of attorney for healthcare decisions should be reviewed by an attorney in Kansas to be sure the transferred document complies with Kansas law.

**May I sign both a Living Will and a Durable Power of Attorney for Healthcare Decisions?**

Yes. If you wish to complete both documents, you may. However, a durable power of attorney for healthcare decisions is a broader document and can be utilized in situations also covered by a living will.

**I am a guardian. May I complete an Advance Directive for another person?**

No. Individuals may only sign an advance directive regarding their own healthcare decisions. A guardian does not have the power to revoke or amend an existing durable power of attorney for healthcare decisions.

**How Do I Complete My Advance Directives?** The decision to complete an advance directive requires thought and discussion with your physician and loved ones. If you have decided to complete a living will and/or durable power of attorney for healthcare decisions, the Kansas forms are at the end of this document.

*Please contact Neosho Memorial's Case Management Department 620-432-5984 for more information when completing your Advance Directives.*

**Organ and Tissue Donation****What is Organ Donation?**

Organ donation refers to giving your body organs or tissues to another person. The body's organs and tissues can be formed abnormally at birth or can be damaged as a result of accident, injury or disease. The affected organs or tissue may need to be replaced for a person to survive.

The best way to ensure that your wishes are carried out is to inform your family of your desire to donate. Hospitals seek consent of the next of kin before removing organs. If your family knows you want- ed to be a donor, it makes it easier for them to give their consent.

**How do I express my wishes to become an organ and tissue donor?**

1. Indicate your intent to be an organ and tissue donor on your driver's license.
2. Carry an organ donor card. The form is in the back of this booklet.
3. Most important, **discuss your decision with family members and loved ones.**

**Are there age limits for donors?**

There are no age limitations on who can donate. The deciding factor on whether a person can donate is the person's physical condition, not the person's age. Newborns as well as senior citizens have been organ donors. People younger than 18 years of age must have a parent's or guardian's consent.

**What can be donated?**

- Organs: heart, kidneys, pancreas, lungs, liver, and intestines
- Tissue: cornea, skin, bone marrow, heart valves, and connective tissue
- Bone marrow

**Where can I find more information?** Visit [www.organdonor.gov](http://www.organdonor.gov) or [www.mwob.org](http://www.mwob.org) on the internet or call the Midwest Transplant Network at 1-800-DONOR-91 for more information.

## **Other Considerations**

When making healthcare decisions, some terms may be used that you do not understand. We have included some information on several terms. Please ask your physician for further explanation.

**What are “Life Support Systems”?** “Life support systems” are used daily to help people return to good health. For example, a ventilator may be used after surgery to help a patient breathe until he or she can breathe on his or her own.

Some common “life support systems” include but are not limited to:

- ☐ Ventilator (breathing machine)
- ☐ Dialysis (kidney machine)
- ☐ Tube feeding

## **What about “Life Support Systems” with Serious Illness?**

A serious illness may require you or your family to make a decision about whether you are sustaining life or delaying the death process.

We believe each life is of great value. However, the burdens of treatment (pain, suffering, emotional strain) can outweigh the potential benefits of treatment. In these situations, continued treatment may merely delay the process of dying.

When it is medically evident that there is no chance for survival, or survival means living in a condition not acceptable to the individual, some people prefer not to be placed on or kept on life support systems. Other people want everything possible to be done, no matter what the anticipated outcome. Your wishes regarding the use of life support systems can be protected by the use of an advance directive.

## **What is a “CPR”?**

CPR stands for cardiopulmonary resuscitation. It is a combination of chest compressions and rescue breathing. CPR is always initiated at Neosho Memorial unless otherwise instructed by the patient or the advance directive.

## **What If I Decide Against Resuscitation?**

If you and your physician decide that a Do Not Resuscitate order is the best choice, your doctor will document a DNR order in your medical record. This means that cardiopulmonary procedures will not be performed in the event that your heart or lungs would stop working.

Agreeing to a DNR order does not mean that all medical care stops. Treatment of your condition or symptoms will continue. For example, medications may be given for pain or infections, etc. You and your physician will decide how aggressively your condition will be treated.

Your wishes can be legally stated and may guide your doctor and family’s actions.

***Durable Power of Attorney for Healthcare Decisions***  
***General Statement of Authority Granted***  
*(Kansas Statutes Annotated, Sections 58-625 through 632)*

I, \_\_\_\_\_ (Date of Birth), \_\_\_\_\_ designate and appoint:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

**To be my agent for healthcare decisions and pursuant to the language stated below, on my behalf to:**

- (1) consent, refuse consent, or withdraw consent to any care, treatment, service or procedure to maintain, diagnose or treat a physical or mental condition, and to make decisions about organ donation, autopsy and disposition of the body;
- (2) make all necessary arrangements at any hospital, psychiatric hospital or psychiatric treatment facility, hospice, nursing home or similar institution; to employ or discharge healthcare personnel to include physicians, psychiatrists, psychologists, dentists, nurses, therapists or any other person who is licensed, certified or otherwise authorized or permitted by the laws of this state to administer health care as the agent shall deem necessary for my physical, mental and emotional well-being; and
- (3) request, receive and review any information, verbal or written, regarding my personal affairs or physical or mental health including medical and hospital records and to execute any releases of other documents that may be required in order to obtain such information.

**Special Instructions and Limitations**

In exercising the grant of authority set forth above, my agent for healthcare decisions shall be guided by the following special instructions:

*(Here may be inserted any special instructions or statements of the principal's desires to be followed by the agent in exercising the authority granted).*

**Limitations of Authority**

(1)The powers of the agent herein shall be limited to the extent set out in writing in this durable power of attorney for healthcare decisions, and shall not include the power to revoke or invalidate any previously existing declaration made in accordance with the Natural Death Act (i.e. Living Will).

(2)The agent shall be prohibited from authorizing consent for the following items:

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(3)This durable power of attorney for healthcare decisions shall be subject to the additional following limitations:

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## ***Designation of Alternate Agent***

In the event the person designated above as my agent is not available and willing to make healthcare decisions for me, then I designate the following person to serve as my agent and make the healthcare decisions for me as authorized in this document.

### ***First Alternate Agent***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

### ***Second Alternate Agent***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

***Designation of Conservator or Guardian*** In the event proceedings for a conservator or guardian are commenced pursuant to my incapacity, I nominate the above named agent (or alternate) to be the conservator or guardian, pursuant K.S.A. 58627(b), and amendments thereto or applicable statute.

***Effective Time*** This durable power of attorney for healthcare decisions shall become effective immediately and shall not terminate if I become disabled or in the event of later uncertainty as to whether I am dead or alive.

***Revocation*** By execution of this durable power of attorney for healthcare decisions, I revoke any prior durable power of attorney for healthcare decisions, but I do not revoke other powers of attorney, if any, which I have given concerning matters other than healthcare decisions.

I reserve the right to revoke this durable power of attorney for healthcare decisions by an instrument in writing signed by me and either (1) witnessed by two individuals meeting the same qualifications as set forth below, or (2) acknowledged by a notary public.

### ***Execution***

This document executed this \_\_\_\_\_ day of \_\_\_\_\_, at \_\_\_\_\_, Kansas.

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date of Birth

### ***This document must be:***

(1) Witnessed by two individuals of lawful age who are not the agent, not related to the principal by blood or marriage or adoption, not entitled to any portion of principal's estate and not financially responsible for principal's healthcare:

Witness \_\_\_\_\_

Address \_\_\_\_\_

Witness \_\_\_\_\_

Address \_\_\_\_\_

### ***OR***

(2) Acknowledged by a notary public:

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

(Seal, if any)

NOW on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me the undersigned, a notary public in and for the county and state aforesaid, came \_\_\_\_\_, who is personally known to me to be the same person who executed this instrument and such person duly acknowledged the execution of same. In witness whereof, I have set my hand and affixed my seal the day and year written above.

By \_\_\_\_\_

My Appointment Expires: \_\_\_\_\_



# LIVING WILL

Declaration made this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
I, \_\_\_\_\_, an adult resident of  
\_\_\_\_\_(city), \_\_\_\_\_ (county), \_\_\_\_\_ (state), being of  
sound mind willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under  
the circumstances set forth below, do hereby declare:

If at any time I should have an incurable injury, disease or illness certified to be a terminal condition by two physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined that my death will occur whether or not life-sustaining procedures are utilized and where the application of life-sustaining procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care.

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

I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration.

Signature of Declarant

Date of Birth

The declarant has been personally known to me, and I believe the declarant to be of sound mind. I did not sign the declarant's signature above for or at the direction of the declarant. I am not related to the declarant by blood or marriage, entitled to any portion of the estate of the declarant according to the laws of intestate succession or under any will of declarant or codicil thereto, or directly financially responsible for declarant's medical care. I am at least eighteen (18) years of age.

Witness \_\_\_\_\_  
Address \_\_\_\_\_

Witness \_\_\_\_\_  
Address \_\_\_\_\_

**OR**

State of \_\_\_\_\_ )  
 \_\_\_\_\_ ) ss:  
 County of \_\_\_\_\_ )

NOW on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me the undersigned, a notary public in and for the county and state aforesaid, came \_\_\_\_\_, who is personally known to me to be the same person who executed this instrument and such person duly acknowledged the execution of same. In witness whereof, I have set my hand and affixed my seal the day and year written above.

By \_\_\_\_\_

My Appointment Expires: \_\_\_\_\_

**KANSAS RESIDENTS – FILL OUT THIS FORM**

**ENROLLMENT FORM – KANSAS ORGAN AND TISSUE DONOR REGISTRY**

***“Do you want your name added to the Kansas Organ and Tissue Donor Registry?”***



By signing this form, your name will be added to a confidential list of potential donors maintained by Midwest Transplant Network. Your information can only be released upon your death and will only be shared with your family by medical professionals or hospital staff. Participation in this registry is voluntary. You do not have to be in the Organ and Tissue Donor Registry to be an organ and tissue donor, but participation will authorize donation upon your death.

PARTICIPANT'S NAME: \_\_\_\_\_  
LAST FIRST MIDDLE SUFFIX

PARTICIPANT'S ADDRESS: \_\_\_\_\_  
NUMBER STREET CITY

STATE ZIP CODE COUNTY OF RESIDENCE

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

PARTICIPANT'S DRIVER'S LICENSE# OR SOCIAL SECURITY#: \_\_\_\_\_  
REQUIRED

PHONE NUMBER: \_\_\_\_\_  
OPTIONAL

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Must sign as a witness for persons under the age of 18.*



Mail or Fax completed form to:  
Midwest Transplant Network  
1900 West 47<sup>th</sup> Place Ste 400  
Westwood KS 66205  
Fax#: 1-888-672-8087  
Phone#: 1-888-744-4531