

What do I do with my Advance Directive once it is complete?

- Make several copies.
- Give a copy to the person(s) you named as a health care agent.
- Give a copy to every medical institution where you receive care.

Once it is in the Piedmont System, it will be able to be seen by all Piedmont Hospitals and physicians.

- Keep a copy in your car, just in case.



Advance Directive forms are available for printing here:
<https://www.piedmont.org/patient-tools/advanced-directives>.

If you change your advance directive, please be sure to give updated copies to your health care agent(s), key family members, and the members of your healthcare team.

If you have any questions or need any help completing this document, there are staff and volunteers at each hospital who will be happy to assist you. See contact information below.

Piedmont Atlanta Hospital.....	404.605.3558
Piedmont Fayette Hospital.....	770.719.7037
Piedmont Henry Hospital.....	678.604.1054
Piedmont Newnan Hospital.....	770.400.1000
Piedmont Rockdale Hospital.....	770-918-3009
Piedmont Mountainside Hospital.....	706.692.2441
Piedmont Athens Regional.....	706.475.2696
Piedmont Newton Hospital.....	770.786.7053
Piedmont Walton Hospital.....	770.267.8461

You may also contact Sixty Plus, a Piedmont Healthcare Resource for patients over the age of 60. Call **404.605.3867**



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Advance Directives: What are they and who needs them?





What is an Advance Directive?

An Advance Directive is a free legal document that allows you to:

1. Choose a person whom you wish to make decisions for you if you are unable to make decisions for yourself (also known as Durable Power of Attorney for Healthcare, Healthcare Agent or Medical Decision Maker). You can select two back-ups if you wish.
2. Record your goals and plans for future medical treatment in the event you cannot make or communicate these decisions for yourself.
3. Designate a guardian if a court decides that a guardian should be appointed because you are unable to make significant responsible decisions for yourself about your personal support, safety or welfare.

Sometimes advance directives are called Durable Power of Attorney (for healthcare) or living wills.

Who should have an Advance Directive?

Anyone above the age of 18, and who is of sound mind and capable of making their own medical decisions, should create an advance directive.

Parts of an Advance Directive

Durable Power of Attorney for Health Care

Indicates the agent who the person designates to make decisions for him/her should he/she lose decision making capacity. The types of decisions this healthcare agent may make are about autopsy, organ donation, and final disposition of the body as well as medical decisions.

Living Will

Lists the person's preferences for care under certain circumstances, should the person lose decision-making capacity.

Guardianship

Names someone that the person recommends be appointed as guardian, should the court system need to designate a guardian.

Signatures

Advance directives become legal when two witnesses sign indicating that they have seen the person sign the document and that they believe the person is of sound mind.

Witnesses cannot be:

- A member of the immediate family
- Someone named as Durable Power of Attorney for health care
- A hospital staff member currently providing direct medical care to the person completing the advance directive

If you are completing an advance directive during your hospitalization, the hospital chaplains will gladly help you find witnesses.

Who should you choose to be your Healthcare Agent or Durable Power of Attorney for Healthcare?

Choose someone who knows you well and who will be willing to take this responsibility

Choose someone you feel comfortable talking to about what kinds of treatment you want at the end of life.

Choose someone you feel will honor your wishes for end of life care, and who will make the best decisions for you.

If you do not choose someone, this power will automatically be given to the next of kin in this order: Spouse, Adult Children, Parents, other relatives, or close friends who would be willing to help.

Understanding the Living Will Section

The Living Will allows a person to pick one or two situations at the end of life to which they would like their treatment preference applied. This section will only go into effect if you are unable to communicate your treatment preferences. The situations are:

A terminal condition, which means I have an incurable or irreversible condition that will result in my death in a relatively short period of time.

A state of permanent unconsciousness, which means I am in an incurable or irreversible condition in which I am not aware of myself or my environment and I show no behavioral response to my environment.

After you choose one or both health conditions, then choose the kind of medical treatment you would like to have under those conditions.

- A)** Aggressive medical treatment to extend a person's life as long as possible.
- B)** Comfort measures to keep a person without pain. No CPR will be done, no tubes for fluid or nutrition, and no ventilation. Treatments that will provide comfort to the patient will be the primary focus of the medical team.
- C)** Comfort measures with some aggressive treatments. By choosing this option a person could decide to be kept comfortable but also have one or more of the following 4 options: CPR, Ventilation, Fluids by tube, Nutrition by tube.

Each person is different, and there are no right or wrong answers to the question of what to do at the end of life. But to help the medical community know what you want, an advance directive is important!