



Advance Directives

Your right to make your own healthcare decisions

As a patient of Nuvance Health, you will be asked if you have any form of an Advance

Directive, such as a Living Will or a Healthcare

Representative. If you have such a document, you will be asked to provide

us with a copy at each admission so that your current wishes may be documented.

This procedure complies with state and federal law, but our primary concern is to respect and honor your

personal wishes as much as possible.

The care you receive here will not be dependent upon your having an Advance Directive.

The information which follows is provided by the Office of the Attorney General to assist you in deciding whether and how to create an advance directive.

You have the right to make decisions about the medical care you receive. If you do not want certain treatments, you have the right to tell your physician you do not want them. You also have the right to information from your physician to help you decide what medical care is to be provided to you.

There may come a time when you are unable to actively participate in determining your treatment due to serious illness, injury or other disability.

This booklet discusses the options available in Connecticut to help you convey written instructions to guide your physician, family and others regarding treatment choices you desire to be made if you can not express your wishes.

While we have attempted to provide accurate information, this booklet is not intended to provide any legal or medical advice which should be obtained from your own attorney or physician.

Do I have the right to make healthcare decisions?

Yes. Adult patients in Connecticut have the right to determine what, if any, medical treatment they will receive. If you can understand the nature and consequences of the healthcare decision that you are being asked to make, you may agree to treatment that may help you or you may refuse recommended treatment even if the treatment might keep you alive longer.

Do I have the right to information needed to make a healthcare decision?

Yes. Physicians have the responsibility to provide patients with information that can help them make a decision. Your physician will explain:

- what treatments may help you;
- how each treatment may affect you, that is, how it can help you and what, if any, serious problems or side effects the treatment is likely to cause;
- what may happen if you decide not to receive treatment; and
- your physician may also recommend what, if any, treatment is medically appropriate, but the final decision is yours to make. All of this information is provided so you can exercise your right to decide your treatment wisely.

What is an Advance Directive?

An advance directive is a legal document through which you may provide your directions or express your preferences concerning your medical care and/or to appoint someone to act on your behalf. Physicians and others use them when you are unable to make or communicate your decisions about your medical treatment. Advance directives are prepared before any condition or circumstance occurs that causes you to be unable to actively make a decision about your medical care. In Connecticut, there are two types of advance directives:

- the Living Will or healthcare instructions, and
- the appointment of a healthcare representative

Must I have an Advance Directive?

No. You do not have to create a Living Will or other type of advance directive to receive medical care or

to be admitted to a hospital, nursing home or other healthcare facility. No person can be denied medical care or admission based on whether he or she has signed a Living Will or other type of advance directive. If someone refuses to provide you medical care or admit you unless you sign a Living Will or other type of advance directive, contact the Department of Public Health in Hartford, Connecticut at (860) 509-7400.

What is a Living Will?

A Living Will is a document that states your wishes regarding any kind of healthcare you may receive. Should you be in a terminal condition or permanently unconscious, the Living Will can also tell your physician whether you want "life support systems" to keep you alive or whether you do not want to receive such treatment, even if the result is your death.

A Living Will goes into effect only when you are unable to make or communicate your decisions about your medical care.

What do 'terminal condition' and 'permanently unconscious' mean?

A patient is "terminal" when the physician finds that the patient has a condition which is (1) incurable or irreversible and (2) will result in death within a relatively short time if life-support systems are not provided. "Permanently unconscious" means an irreversible coma or a persistent vegetative state in which the patients are not aware of their surroundings and are unresponsive.

What is a life-support system?

A "life-support system" is a form of treatment that literally supports life but may delay the time of your death or maintain you in a state of permanent unconsciousness. Life-support systems may include: devices such as ventilators (breathing machines) and dialysis; cardiopulmonary resuscitation (CPR); and/or food and fluids supplied by artificial means, such as feeding tubes and intravenous fluids. It does not include normal feeding and fluids or medications that help manage pain.

Will I receive medication for pain if I have a Living Will?

A Living Will does not affect the provision of pain medication or care designed solely to maintain your physical comfort (for example, care to maintain

your circulation, or the health of your skin and muscles). This type of care will be provided whenever appropriate.

What is a Healthcare Representative?

A healthcare representative is a person whom you authorize in writing to make any and all healthcare decisions on your behalf including the decision to withhold or withdraw life support systems. A healthcare representative does not act unless you are unable to make or communicate your decisions about your medical care. The healthcare representative will make decisions on your behalf based on your wishes, as stated in a Living Will or as otherwise known to your healthcare representative. In the event your wishes are not clear or a situation arises that you did not anticipate, your healthcare representative will make a decision in your best interests, based upon what is known of your wishes.

What kind of treatment decisions can be made by a healthcare representative?

A healthcare representative can make any and all healthcare decisions for you, including the decision to accept or refuse any treatment, service or procedure used to diagnose or treat any physical or mental condition. The healthcare representative can also make the decision to provide, withhold or withdraw life-support systems. The healthcare representative cannot make decisions for certain specific treatments which by law have special requirements.

How will my healthcare representative know when to get involved in making decisions for me?

At any time after you appoint your healthcare representative, your healthcare representative can ask your attending physician to provide written notice if your physician finds that you are unable to make or communicate your decisions about your medical care. Even if your healthcare representative does not do so, your healthcare providers will usually seek out your healthcare representative once they determine that you are unable to make or communicate your decisions about your medical care. At this point, the healthcare representative becomes the sole decision maker, not the next of kin or even a conservator, unless either also serves as your healthcare representative.

What is a Conservator?

A "conservator of the person" is someone appointed by the Probate Court when the Court finds that a person is incapable of caring for himself/herself including the inability to make decisions about his or her medical care. A person who is conserved by a court is known as a "ward."

"The conservator of the person is responsible for making sure that the ward's health and safety needs are taken care of and generally also has the power to give consent for the ward's medical care, treatment and services. You can name in advance the person you want the Court to appoint as your conservator if you become incapable of making your own decisions. If you have a conservator he or she will be consulted in all medical care decisions. If you have a Living Will, however, the conservator's consent is not required to carry out your wishes as expressed in the Living Will.

If a conservator is later appointed for you, he or she must follow your healthcare instructions, either as expressed in a Living Will, or as otherwise made known to your conservator while you were able to make and communicate healthcare decisions. Further, a conservator cannot revoke your advance directives without a Probate Court order.

What Advance Directives should I have?

If you want to be sure that your wishes about your medical care are known when you cannot express them yourself, you should have a Living Will, and you also should appoint a healthcare representative. If you are unable to make or communicate your preferences for your medical care, your physician will likely look first to your Living Will as the source of your wishes. Your healthcare representative can make decisions on your behalf according to what is stated in your Living Will. In situations that are not addressed by your Living Will, your healthcare representative can make a decision in your best interests consistent with what is known of your wishes.

Who can I name as my Healthcare Representative or Conservator?

If you wish, you can name the same person to be your healthcare representative and to be your conservator. The following persons cannot be named your healthcare representative:

- your physician;

- if you are a patient at a hospital or nursing home or if you have applied for admission, the operators, administrators and employees of the facility; or
- an administrator or employee of a government agency responsible for paying for your medical care.

Other than these restrictions, you can name anyone you feel is appropriate to serve as your healthcare representative. **Of course, you should speak to the person whom you intend to name and be sure of his or her willingness to serve and to act on your wishes.**

Do I need a lawyer to create an Advance Directive?

No. You do not need a lawyer to create an advance directive. You can use the forms in this booklet.

Do I need a notary to create an Advance Directive?

No. The forms do not require the use of a notary.

Do I have to sign my Advance Directives in front of witnesses?

Yes. You must sign the document in the presence of two witnesses in order for the advance directives to be valid. The witnesses then sign the form.

Who can witness my signature on an Advance Directive?

In general, Connecticut law does not state who may or may not be a witness to your advance directive. An important exception is that the person who you appoint to be your healthcare representative or as your conservator cannot be a witness to your signature of the appointment form.

Once I complete an Advance Directive what should I do?

You should tell the following persons that you have completed your Advance Directive and give them copies of the directives you made:

- your physician;
- the person you have named as healthcare representative; and
- anyone who will make the existence of your Advance Directives known if you cannot do so

yourself, such as family members, close friends, your clergy or lawyer.

You should also bring copies when you are admitted to a hospital, nursing home or other healthcare facility. The copies will be made part of your medical record.

After I complete an Advance Directive, can I revoke it?

Yes. You can revoke your Living Will or appointment of a healthcare representative at any time. A Living Will can be revoked either orally or in writing. If you sign a new Living Will, it will revoke any prior Living Will you made. However, to revoke your appointment of a healthcare representative, you must do so in writing that is observed and signed by two witnesses in order for the revocation to be valid. Remember whenever you revoke an advance directive to tell your physician and others who have copies of your advance directive.

To revoke your designation of a conservator, you can do so either in writing or by making a new designation which states that earlier designations are revoked. It is advisable to put any revocation in writing. However, once a court has appointed a conservator, it cannot be revoked without a court order.

If I already have a Living Will, do I need a new one?

No. Connecticut's Living Will statutes were revised effective October 1, 2006. If your Living Will and other advance directives, such as a healthcare agent or power of attorney for healthcare, were completed prior to this date, **ACCORDING TO THE ATTORNEY GENERAL OF CONNECTICUT** they are still valid, although they are slightly different than the new advance directives. On October 1, 2006, the healthcare representative replaced the appointment of a healthcare agent and power of attorney for healthcare. The healthcare representative is, in effect, a combination of these two types of advance directives. The new Living Will makes clear that the Living Will can be used to provide your instructions regarding any type of healthcare, not just life-support systems.

If I don't have an Advance Directive, how will my wishes be considered if I am unable to speak for myself?

If you are unable to make and communicate your decisions concerning your medical care and you

do not have a Living Will, your physician can consult with other persons to determine what your wishes are regarding the withholding or withdrawal of life-support systems. If you have discussed your wishes with your physician, he or she will, of course, know your stated wishes. Your physician may also ask your healthcare representative, your next of kin or close relatives and your conservator, if one has been appointed, what you have told them about your wishes regarding withholding or withdrawing life-support systems. If your wishes are unknown, then decisions will be made based upon what is in your best interests.

It is not recommended that you rely on oral instructions to these individuals to make your wishes known. If there is no Living Will, such instructions are required to be specific and may need to be proven in court. You are better advised to complete a Living Will if you want to be sure that your wishes will be understood and known in the event you are unable to state them yourself.

What is a Document of Anatomical Gift?

A Document of Anatomical Gift allows you to make a gift of all or any parts of your body to take effect upon death. Any competent adult may make an anatomical gift in writing, including through a will, a donor card or by a statement imprinted or attached to a motor vehicle operator's license. An anatomical gift may be made for the purpose of transplants, therapy, research, medical or dental science. If you do not limit the gift's purpose to one or some of these uses, the gift can be used for any of these purposes. You may designate who receives the gift: a hospital, physician, college or organ procurement group. You may also specify that the gift be used for transplant or therapy for a particular person. If no one is named to receive the gift, any hospital may do so.

Can I revoke an anatomical gift?

An anatomical gift may be revoked or changed only by: 1) a signed statement; 2) an oral statement in the presence of two witnesses; or 3) informing your physician if you are in a terminal condition. An anatomical gift may not be revoked after the donor's death.

We at Nuvance Health recognize that the task of formulating an Advance Directive in a timely and objective manner can be difficult for many people. The confusion caused by the sudden onset of disease or even the consideration of questions of aging and mortality can be very disquieting.

Most people find themselves in need of at least some assistance. Perhaps you also would like terminology clarified, options explained, and questions answered regarding a variety of treatment options. While having an Advance Directive can finally relieve anxiety in your own life and be welcomed as a gift by your family, the process can still be daunting.

If you would prefer to speak with someone before completing your Advance Directive, please feel free to contact:

Palliative Care Program

(Danbury Hospital) (203) 739-6662

Palliative Care Program

(Norwalk Hospital) (203) 852-2665

Clinical Resource Management

(Danbury Hospital) (203) 739-7309

Clinical Resource Management

(New Milford Hospital) (860) 210-5405

Care Coordination

(Norwalk Hospital) (203) 852-2760

Nuvance Health

(Home Care) (203) 792-4120

Please be sure to discuss your wishes with your Healthcare Representative.

nuvancehealth.org

Understanding what you value	Very important	Somewhat important	Not very important
1. Care for myself without being a burden to others			
2. Get out of bed every day			
3. Go out on my own			
4. Recognize my family and friends			
5. Interact meaningfully with my environment			
6. Make decisions for myself			
7. Die at home			
8. Live without severe or constant pain			
9. Live without being dependent on life supporting machine			
10. Be faithful to my beliefs			
11. Live as long as possible regardless of my quality of life			
12. Die naturally while maintaining comfort			

Notes / questions

CONNECTICUT STATUTORY LIVING WILL

Other properly executed/witnessed forms are also valid in Connecticut.

Patient's Name
Date of Birth

If the time comes when I am incapacitated to the point when I can no longer actively take part in decisions for my own life, and am unable to direct my physician as to my own medical care, I wish this statement to stand as a testament of my wishes.

I, _____ (NAME), request that, if my condition is deemed terminal or if it is determined that I will be permanently unconscious, I be allowed to die and not be kept alive through life-support systems. By terminal condition, I mean that I have an incurable or irreversible medical condition which, without the administration of life-support systems, will, in the opinion of my attending physician, result in death in a relatively short time. By permanently unconscious, I mean that I am in a permanent coma or persistent vegetative state that is an irreversible condition in which I am at no time aware of myself or the environment and show no behavioral response to the environment.

Specific instructions

Listed below are my instructions regarding particular types of life-support systems. This list is not all-inclusive. My general statement that I not be kept alive through life-support systems provided to me is limited only where I have indicated that I desire a particular treatment to be provided.

	Provide	Withhold
Cardiopulmonary Resuscitation	<input type="checkbox"/>	<input type="checkbox"/>
Artificial Respiration (including a respirator)	<input type="checkbox"/>	<input type="checkbox"/>
Artificial means of providing nutrition and hydration	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

If I am pregnant:

CHECK one box to select option (1) or (2) or specify alternative instructions after (3).

- (1) I intend to accept life support systems if my doctor believes that doing so would allow my fetus to reach a life birth.
- (2) I intend this document to apply without modifications.
- (3) I intend this document to apply as follows.

Other specific requests: _____

I do not intend any direct taking of my life, but only that my dying not be unreasonably prolonged. This request is made, after careful reflection, while I am of sound mind.

Signature _____ Date _____

This document was signed in our presence, by the above-named _____ (NAME) who appeared to be eighteen years of age or older, of sound mind and able to understand the nature and consequences of healthcare decisions at the time the document was signed.

X _____
(Witness)

X _____
(Witness)

X _____
(Number and Street)

X _____
(Number and Street)

X _____
(City, State and Zip Code)

X _____
(City, State and Zip Code)



APPOINTMENT OF A Healthcare REPRESENTATIVE

Patient's Name
Date of Birth

I understand that, as a competent adult, I have the right to make decisions about my healthcare. There may come a time when I am unable, due to incapacity, to make my own healthcare decisions. In these circumstances, those caring for me will need direction and will turn to someone who knows my values and healthcare wishes. By signing this appointment of healthcare representative, I appoint a healthcare representative with legal authority to make healthcare decisions on my behalf in such case or at such time.

I appoint _____ to be my healthcare representative. If my attending physician determines that I am unable to understand and appreciate the nature and consequences of healthcare decisions and to reach and communicate an informed decision regarding treatment, my healthcare representative is authorized to make any and all healthcare decisions for me, including the decision to accept or refuse any treatment, service or procedure used to diagnose or treat my physical or mental condition and the decision to provide, withhold or withdraw life-support systems, except as otherwise provided by law, which excludes, for example, psychosurgery or shock therapy.

I direct my healthcare representative to make decisions on my behalf in accordance with my wishes as stated in a living will, or as otherwise known to my healthcare representative. In the event my wishes are not clear or a situation arises that I did not anticipate, my healthcare representative may make a decision in my best interests, based upon what is known of my wishes.

If _____ is unwilling or unable to serve as my healthcare representative, I appoint _____ to be my alternative healthcare representative.

This request is made, after careful reflection, while I am of sound mind.

____ / ____ / ____ (Date) X _____

Witnesses' statements

This document was signed in our presence by _____, the author of this document, who appeared to be eighteen years of age or older, of sound mind and able to understand the nature and consequences of healthcare decisions at the time this document was signed. The author appeared to be under no improper influence. We have subscribed this document in the author's presence and at the author's request and in the presence of each other.

X _____
(Witness)

X _____
(Witness)

X _____
(Number and Street)

X _____
(Number and Street)

X _____
(City, State and Zip Code)

X _____
(City, State and Zip Code)

