

**WASHINGTON**  
**Advance Directive**  
**Planning for Important Healthcare Decisions**

*Caring Connections*  
1700 Diagonal Road, Suite 625, Alexandria, VA 22314  
[www.caringinfo.org](http://www.caringinfo.org)  
800/658-8898

Caring Connections, a program of the National Hospice and Palliative Care Organization (NHPCO), is a national consumer engagement initiative to improve care at the end of life, supported by a grant from The Robert Wood Johnson Foundation.

Caring Connections tracks and monitors all state and federal legislation and significant court cases related to end-of-life care to ensure that our advance directives are up to date.

**It's About How You LIVE**

*It's About How You LIVE* is a national community engagement campaign encouraging individuals to make informed decisions about end-of-life care and services. The campaign encourages people to:

- L**earn about options for end-of-life services and care
- I**mplement plans to ensure wishes are honored
- V**oice decisions to family, friends and healthcare providers
- E**ngage in personal or community efforts to improve end-of-life care

Please call the HelpLine at 800/658-8898 to learn more about the LIVE campaign, obtain free resources, or join the effort to improve community, state and national end-of-life care.

If you would like to make a contribution to help support our work, please visit [www.nationalhospicefoundation.org/donate](http://www.nationalhospicefoundation.org/donate). Contributions to national hospice programs can also be made through the Combined Health Charities or the Combined Federal Campaign by choosing #11241.

**Support for this program is provided by a grant from  
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## **Your Advance Care Planning Packet**

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## Using these materials

### BEFORE YOU BEGIN

1. Check to be sure that you have the materials for each state in which you may receive healthcare.
2. These materials include:
  - Instructions for preparing your advance directive.
  - Your state-specific advance directive forms, which are the pages with the gray instruction bar on the left side.

### PREPARING TO COMPLETE YOUR ADVANCE DIRECTIVE

3. Read the HIPAA Privacy Rule Summary on page 4.
4. Read all the instructions, on pages 7 through 10, as they will give you specific information about the requirements in your state.
5. Refer to the Glossary located in Appendix A if any of the terms are unclear.

### ACTION STEPS

6. You may want to photocopy these forms before you start so you will have a clean copy if you need to start over.
7. When you begin to fill out the forms, refer to the gray instruction bars - they will guide you through the process.
8. Talk with your family, friends, and physicians about your advance directive. Be sure the person you appoint to make decisions on your behalf understands your wishes.
9. Once the form is completed and signed, photocopy the form and give it to the person you have appointed to make decisions on your behalf, your family, friends, healthcare providers and/or faith leaders so that the form is available in the event of an emergency.

If you have questions or need guidance in preparing your advance directive or about what you should do with it after you have completed it, please refer to the state-specific contacts for Legal & End-of-Life Care Resources Pertaining to Healthcare Advance Directives, located in Appendix B.

## Summary of the HIPAA Privacy Rule

HIPAA is a federal law that gives you rights over your health information and sets rules and limits on who can look at and receive your health information.

### Your Rights

You have the right to:

- Ask to see and get a copy of your health records.
- Have corrections added to your health information.
- Receive a notice that tells you how your health information may be used and shared.
- Decide if you want to give your permission before your health information can be used or shared for certain purposes, such as marketing.
- Get a report on when and why your health information was shared for certain purposes.
- If you believe your rights are being denied or your health information isn't being protected, you can:
  - File a complaint with your provider or health insurer, or
  - File a complaint with the U.S. Government.

You also have the right to ask your provider or health insurer questions about your rights. You can learn more about your rights, including how to file a complaint from the Web site at [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/) or by calling 1-866-627-7748.

### Who Must Follow this Law?

- Doctors, nurses, pharmacies, hospitals, clinics, nursing homes, and many other healthcare providers.
- Health insurance companies, HMOs, most employer group health plans.
- Certain government programs that pay for healthcare, such as Medicare and Medicaid.

### What Information is Protected?

- Information your doctors, nurses, and other healthcare providers put in your medical record.
- Conversations your doctor has had about your care or treatment with nurses and other healthcare professionals.
- Information about you in your health insurer's computer system.
- Billing information about you from your clinic/healthcare provider.
- Most other health information about you, held by those who must follow this law.

## Summary of the HIPAA Privacy Rule (continued)

Providers and health insurers who are required to follow this law must keep your information private by:

- Teaching the people who work for them how your information may and may not be used and shared,
- Taking appropriate and reasonable steps to keep your health information secure.

To make sure that your information is protected in a way that does not interfere with your healthcare, your information can be used and shared:

- For your treatment and care coordination,
- To pay doctors and hospitals for your healthcare,
- With your family, relatives, friends or others you identify who are involved with your healthcare or your healthcare bills, unless you object,
- To protect the public's health, such as reporting when the flu is in your area, or
- To make required reports to the police, such as reporting gunshot wounds.

Your health information cannot be used or shared without your written permission unless this law allows it. For example, without your authorization, your provider generally cannot:

- Give your information to your employer.
- Use or share your information for marketing or advertising purposes, or
- Share private notes about your mental health counseling sessions.

## INTRODUCTION TO YOUR WASHINGTON ADVANCE DIRECTIVE

This packet contains two legal documents that protect your right to refuse medical treatment you do not want, or to request treatment you do want, in the event you lose the ability to make decisions yourself:

**1. The Washington Durable Power of Attorney for Healthcare** lets you name someone to make decisions about your medical care—including decisions about life support—if you can no longer speak for yourself. The Durable Power of Attorney for Healthcare is especially useful because it appoints someone to speak for you any time you are unable to make your own medical decisions, not only at the end of life.

**2. The Washington Healthcare Directive** lets you state your wishes about medical care in the event your attending physician determines that you have developed a terminal condition and can no longer make your own medical decisions. The Healthcare Directive also applies to conditions of permanent unconsciousness, like irreversible coma and persistent vegetative state, although another doctor must then agree with your attending physician's opinion.

*Note: These documents will be legally binding only if the person completing them is a competent adult (at least 18 years old).*

## **INSTRUCTIONS FOR COMPLETING YOUR WASHINGTON DURABLE POWER OF ATTORNEY FOR HEALTHCARE**

Your attorney-in-fact is the person you appoint to make decisions about your medical care if you become unable to make those decisions yourself.

### **Whom should I appoint as my Attorney-in-fact?**

Your attorney-in-fact may be a family member or a close friend whom you trust to make serious decisions. The person you name as your attorney-in-fact should clearly understand your wishes and be willing to accept the responsibility of making medical decisions for you.

The person you appoint as your attorney-in-fact **cannot** be:

- your doctor,
- an employee of your doctor, or
- an administrator, owner or employee of a healthcare facility in which you are a patient at the time you sign your Durable Power of Attorney for Healthcare.

However, if any of the individuals listed above is also your spouse, state registered domestic partner, adult child, brother or sister, you may appoint that individual to be your attorney-in-fact.

You can appoint an additional individual as your successor attorney-in-fact. The successor will step in if your first choice for attorney-in-fact is unable, unwilling or unavailable to act for you.

### **How do I make my Washington Durable Power of Attorney for Healthcare legal?**

Although the law does not explicitly require your Durable Power of Attorney for Healthcare to be witnessed, we recommend that two adults sign the statement on the document indicating that you were of sound mind and under no duress when you signed the document. You may also want to have your Durable Power of Attorney for Healthcare notarized.

### **Should I add personal instructions to my Washington Durable Power of Attorney for Healthcare?**

One of the strongest reasons for naming an attorney-in-fact is to have someone who can respond flexibly as your medical situation changes and deal with situations that you did not foresee. If you add instructions to this document, you might unintentionally restrict your attorney-in-fact's power to act in your best interest.

## **INSTRUCTIONS FOR COMPLETING YOUR WASHINGTON DURABLE POWER OF ATTORNEY FOR HEALTHCARE (CONTINUED)**

Talk with your attorney-in-fact about your future medical care and describe what you consider to be an acceptable "quality of life." If you want to record your wishes about specific treatments or conditions, you should attach an additional sheet of personal instructions to your Washington Healthcare Directive (living will).

### **What if I change my mind?**

If you wish to revoke your Washington Durable Power of Attorney for Healthcare, you should notify your attorney-in-fact and your healthcare provider in writing of your intent to revoke. If you are unable to write, you can have someone else write a statement for you explaining that you are unable to write, but want your Durable Power of Attorney for Healthcare revoked.

## **INSTRUCTIONS FOR COMPLETING YOUR WASHINGTON HEALTHCARE DIRECTIVE**

### **How do I make my Washington Healthcare Directive legal?**

In order to make your Healthcare Directive legally binding, you must sign the document in the presence of two adult witnesses. The two witnesses **cannot** be:

- related to you by blood or marriage,
- entitled to any portion of your estate through the operation of law or through any will or codicil,
- a person who has a claim against your estate, or
- your attending physician, an employee of your attending physician or an employee of a health facility in which you are a patient.

### **Can I add personal instructions to my Healthcare Directive?**

Yes. You can add personal instructions under section (h). *This is important because it is unclear when you would be considered "terminal" under Washington law.*

Caring Connections recommends that you add the statement, "I do not want life support if it is

likely that my death would occur without its use and there is no reasonable expectation that I will regain the ability to make decisions and express my wishes."

You may also want to refuse specific treatments by a statement such as, "I especially do not want cardiopulmonary resuscitation, a respirator or antibiotics," or emphasize pain control by adding instructions such as, "I want to receive as much pain medication as necessary to ensure my comfort, even if it may hasten my death."

If you have appointed an attorney-in-fact, it is a good idea to write a statement such as, "Any questions about how to interpret or when to apply my Healthcare Directive are to be decided by my attorney-in-fact."

*It is important to learn about the kinds of life-sustaining treatment you might receive. Consult your doctor or order the Caring Connections booklet "Advance Directives and End-of-Life Decisions."*

### **What if I change my mind?**

You may revoke your Healthcare Directive at any time by:

- canceling, defacing, obliterating, burning, tearing or otherwise physically destroying your Directive or having another destroy it for you in your presence,
- executing a written and dated revocation, or
- orally expressing your intent to revoke your Directive.

## COMPLETING YOUR WASHINGTON HEALTHCARE DIRECTIVE (CONTINUED)

### What other important facts should I know?

A pregnant patient's Healthcare Directive will not be honored due to restrictions in state law.

As of July 22, 2007, **state registered domestic partners** have the same access as married couples to certain rights and benefits, including those associated with health care decision-making and other issues related to illness, incapacity, and death. To enter into a state registered domestic partnership, the following requirements must be met:

1. both persons share a common residence;
2. both persons are at least 18 years of age and capable of consenting to the domestic partnership;
3. neither person is married or already in a domestic partnership with another person;
4. both of the following are true:
  - the persons are not nearer of kin to each other than second cousins, whether by whole or half blood, and
  - neither person is a sibling, child, grandchild, aunt, uncle, niece, or nephew to the other person;
5. either of the following are true:
  - both persons are members of the same sex; or
  - at least one of the persons is 62 years of age or older

## WASHINGTON DURABLE POWER OF ATTORNEY FOR HEALTH CARE – PAGE 1 OF 2

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### INSTRUCTIONS

PRINT YOUR  
NAME

PRINT THE NAME,  
ADDRESS AND  
TELEPHONE  
NUMBER OF YOUR  
FIRST CHOICE TO  
ACT AS YOUR  
ATTORNEY-IN-FACT

PRINT THE NAME,  
ADDRESS AND  
TELEPHONE  
NUMBER OF YOUR  
SECOND CHOICE TO  
ACT AS YOUR  
ATTORNEY-IN-FACT

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I understand that my wishes as expressed in my living will may not cover all possible aspects of my care if I become incapacitated. Consequently, there may be a need for someone to accept or refuse medical intervention on my behalf, in consultation with my physician.

Therefore,

I, \_\_\_\_\_,  
as principal, designate and appoint the person(s) listed below as my attorney-in-fact for health care decisions.

First Choice: Name: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

If the above person is unable, unavailable, or unwilling to serve, I designate:

Second Choice: Name: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

1. This Power of Attorney shall take effect upon my incapacity to make my own health care decisions, as determined by my treating physician and one other physician, and shall continue as long as the incapacity lasts or until I revoke it, whichever happens first.

**WASHINGTON DURABLE POWER OF ATTORNEY FOR  
HEALTH CARE - PAGE 2 OF 2**

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2. The powers of my attorney-in-fact under this Power of Attorney are limited to making decisions about my health care on my behalf. These powers shall include the power to order the withholding or withdrawal of life-sustaining treatment if my attorney-in-fact believes, in his or her own judgment, that is what I would want if I could make the decision myself. The existence of this Durable Power of Attorney for Health Care shall have no effect upon the validity of any other Power of Attorney for other purposes that I have executed or may execute in the future.

3. In the event that a proceeding is initiated to appoint a guardian of my person under RCW 11.88, I nominate the person designated as my first choice (on page 1) to serve as my guardian. My second choice (on page 1) will serve as my guardian if the first person is unable or unwilling.

4. I make the following additional instructions regarding my care:

By signing this document, I indicate that I understand the purpose and effect of this Durable Power of Attorney for Health Care.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

*(date) (month) (year)*

Signed: \_\_\_\_\_

The person named as principal in this document is personally known to me. I believe that he/she is of sound mind, and that he/she signed this document freely and voluntarily.

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

ADD PERSONAL  
INSTRUCTIONS  
(IF ANY)

SIGN AND DATE  
YOUR DOCUMENT

WITNESSING  
PROCEDURE

TWO WITNESSES  
SIGN HERE

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*Courtesy of Caring Connections*  
1700 Diagonal Road, Suite 625, Alexandria, VA 22314  
[www.caringinfo.org](http://www.caringinfo.org), 800/658-8898

# WASHINGTON HEALTH CARE DIRECTIVE – PAGE 1 OF 3

INSTRUCTIONS

PRINT THE DATE

PRINT YOUR NAME

Directive made this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(date) (month) (year)

I, \_\_\_\_\_,  
(name)

having the capacity to make health care decisions, willfully, and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, and do here by declare that:

(a) If at any time I should be diagnosed in writing to be in a terminal condition by the attending physician, or in a permanent unconscious condition by two physicians, and where the application of life-sustaining treatment would serve only to artificially prolong the process of my dying, I direct that such treatment be withheld or withdrawn, and that I be permitted to die naturally. I understand by using this form that a terminal condition means an incurable and irreversible condition caused by injury, disease, or illness, that would within reasonable medical judgment cause death within a reasonable period of time in accordance with accepted medical standards, and where the application of life-sustaining treatment would serve only to prolong the process of dying. I further understand in using this form that a permanent unconscious condition means an incurable and irreversible condition in which I am medically assessed within reasonable medical judgment as having no reasonable probability of recovery from an irreversible coma or a persistent vegetative state.

(b) In the absence of my ability to give directions regarding the use of such life-sustaining treatment, it is my intention that this directive shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and I accept the consequences of such refusal. If another person is appointed to make these decisions for me, whether through a durable power of attorney or otherwise, I request that the person be guided by this directive and any other clear expressions of my desires.

(c) If I am diagnosed to be in a terminal condition or in a permanent unconscious condition (check one):

- I DO want to have artificially provided nutrition and hydration.
- I DO NOT want to have artificially provided nutrition and hydration.

(d) If I have been diagnosed as pregnant and that diagnosis is known to my physician, this directive shall have no force or effect during the course of my pregnancy.

INDICATE YOUR WISHES ABOUT ARTIFICIAL NUTRITION AND HYDRATION

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(e) I understand the full import of this directive and I am emotionally and mentally capable to make the health care decisions contained in this directive.

(f) I understand that before I sign this directive, I can add to or delete from or otherwise change the wording of this directive and that I may add to or delete from this directive at any time and that any changes shall be consistent with Washington state law or federal constitutional law to be legally valid.

(g) It is my wish that every part of this directive be fully implemented. If for any reason any part is held invalid it is my wish that the remainder of my directive be implemented.

(h) I make the following additional instructions regarding my care:

ADD PERSONAL  
INSTRUCTIONS  
(IF ANY)

ORGAN DONATION  
(OPTIONAL)

**ORGAN DONATION (OPTIONAL)**

Under Washington law, an anatomical gift made by a donor and not revoked by the donor before death is irrevocable and does not require consent or concurrence of any person after the donor's death. The law also authorizes any reasonable examination necessary to assure the medical acceptability of the anatomical gift.

An anatomical gift may be made by a document of gift signed by the donor. If the donor cannot sign, the document of gift must be signed by another individual and by two witnesses, all of whom have signed at the direction and in the presence of the donor and of each other, and state that it has been so signed.

An individual may amend or revoke an anatomical gift at any time by: (1) a signed statement; (2) an oral statement made in the presence of two individuals; (3) any form of communication during a terminal illness or injury; or (4) the delivery of a signed statement to a specified donee to whom a document of gift had been delivered.

An individual may refuse to make an anatomical gift by (1) a writing signed in the same manner as a document of gift, (2) a statement attached to or imprinted on a donor's driver's license, or (3) another writing used to identify the individual as refusing to make an anatomical gift. During a terminal illness or injury, the refusal may be an oral statement or other form of communication.

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**WASHINGTON HEALTH CARE DIRECTIVE – PAGE 3 OF 3**

When a person 18 years of age or older applies for a driver’s license or renewal, a question as to whether he or she wishes to donate his or her organs shall be in the application, and the response shall be noted on the license and the donor’s information will be transmitted to the state’s organ donor registry. Individuals who are 16 and 17 may also become organ donors with parental consent. Revocation suspension, expiration or cancellation of the license does not invalidate the gift.

Initial the line next to the statement below that best reflects your wishes. You do not have to initial any of the statements. If you do not initial any of the statements, your agent and your family will have the authority to make a gift of all or part of your body under Washington law.

- I do not want to make an organ or tissue donation and I do not want my agent or family to do so.
- I have already signed a written agreement or donor card regarding organ and tissue donation with the following individual or institution:

Name of individual/organization: \_\_\_\_\_

- Pursuant Washington law, I hereby give, effective on my death
  - Any needed organ or parts.
  - The following part or organs listed below:
    - Any legally authorized purpose.
    - Transplant or therapeutic purposes only.

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

Signed: \_\_\_\_\_

City, County, and State of Residence: \_\_\_\_\_

The declarer has been personally known to me and I believe him or her to be capable of making health care decisions.

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

*Courtesy of Caring Connections  
1700 Diagonal Road, Suite 625, Alexandria, VA 22314  
www.caringinfo.org, 800/658-8898*

INITIAL THE STATEMENT THAT BEST REFLECTS YOUR WISHES

SELECT ONE

INITIAL ONE

SIGN YOUR NAME AND PRINT YOUR ADDRESS

TWO WITNESSES SIGN HERE

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## YOU HAVE FILLED OUT YOUR ADVANCE DIRECTIVE, NOW WHAT?

1. Your Washington Durable Power of Attorney for Healthcare and Healthcare Directive and are important legal documents. Keep the original signed documents in a secure but accessible place. Do not put the original documents in a safe deposit box or any other security box that would keep others from having access to them.
2. Give photocopies of the signed originals to your attorney-in-fact and successor attorney-in-fact, doctor(s), family, close friends, clergy and anyone else who might become involved in your healthcare. If you enter a nursing home or hospital, have photocopies of your documents placed in your medical records.
3. Be sure to talk to your attorney-in-fact and successor, doctor(s), clergy, and family and friends about your wishes concerning medical treatment. Discuss your wishes with them often, particularly if your medical condition changes.
4. If you want to make changes to your documents after they have been signed and witnessed, you should complete new documents.
5. Remember, you can always revoke one or both of your Washington documents. If you revoke your documents, make sure you notify your representative, successor representatives, your family and your doctors.
6. Be aware that your Washington documents will not be effective in the event of a medical emergency. Ambulance personnel are required to provide cardiopulmonary resuscitation (CPR) unless they are given a separate order that states otherwise. These orders, commonly called "non-hospital do-not-resuscitate orders," are designed for people whose poor health gives them little chance of benefiting from CPR. These orders must be signed by your physician and instruct ambulance personnel not to attempt CPR if your heart or breathing should stop.

Currently not all states have laws authorizing non-hospital do-not-resuscitate orders. We suggest you speak to your physician for more information. **Caring Connections does not distribute these forms.**

## Appendix A

### Glossary

***Advance directive*** - A general term that describes two kinds of legal documents, living wills and medical powers of attorney. These documents allow a person to give instructions about future medical care should he or she be unable to participate in medical decisions due to serious illness or incapacity. Each state regulates the use of advance directives differently.

***Artificial nutrition and hydration*** – Artificial nutrition and hydration supplements or replaces ordinary eating and drinking by giving a chemically balanced mix of nutrients and fluids through a tube placed directly into the stomach, the upper intestine or a vein.

***Brain death*** – The irreversible loss of all brain function. Most states legally define death to include brain death.

***Capacity*** - In relation to end-of-life decision-making, a patient has medical decision making capacity if he or she has the ability to understand the medical problem and the risks and benefits of the available treatment options. The patient's ability to understand other unrelated concepts is not relevant. The term is frequently used interchangeably with competency but is not the same. Competency is a legal status imposed by the court.

***Cardiopulmonary resuscitation*** - Cardiopulmonary resuscitation (CPR) is a group of treatments used when someone's heart and/or breathing stops. CPR is used in an attempt to restart the heart and breathing. It may consist only of mouth-to-mouth breathing or it can include pressing on the chest to mimic the heart's function and cause blood to circulate. Electric shock and drugs also are used frequently to stimulate the heart.

***Do-Not-Resuscitate (DNR) order*** - A DNR order is a physician's written order instructing healthcare providers not to attempt cardiopulmonary resuscitation (CPR) in case of cardiac or respiratory arrest. A person with a valid DNR order will not be given CPR under these circumstances. Although the DNR order is written at the request of a person or his or her family, it must be signed by a physician to be valid. A non-hospital DNR order is written for individuals who are at home and do not want to receive CPR.

***Emergency Medical Services (EMS)***: A group of governmental and private agencies that provide emergency care, usually to persons outside of healthcare facilities; EMS personnel generally include paramedics, first responders and other ambulance crew.

**Healthcare agent:** The person named in an advance directive or as permitted under state law to make healthcare decisions on behalf of a person who is no longer able to make medical decisions.

**Hospice** - Considered to be the model for quality, compassionate care for people facing a life-limiting illness or injury, hospice and palliative care involve a team-oriented approach to expert medical care, pain management, and emotional and spiritual support expressly tailored to the person's needs and wishes. Support is provided to the persons loved ones as well.

**Intubation-** Refers to "endotracheal intubation" the insertion of a tube through the mouth or nose into the trachea (windpipe) to create and maintain an open airway to assist breathing.

**Life-sustaining treatment** - Treatments (medical procedures) that replace or support an essential bodily function (may also be called life support treatments). Life-sustaining treatments include cardiopulmonary resuscitation, mechanical ventilation, artificial nutrition and hydration, dialysis, and other treatments.

**Living will** - A type of advance directive in which an individual documents his or her wishes about medical treatment should he or she be at the end of life and unable to communicate. It may also be called a "directive to physicians", "healthcare declaration," or "medical directive."

**Mechanical ventilation** - Mechanical ventilation is used to support or replace the function of the lungs. A machine called a ventilator (or respirator) forces air into the lungs. The ventilator is attached to a tube inserted in the nose or mouth and down into the windpipe (or trachea).

**Medical power of attorney** - A document that allows an individual to appoint someone else to make decisions about his or her medical care if he or she is unable to communicate. This type of advance directive may also be called a healthcare proxy, durable power of attorney for healthcare or appointment of a healthcare agent. The person appointed may be called a healthcare agent, surrogate, attorney-in-fact or proxy.

**Palliative care** - A comprehensive approach to treating serious illness that focuses on the physical, psychological, spiritual, and existential needs of the patient. Its goal is to achieve the best quality of life available to the patient by relieving suffering, and controlling pain and symptoms.

**Power of attorney** – A legal document allowing one person to act in a legal matter on another's behalf regarding to financial or real estate transactions.

***Respiratory arrest:*** The cessation of breathing - an event in which an individual stops breathing. If breathing is not restored, an individual's heart eventually will stop beating, resulting in cardiac arrest.

***Surrogate decision-making*** - Surrogate decision-making laws allow an individual or group of individuals (usually family members) to make decisions about medical treatments for a patient who has lost decision-making capacity and did not prepare an advance directive. A majority of states have passed statutes that permit surrogate decision making for patients without advance directives.

***Ventilator*** – A ventilator, also known as a respirator, is a machine that pushes air into the lungs through a tube placed in the trachea (breathing tube). Ventilators are used when a person cannot breathe on his or her own or cannot breathe effectively enough to provide adequate oxygen to the cells of the body or rid the body of carbon dioxide.

***Withholding or withdrawing treatment*** - Forgoing life-sustaining measures or discontinuing them after they have been used for a certain period of time.

## Appendix B

### Legal & End-of-Life Care Resources Pertaining to Healthcare Advance Directives

#### LEGAL SERVICES

Individuals seeking low cost or free legal services should contact CLEAR. CLEAR is a program that was developed by the Northwest Justice Project and is not only for older individuals. If CLEAR cannot assist you with your legal matter they will refer you to another legal program in your region. They can assist individuals of all ages with legal information and advice about most issues, including:

- Power of Attorney
- Living Wills and Trusts
- Tenants/Landlord concerns
- Civil issues and more
  
- Must be 18 and older
- Free

The Washington State Bar Association has a list of attorney referrals on their website offered to individuals of all ages and income.

**For more information about legal services offered call toll free:**

1-888-387-7111 or 1-888-201-1014

**Visit the following link to locate legal services from the Washington State Bar Association:**

<http://www.wsba.org/>

#### END-OF-LIFE SERVICES

The Washington State Department of Health Services, Aging and Disability Services (HSAD) can connect individuals and people with disabilities to services and programs available in their region.

The services are free to individuals who are disabled or over the age of 60 with moderate to low incomes. HSAD can assist individuals with the following services and programs:

- Residential Services
- Nursing Homes
- Transportation and meals
- Medicare and Medicaid
- Community programs and much more
  
- Must be over 60 or have a disability
- Free for individuals with low to moderate incomes

**For more information about programs and services call toll free: 1-800-422-3263**

**OR**

**Visit the website to locate AAA in your region:**

<http://www.aasa.dshs.wa.gov/contact/localoffice.htm>