



NORTON
HEALTHCARE



Putting Your Healthcare
Decisions in Writing
Indiana advance directives



Advances in healthcare technology provide more opportunities than ever for prolonging life. As options for life-prolonging treatment increase, so do your choices.

As an adult, you have a right to make your own healthcare decisions. This right includes defining your wishes regarding life-prolonging treatment, artificial nutrition (food) and hydration (water and fluids), and choosing who will make healthcare decisions for you if you are unable to make them for yourself.

By putting your choices in writing, you'll ensure your wishes are followed in the event you are unable to communicate or make these decisions.

An *advance directive* is a written legal document completed by an adult who is able to make decisions expressing instructions for future healthcare in the event they are unable to communicate or lose decision-making abilities.

The Indiana Department of Health lists five common types of advance directives:

1. Living will declaration/life-prolonging procedures declaration
2. Psychiatric advance directive
3. Out-of-hospital do not resuscitate (DNR) order
4. Physician orders for scope of treatment (POST)
5. Power of attorney for healthcare decisions

Indiana law broadly defines an advance directive as **written** instructions about a person's healthcare wishes, including designation of a healthcare representative, and organ and tissue donation.



Types of advance directives

Living will directive

A living will directive is your standing instruction to doctors, healthcare providers and others about the life-prolonging medical treatment and artificial nutrition and hydration you wish to receive, or not receive, if you have a terminal condition or are permanently unconscious.

If you are pregnant, your ability to refuse life-sustaining treatment, as well as withholding or withdrawing artificial nutrition and hydration, may be restricted until the birth of your child. Indiana statutes specifically state that in some circumstances life-prolonging procedures may be continued during pregnancy despite a living will, depending on fetal viability, the medical situation and the type of directive involved.

Indiana law requires a living will directive to be witnessed by two adults or notarized. Neither the witnesses nor the notary public may be your blood relative, your physician or anyone directly responsible for financing your healthcare. An employee of the healthcare facility in which you are a patient may notarize your living will directive but may not sign as a witness.

Psychiatric advance directive

A psychiatric advance directive (PAD) lets you state preferences for mental health treatment in advance of a crisis, covering topics such as preferred medications, treatment settings and who should be contacted. PADs go into effect when you lose decision-making capacity, just like a standard advance directive. Laws governing PADs vary by state, and Indiana's unified advance directive statute is broad enough that mental health instructions can be incorporated into a standard directive.

If you have specific concerns about involuntary commitment scenarios or psychotropic medication preferences, discussing those with a mental health provider and explicitly addressing them in your directive is recommended.

Healthcare surrogate

A living will and a psychiatric advance directive allow you to designate one or more adults to make your healthcare decisions if you are unable to do so. The person(s) you designate is called your *healthcare surrogate*. Your surrogate may have to make important, difficult decisions about your care, so you should choose that person carefully. Pick someone you know well and trust, and who is likely to know how you would wish to be treated in a particular situation. In addition, be sure the person you pick is willing to take on this responsibility.

Under Indiana law, a surrogate may authorize the withdrawal or withholding of artificial nutrition and hydration in the following situations:

- When death is expected in the near future
- When you are permanently unconscious and the decision is consistent with your advance directive
- When artificial nutrition and hydration cannot be absorbed by the body
- When the burden of providing artificial nutrition and hydration outweighs the benefit

Physician orders for scope of treatment

A physician orders for scope of treatment (POST) form is a type of advance directive that allows you to specify whether you desire specific treatment under certain circumstances. POST forms are intended for individuals who have chronic or progressive illnesses and/or a life expectancy of one year or less, but anyone can complete a POST form. The form is created when you (or your healthcare surrogate) and your physician discuss your medical condition, prognosis, and benefits and burdens of various treatment options. A physician must sign the POST form.

When applicable, the POST form may be completed by a legal representative or proxy. This may be a parent of a patient who is a minor or a healthcare representative, guardian or healthcare power of attorney. The representative may only complete the form if the patient is a minor or if the patient does not have the ability to make their own decisions.

Power of attorney

A power of attorney (POA) is similar to a healthcare surrogate designation in that it gives another individual the power to make healthcare decisions when you are unable to do so. The difference between the two is that a POA may extend beyond healthcare decision-making. You may ask this person, known as an *attorney-in-fact*, to make personal and financial decisions as well. In order for an attorney-in-fact to make healthcare decisions on your behalf, the POA must specifically state that it applies to healthcare decisions.

Indiana law does not provide a standard form for powers of attorney. Consult an attorney if you have questions or would like to draft a POA.

Out of hospital do not resuscitate order

The out of hospital do not resuscitate (OHDNR) order is an advance directive that allows a person outside of an acute care hospital, such as a long-term care facility, to indicate they do not wish to be resuscitated if a cardiac or pulmonary failure occurs. Any person age 18 or older who is of sound mind and has been certified by a physician as having a terminal condition or a condition in which survival of cardiac or pulmonary failure is unlikely may execute an OHDNR. However, the OHDNR order cannot be used if the patient is pregnant.

Indiana's OHDNR statute specifies the exact form that must be used. The form must be signed by two witnesses as well as yourself and your physician. You may revoke a OHDNR at any time in writing, verbally or by destroying the document. A healthcare representative may revoke the OHDNR only if you are declared incompetent to do so. The statute provides liability protection as long as a healthcare provider acts in good faith and in accordance with reasonable medical standards.

Enacting an advance directive

You can obtain a form from Norton Healthcare registration personnel or chaplains. The form also is available at **NortonHealthcare.com** under the "Patient Resources" tab. If you select a healthcare surrogate, the form allows you to choose an alternate if the surrogate you designate cannot or will not act. In addition, the form allows you to make an organ or tissue donation. You may change or add additional instructions, but if you do, you may wish to talk with an attorney about the validity of your changes. If you are interested in completing a POST form, speak with your physician.

Healthcare providers and facilities may not discriminate against anyone based on whether they have an advance directive. Similarly, doctors, healthcare facilities and providers cannot require you to have an advance directive as a condition of obtaining treatment. However, if you decide to make an advance directive, you should provide a copy to your physician, close family members and others who are likely to help you obtain care. Remember, it is your responsibility to tell your doctor about your advance directive. You also should take your advance directive with you each time you enter a hospital, nursing home or other healthcare facility for treatment.

Your advance directive should be honored by your family, your physician and the healthcare facility where you are a patient or a resident. In the event your physician or the healthcare facility refuses to follow your wishes as set forth in your advance directive, the physician or facility must inform you and your surrogate, if you have one. If requested, you can be transferred to the care of another physician or facility that is willing to comply with your advance directive.



Questions and answers about advance directives

Q. After I create an advance directive or power of attorney, where should I keep it and who should be informed?

A. Keep your advance directive in a safe and accessible place in case of an emergency. Current copies should be given to your physician, surrogate or attorney-in-fact, spouse or trusted family member, attorney and healthcare providers upon admission to a hospital or nursing facility.

Q. May I change or cancel an advance directive or power of attorney?

A. Yes. These documents may be changed or canceled at any time. Keep a list of people who have copies. If you wish to change or cancel your advance directive, you must be sure to replace all outdated documents.

Q. Can an individual serving as a healthcare surrogate or power of attorney make decisions against my expressed wishes?

A. No. The surrogate or attorney-in-fact must follow your wishes and consider the recommendations of your physician.

Q. Who should be my surrogate or attorney-in-fact?

A. You should choose the person who knows you best and in whom you have confidence to carry out your healthcare decisions if you can't decide for yourself. This may be a spouse, adult child, close friend or relative. Consider where the person lives and whether that person can be present when decisions need to be made for you. You also may choose to name an alternate surrogate or attorney-in-fact in the event your first choice is unavailable to act for you.

Q. Who makes my healthcare decisions if my doctor determines I can't make decisions and I don't have an advance directive?

A. In Indiana, the people listed in the following order have the authority to make medical decisions for you:

- | | |
|----------------|--|
| <i>First</i> | A person legally appointed to make decisions for you or a healthcare representative |
| <i>Second</i> | A spouse |
| <i>Third</i> | An adult child |
| <i>Fourth</i> | A parent |
| <i>Fifth</i> | An adult sibling |
| <i>Sixth</i> | A grandparent |
| <i>Seventh</i> | An adult grandchild |
| <i>Eighth</i> | The nearest other adult relative in the next degree of kinship |
| <i>Ninth</i> | An adult friend who has maintained regular contact with you and is familiar with your activities, health, and religious or moral beliefs |
| <i>Tenth</i> | Your religious leader |

Indiana law does not allow the following people to make healthcare decisions on your behalf:

1. Anyone previously disqualified by you in a written and signed document
2. A spouse who is legally separated from you or if a petition for dissolution, separation or annulment has been filed
3. Anyone you have a protective order against
4. Anyone who is facing criminal charges for which you are an alleged victim of the crime



Glossary

Advance directive — A written document by an adult who is able to make decisions expressing preferences and instructions about healthcare in the event the individual has a terminal condition, is permanently unconscious, becomes incompetent or unable to communicate, or loses decision-making abilities.

Artificial nutrition (food) and hydration (water and fluids) — Food, water or other fluids that are artificially administered, such as through a feeding tube.

Attorney-in-fact — The person named to serve under a power of attorney to make medical, financial or personal decisions for someone who is unable to do so.

Healthcare surrogate — A part of the advance directive and psychiatric advance directive that designates a person to make medical decisions for someone who is unable to do so. The surrogate has the power to make decisions about medical treatment for the patient.

Life-prolonging treatment — Any medical intervention that is not intended to help the patient recover but instead serves to keep the person from dying.

POST form — A physician orders for scope of treatment (POST) form is a written document prepared by a physician after discussing a patient's medical condition, prognosis, and treatment benefits and burdens with the patient. The POST form provides specific instructions to caregivers regarding the patient's preferences for treatment, including life-prolonging measures to be used if the patient loses the ability to make decisions.

Permanently unconscious (or persistent vegetative state) — As determined by two physicians, a condition in which the part of the brain (cerebral cortex) responsible for awareness, thinking and conscious behavior has stopped functioning.

Terminal condition — As determined by two physicians, a medical condition that is incurable, irreversible and will result in death within a relatively short time.

For additional information

If you have additional questions about advance directives, speak with your physician, clergy, a Norton Healthcare chaplain or a social worker. If you have questions about the legal validity of your advance directive, speak to an attorney.

This brochure is intended for informational purposes only and should not be considered legal advice. Norton Healthcare takes no position on advance directives or whether an individual should create an advance directive.





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