

Frequently Asked Questions about Advance Directives

1. What is an Advance Directive?

Illinois has recognized an individual's right to make and direct their health care decisions. An Advance Directive is a document you may use to direct how you wish your medical decisions and care to be given if you are not able to make those decisions.

In Illinois, the following Advance Directives are recognized:

- Power of Attorney for Health Care
- Living Will
- Physician Orders for Life-sustaining Treatment (POLST)
- Mental Health Treatment Preference Declaration

While putting your wishes on paper is important, it is almost equally essential to talk with your family and healthcare provider about your wishes and expectations. It is recommended that you keep the original document in a place easily accessible to yourself or your loved ones.

2. What is a Power of Attorney for Health Care?

A Power of Attorney for Health care is a legal document, signed by the patient, authorizing another person (called the "agent") to make health care decisions on the patient's behalf. Your agent can not be your health care professional or your health care provider. The patient defines the scope of responsibility of the agent and also may use the form to define for all involved his/her expectations for care when they are not able to speak for themselves.

3. What is a Living Will?

A Living Will is a document in which you indicate whether you want death-delaying procedures used if you have a terminal condition. Unlike a POA for health care, a Living Will is only effective if you have a terminal condition. A terminal condition is an incurable and irreversible condition in which death is imminent. Death-delaying procedures, if used, would only prolong the dying process. Food and water cannot be stopped if this would be the only cause of death.

4. What are Physician Orders for Life-sustaining Treatment (POLST)?

A POLST form can be used to create a physician order that reflects your wishes about receiving or not receiving cardiopulmonary resuscitation (CPR) and life-sustaining treatment such as medical interventions (breathing machines, etc.) and artificial nutrition (tube feeding, etc.).

5. What is a Do-Not-Resuscitate (DNR) order?

A DNR order is a medical treatment order stating that cardiopulmonary resuscitation (CPR) will not be attempted if your heart and/or breathing stops.

6. What is a Mental Health Treatment Preference Declaration?

A Mental Health Treatment Preference Declaration (MHTPD) lets you state whether you want certain treatments or medicines if you have a mental illness. There are also options to express your wishes about admissions to a mental health facility and allows you to identify someone to make mental health care decisions on your behalf.



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7. What is the difference between a Power of Attorney (POA) for Health Care, a Living Will and a POLST form?

A POA for Health Care is much broader than a Living Will. A Living Will is a short form stating that you do not want life-sustaining treatment used if you develop a terminal condition. A POA for Health care, on the other hand, is not limited to situations where you have a terminal condition. It allows you to designate an agent to make health care decisions for you in any situation where you are unable to do so. A POLST form contains medical orders reflecting your wishes about receiving CPR and life-sustaining treatment.

8. Do I need to have a POA, Living Will and a POLST form?

No. The POA for Health Care, as a more flexible document allows you to designate your expectations for life-sustaining treatment while also naming an agent. A POLST form allows you to designate that you do or do not want resuscitative efforts initiated if your heart and/or breathing stops. After reviewing all of these documents, you may wish to have one or more of these. For example, you may wish to have a POA for health care and a POLST form.

9. Where may I find a copy of the Advance Directives and is there a fee?

Advance Directives are available from hospital admissions, the Social Services Department (815-599-6876) and FHN physician offices. They are also available on fhn.org or the Illinois Department of Public Health/Advance Directives. There is no fee to obtain and/or establish an Advance Directive at FHN. When completing the form, include phone numbers (home, work, cell) and address of your agent and successor agent(s).

10. Does the document have to be notarized?

Advance Directives do not need to be notarized, however they do need to be witnessed by an adult. With the exception of FHN executives or your physician, FHN employees may witness your signature.

11. Once my Advance Directive is completed, who needs a copy?

Once your Advance Directive is completed it is important to discuss the content and provide a copy to your family and your physician. If you bring your Advance Directive to any FHN facility, we will make the necessary copies so it is included in your records. As with any important paper, you should always retain the original of your most recent Advance Directive in a location where it is easily accessible by yourself, loved ones or agent.

12. Who will have access to the document when the hospital or doctor has a copy?

When your Advance Directive is received at FHN it will be scanned to be available electronically to people involved in your care. It will be considered part of your confidential record and accessed only by people directly involved in your care.

Additional information related to Advance Directives and End of Life issue can be found at www.HavingTheConversation.com and www.agingwithdignity.org.

Resource: Statement on Illinois Law on Advance Directives and DNR Orders, 8/2/2011, <http://www.idph.state.il.us/public/books/advdir4.htm>

