

What Are Advance Directives?

Making Your Decisions About Your Healthcare Known New York State Health Care Proxy Law

There is a way for you to have peace of mind knowing that your wishes about your care will be respected even if an accident or a severe illness make it impossible for those around you to know what you are thinking and feeling. You can do that with an advance directive.

ADVANCE DIRECTIVES are directions about your future medical care. These directions tell your doctor and your family in advance about what you would want and would not want to do if you are unable to tell them.

To prepare a healthcare proxy, a form of advance directive, you need to choose someone you trust to be your healthcare agent. This can be a family member or friend. You will also need two witnesses – but not a lawyer – to make this a legal document. Your agent cannot be one of the witnesses. You should tell this agent what your wishes would be in case of accident or serious illness. Your agent will then be in charge of making medical decisions for you – but only if you cannot do so.

Talk to your family or friends. Tell them how you feel about different medical treatments. Ask them if they are willing to carry out your wishes if and when you are unable to do so for yourself. This will help you maintain control of your healthcare decisions. Remember, you can change your mind at any time about the advance directives or about the person you have chosen to be your healthcare agent.

If you would like more information about advance directives or healthcare proxy, ask your doctor, or call the number below. It is your right! If you want information and assistance in filling out a healthcare proxy, please call the Patient Representative Office at extension 8739.

Health Care Proxy

(1) I, _____
hereby appoint

(name, home address and telephone number)

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise. This proxy shall take effect only when and if I become unable to make my own health care decisions.

(2) Optional: Alternate Agent

If the person I appoint is unable, unwilling or unavailable to act as my health care agent, I hereby appoint

(name, home address and telephone number)

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise.

(3) Unless I revoke it or state an expiration date or circumstances under which it will expire, this proxy shall remain in effect indefinitely. (Optional: If you want this proxy to expire, state the date or conditions here.) This proxy shall expire (specify date or conditions):

(4) Optional: I direct my health care agent to make health care decisions according to my wishes and limitations, as he or she knows or as stated below. (If you want to limit your agent's authority to make health care decisions for you or to give specific instructions, you may state your wishes or limitations here.) I direct my health care agent to make health care decisions in accordance with the following limitations and/or instructions (attach additional pages as necessary):

In order for your agent to make health care decisions for you about artificial nutrition and hydration (nourishment and water provided by feeding tube and intravenous line), your agent must reasonably know your wishes. You can either tell your agent what your wishes are or include them in this section. See instructions for sample language that you could

use if you choose to include your wishes on this form, including your wishes about artificial nutrition and hydration.

(5) Your Identification (please print)

Your Name _____

Your Signature _____ Date _____

Your Address _____

(6) Optional: Organ and/or Tissue Donation

I hereby make an anatomical gift, to be effective upon my death, of: (check any that apply)

Any needed organs and/or tissues

The following organs and/or tissues _____

Limitations _____

If you do not state your wishes or instructions about organ and/or tissue donation on this form, it will not be taken to mean that you do not wish to make a donation or prevent a person, who is otherwise authorized by law, to consent to a donation on your behalf.

Your Signature _____ Date _____

(7) Statement by Witnesses (Witnesses must be 18 years of age or older and cannot be the health care agent

or alternate.)

I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Date _____

Name of Witness 1		Name of Witness 2	
(print) _____	(print) _____	(print) _____	(print) _____
Signature _____	Signature _____	Signature _____	Signature _____
Address _____	Address _____	Address _____	Address _____

Advance Directives and Saint Vincent Catholic Medical Centers' Policy Statement

Every patient has the right to initiate an advance directive, such as healthcare proxy and an organ donor card, to determine treatment in the event that they become incapable of making their own treatment decisions. New York State allows you to name someone to make decisions about your health care treatments if you are unable to tell your doctors what to do. The person you appoint, the agent, should be someone you know well and whom you trust. The person you name should be someone with whom you have had conversations about your wishes for medical treatment and who agrees to carry out these wishes for medical treatment for you. Our staff has been educated about advance directives and the hospital has developed a system to discuss issues of an ethical nature.

Your patient information guide contains a NYS Department of Health publication, "Your Rights as a Hospital Patient in New York State", which provides further information on advance directives. A healthcare proxy form and information about implementing an advance directive is provided in this booklet. In addition to this information, please pay special attention to the following hospital statement regarding those treatment decisions that cannot be honored at a Saint Vincent Catholic Medical Centers facility.

It is the policy of St. Vincent's Hospital Manhattan to honor decisions made by patients receiving medical care, including decisions to accept or refuse medical or surgical treatment, and to honor the advanced directives of patients, including Health Care Proxies, living wills, or oral statements, to the full extent allowed by law. As a Catholic hospital sponsored by the Sisters of Charity, St. Vincent's retains the right to decline any act or omission of treatment, which is inconsistent with its commitment to the sanctity of human life. The hospital encourages each patient and family member to discuss these issues with the patient's attending physician or members of the Social Work or Patient Representative staff.

An educational video regarding advanced directives is available to all patients on the hospital's educational channel. You may access this channel with or without full television service.