

# CONVERSATIONS THAT MATTER

*Planning in Advance for Future Healthcare Decisions*



KENTUCKY



**BAPTIST HEALTH®**

ADVANCE CARE PLANNING

## KNOWING THE LANGUAGE

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You make decisions daily – decisions about where you want to live, who you want to marry, your career, your home, your life.

**PERHAPS** one of the most important decisions you face is your choice for future medical care.

**WHO** decides when to change or stop medical treatments?

**YOU DO.** Or at least you should.

**YOU** should decide about the kind of care you want while you are capable of making your own decisions.

**TECHNOLOGY** has advanced to a point where patients with little or no hope of a meaningful recovery can be kept alive indefinitely. For that reason, it's more important than ever for people to express what kind of care they would want if they became unable to make their own decisions.

**THINK** about the kind of treatment you want, and talk about it with your loved ones and your healthcare provider. Talking about these issues may not be easy; there may be resistance, even denial. Many people are uncomfortable talking about end of life decisions.

**YET** forcing loved ones to make decisions for you without knowledge of your preferences can also be difficult. Discussing your preferences now can help.

**TALK** about the kind of care treatments you want and then put it in writing.

### Advance Care Planning

This is a process of coming to understand, reflect on, discuss and plan for a time when you cannot make your own medical decisions and are unlikely to recover from your injury or illness. Effective planning is the best way to make sure your wishes are respected by your loved ones and healthcare providers. This process will also provide great comfort to those who may make end-of-life decisions for you. Good advance care planning improves the quality of your advance directive.

### Advance Directives

Advance directives are the plans you make for your future healthcare decisions in the event you cannot make these decisions for yourself.

The written Advance Directive directs health care decision made about you in the event you become incapable of making and communicating your preferences.

Kentucky law recognizes many types of advance directives, including living will directives, healthcare surrogate designations, durable powers of attorney and mental health treatment directives. A healthcare surrogate designation or a power of attorney for healthcare are documents that appoint someone else to make your healthcare decisions if you are incapable of doing so. A Kentucky living will directive includes a healthcare surrogate designation and provides a written set of instructions about care at the end of life.

### My Questions:

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# COMMONLY ASKED QUESTIONS

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## **Q. How can I talk about these issues with my family?**

Plan for yourself first and let your family know what you want. Tell them you don't want them to feel the burden of making decisions for you. Then ask them to tell you what they want.

## **Q. Who do I talk to?**

Talk to those who are close to you and most likely to be involved in decision-making if you are very ill. Just because you have a close relationship does not necessarily mean you know what your loved one thinks or wants for future medical care.

## **Q. What would I talk about?**

Discuss your preferences for who would make decisions for you and how would they make these decisions. Make sure the person you designate as your representative not only knows your wishes but is able to make complex decisions in difficult situations and to follow your specific directives.

Consider what your goals for medical treatment would be if you had a serious, permanent injury to your brain. Consider what conditions or in what state you would determine that you no longer desire for medical treatments (such as a machine that breathes on your behalf) to keep you alive.

## **Q. Do I need to talk with my healthcare provider?**

When possible, it is important for you to talk with your healthcare provider to make sure your planning is clear, complete, and will be supported by your healthcare providers. Your provider may also be able to discuss alternative scenarios and options that you can address in your planning and Advance Directive documents. When you discuss your wishes with your provider, your provider will record your choices in your medical record so that there is a record of your decisions for future reference. For this reason, if you have an advance directive, it is important to provide a copy to your provider.

## **Q. Who can assist me with having these conversations?**

Baptist Health's certified Advance Care Planning facilitators can assist you and your chosen healthcare surrogates and/or representatives with advance care planning conversations, and/or the completion of an advance directive. To inquire about this service or request a complementary appointment, please call the Advance Care Planning helpline at 833.307.2081

If you are currently in the hospital, you may contact the Pastoral Care department at the hospital or ask your nurse for assistance with advance care planning.

## **Q. Who makes my healthcare decisions if I can no longer do so and I have not completed an advance directive?**

If you cannot speak for yourself and you do not have an advance directive, the following people, in the order listed, may make decisions for you under Kentucky law:

- A guardian, if a court has appointed one for you, and medical decisions are within the scope of the guardianship;
- Your power of attorney, if you have a durable power of attorney that specifically includes authority for healthcare decisions;
- Your spouse;
- Your adult child, or if you have more than one, the majority of your adult children who are available to be asked about your care;
- Your parents; or
- Your nearest living relative, or if you have more than one relative of the same relation available, a majority of them; or
- An adult friend who has maintained regular contact with you, and is familiar with your activities, health, and religious or moral beliefs.

Generally, these people have the same authority to make medical decisions as a surrogate appointed by you, and they must act in your best interests.



# LIVING WILL DIRECTIVES

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## **Q. Who can make an advance directive?**

Any person aged 18 or older who is of sound mind may make an advance directive.

## **Q. When does an advance directive go into effect?**

As long as you are able to make your own decisions and convey them to others, your advance directive is not used. If you're unable to make your own decisions and are unable to communicate, your plans in the advance directive would guide medical decision-making.

## **Q. Can my advance directive be changed?**

Advance directive documents can be changed at any time, as long as you are capable of making decisions. You can change or revoke your advance directive by:

- Stating those wishes in a signed and dated document; or
- Stating them orally in the presence of a healthcare provider and one other adult witness.

If you choose to change or revoke your advance directive, be sure to immediately tell your physician or provider, any hospital or nursing home where you are receiving care, any healthcare professionals who are caring for you in your home, and family members or friends.

## **Q. What may be included in a living will directive?**

A living will directive may include one or more, or all, of the following:

- Directions that life-prolonging treatment not be provided, or once started, that such treatment be stopped;
- Directions that food (nutrition) and water (hydration) not be provided through artificial means, such as tubes, or once started, that they be stopped;
- A choice of one or more persons to act as your surrogate and make decisions for you; and/or
- Directions that all or any part of your body be donated.

Your living will directive may also state that you do not authorize the refusal or removal of life-support devices, artificially provided nutrition and hydration, or the donation of all or any part of your body upon your death. You may also include any other special directions, as long as they are not prohibited by law and follow accepted medical practice.

## **Q. What is life-prolonging treatment?**

Life-prolonging treatment is medical care that is used to keep a vital body function going after it fails because of illness or injury. Examples of such treatment includes ventilators to do the work of your lungs, dialysis to do the work of your kidneys, cardiac assist devices to take over for your heart, or tubes through which you are fed.

Of course, these machines and procedures are used every day in hospitals to help people get better. They are only considered life-prolonging treatment when they will not help you recover and will only prolong the dying process. Life-prolonging treatment does not include the administration of medication or treatment that is deemed necessary to alleviate pain.

## **Q. Under a living will directive, when can life-prolonging treatment be withheld or stopped?**

If you have decided against life-prolonging treatment, then it will not be provided if your doctor and one other doctor agree that:

- You are permanently unconscious or,
- You have a condition that cannot be cured, you won't get better, you are expected to die within a relatively short time, you are not able to make decisions, and treatment will only prolong the dying process.

Life-prolonging treatment that has been started will also be stopped under these circumstances; however, this may not be true if you are pregnant.



# LIVING WILL DIRECTIVES

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## **Q. If I decide against life-prolonging treatment, will I still receive medicine for pain if I need it?**

Yes. You will still receive medicine for pain and any other care that you need for your comfort.

## **Q. If I have a living will directive, will I still be fed through tubes?**

You will not be fed through machines or artificial means if your living will directive states that you refuse artificially provided nutrition and hydration, and you are permanently unconscious or have a terminal condition.

## **Q. What happens in an emergency?**

In the event of an emergency, life-sustaining measures may be started, possibly before your medical record is available. People with an unexpected medical emergency don't often arrive at the emergency department carrying an advance directive. Also, it is sometimes difficult for ER physicians and staff to know if the sick or injured person has a valid advance directive or whether it applies at that moment. For example, it takes two physicians, and perhaps some tests and time, to determine if a patient has a terminal condition or is permanently unconscious.

For these reasons, the hospital's emergency room staff makes every effort to save your life. This may include giving CPR (cardiopulmonary resuscitation) to get your heart beating again or using life support machines such as ventilators. Of course, life support machines can later be removed, and treatment stopped at your request or the request of your surrogate or attorney-in-fact. The exception to this is if the individual has a Medical Orders for Scope of Treatment (MOST) form or EMS Do Not Resuscitate (DNR) form with them, indicating that CPR should not be attempted.

## **Q. Does an advance directive apply if a woman is pregnant?**

Under Kentucky law, a pregnant woman must always receive life-prolonging treatment, including artificially provided nutrition and hydration, unless her doctor, and one other doctor who has examined her, decide that the baby cannot be saved or that treatment harms the woman or causes prolonged severe pain that medicines cannot alleviate.

## **Q. Is an advance directive made in another state valid in Kentucky?**

It may be, but to make sure you have a legal advance directive, you may want to have your lawyer review

the advance directive from the other state, or you may sign one similar to the form in this booklet.

## **Q. Will my Kentucky advance directive be honored in another state?**

State laws on advance directives vary, so it is impossible to know whether a Kentucky advance directive will be honored wherever you are. If it clearly states your wishes about medical care, it should have some influence in decisions about care no matter where you are. If you plan to spend a great deal of time in another state, you should consider signing an advance directive that meets all the legal requirements of that state.

## **Q. Will my doctor, the hospital and the nursing home do what my advance directive states?**

Generally, yes, as long as the directive is valid. However, the doctor, nursing home or hospital may refuse to honor your wishes for moral, religious or professional reasons. If that happens, under Kentucky law, the doctor or hospital must immediately tell you, your surrogate or your attorney-in-fact, and your family. They must also help transfer you to another doctor or facility that will do what you want.

## **Q. Do dying patients with advance directives receive the same care as other hospital patients?**

Yes. Each patient is given the same quality of care regardless of whether or not an advance directive exists. Every effort is made to keep all patients comfortable during their final hours or days. Our patients are given the medical and nursing care needed to ease suffering and the dying process. Our chaplains, social service staff and nurses are always ready to discuss any questions or concerns with you and your family.

## **Q. Will EMS personnel honor my advance directive?**

In most cases, emergency medical personnel and paramedics will make every effort to save your life. Kentucky law states that a person's wish not to be resuscitated will not be honored by EMS personnel unless there is a standard form or identification from the Kentucky Board of Medical Licensure. For more information or that form, contact the Medical Licensure Board at 1.502.564.8963.

## MAKING A LIVING WILL DIRECTIVE

## Q. How do I complete a living will directive?

Your living will directive must be in writing. You may use the living will directive form in the back of this booklet, but other forms are allowed as well. If you plan to use the form in this booklet, please read it closely to be sure it expresses your wishes and carefully check the necessary lines. If you want to use another form, or to change the form in this booklet, you should consult with a lawyer.

Your living will directive must be dated and signed by you. It also must be signed by either two witnesses or a notary public. Witnesses cannot be:

- Your blood relative;
- An heir to your estate;
- An employee of a hospital or nursing home where you are receiving care (an employee may sign as a notary public but not as a witness);
- Your doctor; or
- Any person financially responsible for you.

For assistance with completing a living will directive, you may request an appointment with a Baptist Health certified facilitator by calling the Advance Care Planning helpline at 833-307-2081. To obtain legal advice regarding the completion of these forms, you should consult with an attorney.

**Q. If I have a living will or healthcare surrogate designation that is different from the one in this booklet, is it still valid?**

Maybe. You should reread your documents. If your documents are old, they may, or may not, accurately state all the choices you want to make. If you have questions about the validity of your documents, you should talk to a lawyer or complete a new advance directive.

**Q. What should I do with my advance directive once it is completed?**

Keep the original in a safe place, but do not put it in a safe deposit box because you or your family may not be able to get to it if you need it in an emergency. Make sure that family members or close friends have copies. You should also give a copy to your provider and discuss it with them. Your provider will put the copy in your medical file.

You are responsible for telling your hospital or nursing home that you have an advance directive. You should also provide them with a copy. If, because of your physical or mental health, you can't do that, someone else may give the facility a copy.

Each time you are admitted for an overnight stay in a hospital or nursing home, you will be asked whether you have an advance directive. This is required by federal law.

You should also bring a copy of your advance directive with you each time you are admitted to the hospital. This policy protects you by assuring the hospital that the advance directive it may have from a prior hospital stay is still valid.

If you are a Baptist Health MyChart user, you can also upload your advance directive under the Advance Care Planning section of MyChart (under “My Record”).

### My Questions:

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# HEALTHCARE SURROGATE DESIGNATIONS

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## **Q. What is a healthcare surrogate?**

A healthcare surrogate is a person you appoint in your living will directive or in another written document to make medical decisions for you if you are not able to speak for yourself.

## **Q. What kinds of decisions can a surrogate make?**

The surrogate you appoint has the power to make any medical care decision you could make yourself, except:

- Your surrogate may decide to withhold or stop artificial nutrition and hydration only if death is expected in a few days, the feedings cannot be absorbed or digested, or if the burden of providing the tube feeding outweighs or is greater than its benefit.
- Your surrogate may not refuse or stop artificially provided nutrition and hydration if you are permanently unconscious unless you have given him/her permission to do so in an advance directive.
- Surrogates cannot reject life-prolonging treatment for pregnant women except in limited circumstances. (See Q. Does an advance directive apply if a woman is pregnant?)

Surrogates must honor wishes included in an advance directive, and must consider the advice of your doctor.

## **Q. Who may act as a surrogate?**

Anyone 18 years of age or older may be a surrogate except employees, owners, directors or officers of a hospital or nursing home where you are receiving care (unless that person is related to you or a member of your religious order).

## **Q. Can more than one person serve as a healthcare surrogate?**

Yes. You can name more than one person as your surrogate. People who have several children often do. However, all your surrogates must agree on any decision regarding your healthcare, unless your advance directive states otherwise. If they cannot agree on a decision, the healthcare decision will be made as if no surrogates existed. You may also name an alternate surrogate in case the person you chose first is unavailable, unable or unwilling to serve.

## **Q. Can I limit the power of my healthcare surrogate?**

Yes. In your advance directive, you can state what you want your healthcare surrogate to do or not do.

## **Q. Can a surrogate resign?**

Yes. A surrogate can resign at any time by giving written notice to you, your alternate surrogate, your doctor and the hospital or nursing home where you are receiving care.

# DURABLE POWERS OF ATTORNEY

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## **Q. What is a durable power of attorney?**

A durable power of attorney is an advance directive that lets you name someone (known as your attorney-in-fact) to make medical decisions for you if you are unable to speak for yourself. A durable power of attorney is similar to naming a healthcare surrogate in a living will directive, but you may also give your attorney-in-fact power to make decisions about your personal and financial affairs. For example, you may give your attorney-in-fact the power to write checks, to pay your bills, to file income tax returns, or to sell property for you.

## **Q. How do I complete a durable power of attorney?**

No special form is required under Kentucky law, but

certain special words must be included. A durable power of attorney must contain the words: "This power of attorney shall become effective upon the disability or incapacity of the principal" or similar wording to show that you give your attorney-in-fact the power to make medical choices for you when you can't speak for yourself. A durable power of attorney that grants someone general powers over your property, but does not mention healthcare decisions, may not be accepted by healthcare providers when medical decisions must be made.

Because a durable power of attorney is a complicated document that can contain many variations on health, personal and financial decisions, no form is included in this booklet. You should talk with a lawyer if you want to create a durable power of attorney.



# MEDICAL ORDERS FOR SCOPE OF TREATMENT (MOST) FORM

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## Q. What is a MOST form?

The Medical Orders for Scope of Treatment (MOST) document gives persons with life-limiting diseases the ability to state their own preferences for medical care if they become unable to communicate. It is transferable among healthcare settings and enhances communication among healthcare professionals, with the patient at the center. It is voluntary and is not biased for or against treatment. The MOST form is intended for individuals who are at risk for a life-threatening clinical event because of a serious medical condition and/or advanced chronic condition and frailty.

The Kentucky MOST is more than an advance directive or living will. It is a physician order that outlines a person's wishes for medical treatment and goals of care when the person has a known, serious, advanced illness. It can also be used to translate an advance directive (such as living will) into a physician order. The Kentucky MOST was signed into Kentucky law in 2015 and became operational in 2016.

## Q. Who can complete a MOST form?

The MOST form is designed for those facing serious or progressive illness, progressing frailty or weight loss, or a terminal condition, or who are unlikely to survive cardiopulmonary resuscitation. Any person, regardless of age, can complete a MOST form in communication with their physician.

## Q. Where and when is a MOST form honored in Kentucky?

When completed, the Kentucky MOST document must be honored by all healthcare professionals, regardless of the setting of care.

## Q. What makes a MOST form valid?

For the Kentucky MOST form to be honored as a valid medical order, the following conditions must be met:

- It must be signed by a physician and the patient or patient's surrogate
- It must be reviewed annually, or earlier if there has been a change in the patient's medical wishes or condition, or if the patient is admitted or discharged from a healthcare facility.

## Q. Can a MOST form be revoked or changed?

Yes. A MOST form can be revoked or changed at any time by the patient or the patient's surrogate (if the patient is unable to make his/her own medical decisions).

## Q. What happens if a MOST form contradicts an existing living will directive?

In the event of conflicting statements between a previously executed living will directive and a MOST form, the living will directive prevails. A person wishing to complete a MOST form expressing different wishes from a previously executed living will should revoke their living will prior to completing the MOST form.

## Q. How can I complete a MOST form?

Talk with your doctor or medical provider if you would like to complete a MOST form. For current and additional information, you may also visit <https://www.kymost.org/>.





# ADVANCE DIRECTIVE FOR MENTAL HEALTH TREATMENT

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## **Q. What is an advance directive for mental health treatment?**

An advance directive for mental health treatment is a legal document you can prepare to express your wishes about treatment you do or don't want to receive if you become mentally ill. Many people who have mental illnesses are concerned that, at some point in their lives, they might be subjected to mental health treatment they don't want.

The advance directive for mental health allows you to list specific psychotropic medications (not an entire class of drugs) that you will not take. You also have the opportunity to list medications that you prefer to take as part of your treatment.

In another section, you can tell your doctors whether you consent to have electroconvulsive therapy (ECT). You may also list your preferences for emergency intervention if a crisis occurs, and there is a threat of danger to yourself or others or to name a surrogate to speak for you when you can no longer make and communicate mental health treatment decisions.

## **Q. How do I complete an advance directive for mental health treatment?**

In Kentucky, the advance directive for mental health treatment is a special form that was adopted by law. That form is not included in this booklet. However, you may call the Advance Care Planning helpline at 833.307.2081 to request a form. You may also contact the Kentucky Department of Protection and Advocacy at 1.800.372.2988.

If you are currently in the hospital, you may ask a chaplain, social services staff or nurse for the form, as well as additional information.



# ORGAN DONATION

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Organ transplants are truly a miracle of modern medicine. Thousands of organ transplants occur in the United States each year, yet thousands of people also die each year while waiting for an organ. The generous gift of one's organs or tissues can allow other seriously ill individuals to live. This information is included to help you give thoughtful, prayerful consideration to organ donation.

## **Q. Who may donate an organ?**

Anyone can become an organ donor. Old age or a history of disease does not mean you are unable to donate.

## **Q. Will becoming an organ donor affect the care I receive at the hospital?**

No. Each patient is given the same quality care, whether or not they are an organ donor. Donation procedures only begin after efforts to save your life have been made, and death has been declared.

## **Q. To whom may an organ be donated?**

An organ or body may be donated to a hospital or physician, a medical or dental school, or to an individual in need of a transplant. Also, the gift may be made without specifying who is to receive it, which is not unusual.

## **Q. Will my organs ever be taken for transplant without my consent or the consent of my family?**

Consent is required either by the donor or the individual authorized to consent under the Kentucky Revised Uniform Anatomical Gift Act. In cases where an autopsy has been ordered (such as when a death is the result of a crime or other unusual circumstance), the coroner or medical examiner may authorize the removal of the cornea or corneal tissue of the eyes, unless the coroner or medical examiner is aware of an objection by next of kin. If you have consented to organ donation, your organs may be taken even if your family objects.

# ORGAN DONATION

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## **Q. How is an organ donation made?**

Kentucky residents can have their wishes about organ donation documented in a secure database called the Kentucky Organ, Tissue and Eye Donor Registry. If you wish to help others through organ and tissue donation, you may add your name to the Registry. You may join the Registry online at [www.registermeky.org](http://www.registermeky.org). You will be asked about joining the Registry when you obtain a driver's license or state ID at your Circuit Court Clerk's office. In addition to joining the Registry, you may also sign the back of your driver's license or include your wishes regarding organ donation in your will or living will directive. However, it is most important that you join the Registry because your driver's license, will and/or living will directive may not be accessible, and your wishes could go unfulfilled.

## **Q. What if I want to donate my organs, but my family objects?**

Under Kentucky law, the decision to donate your organs is yours. Your wishes should prevail over your family's objections. If you have joined the Donor Registry, signed the organ donation section on the back of your driver's license, or made a donation as part of a will or living will directive, your family and/or healthcare surrogate will not have legal standing to change your wishes or object to the organ donation unless you have revoked it. For this reason, it is important to discuss your wishes to be an organ donor with your family.

## **Q. Will a hospital ask my family or me about organ donation?**

Both state and federal laws encourage organ donation, and under those laws, hospitals are required to have policies to offer organ, tissue and eye donation as an option. When a patient who has died, or is terminally ill, is medically suitable to be a donor, the patient or family will be asked about the possibility of organ donation. While this can be a difficult discussion for family members, it is done with the best intentions. Many families who have donated organs have said that while the decision was difficult, it gave them comfort to know that they helped someone else.

## **Q. Will my organs ever be sold?**

No. It is illegal to buy or sell organs for transplantation.

## **Q. How can I get more information on organ donation?**

You may talk with your doctor, with our chaplains, social service staff or nurses, or you may call Network for Hope at 1.800.525.3456 or visit their website at [www.networkforhope.org](http://www.networkforhope.org).

## **Q. Where can I register as an organ donor?**

You can register as an organ donor online at <https://registerme.org/>. You may also join the organ donor registry list when you get a new driver's license in Kentucky. Finally, you may include your desire to be an organ donor in your advance directive, such as the Kentucky Living Will directive.



# PLANNING

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## Looking back ...

Who we are, what we believe, and what we value are all shaped by experiences we have had. Religion, family traditions, jobs and friends affect us deeply.

Has anything happened in your past that shaped your feelings about medical treatment?

Think about an experience you may have had with a family member or friend who was faced with a decision about medical care near the end of life. What was positive about that experience? What do you wish would have been done differently?

## Here and now ...

Do you have any significant health problems now? What kinds of things bring you such joy that, should a health problem prevent you from doing them anymore, life would have little meaning? What short- or long-term goals do you have? How might medical treatment help you or hinder you in accomplishing those goals?

## What about tomorrow?

What significant health problems do you fear may affect you in the future? How do you feel about the possibility of having to go to a nursing home? How would decisions be made if you could not make them?

## Who should make decisions?

An important part of planning is to consider whether or not you could appoint someone to make your healthcare decisions if you could not make them yourself. Many people select a close family member, but you are free to pick anyone you think could best represent you. Whoever you appoint should have all the following qualifications:

- Can be trusted.
- Is willing to accept this responsibility.
- Is willing to follow the values and instructions you have discussed.
- Is able to make complex, difficult decisions.

It is helpful, but not required, to appoint one or more alternate persons in case your first choice becomes unable or unwilling to represent you. It is best if only one person has authority at a time, but you can instruct your representatives to discuss decisions together if time permits.

## What decisions need to be considered?

Providing instructions for future healthcare decisions may seem like an impossible task. How can anyone plan for all the possibilities? You cannot ... but you do not have to.

You need to plan for situations where you:

1. Become unexpectedly incapable of making your own decisions
2. It is clear you will have little or no recovery, and
3. The injury or loss of function is significant.

Such a situation might arise because of an injury to the brain from an accident, a stroke, or a slowly progressive disease such as Alzheimer's.

To plan for this type of situation, many people state, "If I'm going to be a vegetable, let me go," or "No heroics," or "Don't keep me alive on machines." While these remarks are a beginning, they simply are too vague to guide decision-making.

You need to completely describe under what circumstances your goals for medical care should be changed from attempting to prolong life to being allowed to die. In some situations, certain treatments may not make sense because they will not help, but other treatments will be of important benefit.

## Consider these three questions:

1. When would it make sense to continue certain treatments in an effort to prolong life and seek recovery?
2. When would it make sense to stop or withhold certain treatments and accept death when it comes?
3. Under any circumstance, what kind of comfort care would you want, including medication, spiritual and environmental options?

Making these choices requires understanding the information, weighing the benefits and burdens from your perspective, and then discussing your choices with those closest to you.



**There is no easy way to plan for future healthcare choices.**

It is a process that involves thinking and talking about complex and sensitive issues.

The questions that follow will help in the advance care planning process. This is a guide for your own benefit; it is not a test, and there are no right or wrong answers. It does not need to be completed all at once. You may use it to share your feelings with healthcare providers, your family and your friends. The answers to these questions will help those you love make choices for you when you cannot make them yourself.

**These are things I need to tell my loved ones:**

What is your idea of comfort care? Describe how you would want medications to be used to provide comfort.  
What type of spiritual care would you want?

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I need to learn about:

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I need to ask my healthcare provider:

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## Living Will Directive

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If I am no longer able to make my own healthcare decisions, this document names the person I choose to make these choices for me as my healthcare surrogate. This person will make my healthcare decisions when I am determined to be incapable of making healthcare decisions as provided under Kentucky law. I understand that it is important for my healthcare surrogate and me to have ongoing discussions about my health and healthcare choices. If I do not designate a surrogate, this document contains my wishes regarding life-prolonging treatment and artificially provided nutrition should I no longer be able to make my own healthcare decisions.

### My Wishes Regarding Healthcare Surrogate

*When selecting someone to be your healthcare surrogate, choose someone who knows you well, whom you trust, and who is willing to respect your views and values. Choose someone who will closely follow your wishes and will be a good advocate for you. Take time to discuss this document and your wishes with your healthcare surrogate and your healthcare providers.*

By checking and initialing the appropriate lines, I, specifically:

☐ \_\_\_\_\_ Designate \_\_\_\_\_ as my healthcare surrogate(s) to make healthcare decisions for me in accordance with this directive when I no longer have decisional capacity.

If the above designated surrogate(s) refuses or is not able to act for me, I designate \_\_\_\_\_ as my healthcare surrogate(s).  
Any prior designation is revoked.

Contact Information for Healthcare Surrogate (*if known*):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Contact Information for Alternate Healthcare Surrogate (*if known*):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## My Wishes Regarding Life-Prolonging Treatments

My healthcare surrogate shall make decisions consistent with my stated desires and values. He or she is subject to any special instructions or limitations that I may list here. The following are some specific instructions for my healthcare surrogate and/or physician providing my medical care if I no longer have decisional capacity, have a terminal condition, or become permanently unconscious.

If I reach a point where there is reasonable medical certainty that I will not recover my ability to know who I am, who my family and friends are, or where I am, I want to be kept comfortable and clean, and I specifically:

*Initial and check the box beside the statement or statements you agree with.*

### Life-Prolonging Treatment *(check and initial only one)*

- ☐ Direct that treatment be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical treatment deemed necessary to alleviate pain.
- ☐ \_\_\_\_\_ DO NOT authorize that life-prolonging treatment be withheld or withdrawn.

### Nourishment and/or Fluids *(check and initial only one)*

- ☐ \_\_\_\_\_ Authorize the withholding or withdrawal of artificially provided food, water, or other artificially provided nourishment or fluids.
- ☐ \_\_\_\_\_ DO NOT authorize the withholding or withdrawal of artificially provided food, water, or other artificially provided nourishment or fluids.

### Healthcare Surrogate Determination of Best Interest

*(only check and initial this statement if no prior statements have been selected)*

- ☐ \_\_\_\_\_ Authorize my surrogate, designated above, to withhold or withdraw artificially provided nourishment or fluids, or other treatment if the surrogate determines that withholding or withdrawing is in my best interest; but I do not mandate that withholding or withdrawing.

### Organ, Tissue, or Eye Donation

- ☐ \_\_\_\_\_ Authorize the giving of all or any needed organs, tissues, and eyes/corneas upon death for any purpose specified in KRS 311.1929.
- ☐ \_\_\_\_\_ DO NOT authorize the giving of all or any part of my body upon death.
- ☐ \_\_\_\_\_ Authorize the giving of only the following organs/tissues as listed, if possible:

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**Other instructions or limitations I want my healthcare surrogate and/or doctor to follow:**

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In the absence of my ability to give directions regarding the use of life-prolonging treatment and artificially provided nutrition and hydration, it is my intention that this directive shall be honored by my attending physician, my family, and any surrogate designated pursuant to this directive as the final expression of my legal right to refuse medical or surgical treatment and I accept the consequences of the refusal.

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

I understand the full import of this directive and I am emotionally and mentally competent to make this directive.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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Grantor signature (*Document must be signed by the grantor or at the grantor's direction.*)

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Address of grantor

In our joint presence, the grantor, who is of sound mind and eighteen (18) years of age, or older, voluntarily dated and signed this writing or directed it to be dated and signed for the grantor. (*Document must be witnessed by two or more adults in the presence of the grantor OR acknowledged before a notary public.*)

---

Signature and address of witness

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Signature and address of witness

OR

STATE OF KENTUCKY (\_\_\_\_\_ County)

Before me, the undersigned authority, came the grantor who is of sound mind and eighteen (18) years of age, or older, and acknowledged that he voluntarily dated and signed this writing or directed it to be signed and dated as above.

Done this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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*Signature of notary public or other officer*

Notary ID number: \_\_\_\_\_ Date commission expires: \_\_\_\_\_



## Living Will Supplement

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Specific Instructions for My Healthcare Surrogate, Family and/or Healthcare Team:

In the event that I am temporarily or permanently unable to communicate my wishes, these are my specific instructions regarding medical and end-of-life care.

*Fill in any sections that apply to you, and cross out any sections that you do not wish to complete.*

### The following are important to me for comfort:

*(For example, cultural or spiritual practices, spending time with loved ones, eating certain foods, listening to music)*

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### It is important to me that someone fulfills the following responsibilities or activities :

*(For example, pet care, bills, daily tasks)*

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### If I am nearing my death, the following are important to me:

*List the type of care, ceremonies, etc. that would make dying more meaningful for you (for example, dying at home, praying, receiving visitors), or any worries or fears you might have about end-of-life care (for example, being in pain, being a burden on others, cost, not getting the care you need).*

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### Initial and check the box beside the statement below if applicable.

☐ \_\_\_\_\_ Please attempt to notify someone from the

\_\_\_\_\_  
(religious affiliation, congregation, parish, synagogue or faith community) if I am nearing death and unable to give authorization to do so. The telephone number of the congregation, parish, synagogue, or faith community is (if known): \_\_\_\_\_.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

---

Grantor signature and address *(Document must be signed by the grantor or at the grantor's direction.)*

In our joint presence, the grantor, who is of sound mind and eighteen (18) years of age, or older, voluntarily dated and signed this writing or directed it to be dated and signed for the grantor. *(Document must be witnessed by two or more adults in the presence of the grantor OR acknowledged before a notary public.)*

---

Signature and address of witness

---

---

Signature and address of witness

OR

STATE OF KENTUCKY (\_\_\_\_\_ County)

Before me, the undersigned authority, came the grantor who is of sound mind and eighteen (18) years of age, or older, and acknowledged that he voluntarily dated and signed this writing or directed it to be signed and dated as above.

Done this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

---

*Signature of notary public or other officer*

Notary ID number: \_\_\_\_\_

Date commission expires: \_\_\_\_\_







# NEXT STEPS AFTER COMPLETING A LIVING WILL

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**Thank you for providing us with a copy of your living will.** It is important to us to know your values and preferences so that we can provide you with care that fits your needs.

We will add your Living Will to your electronic health record. If at any time you choose to revoke or update your Living Will, please provide us with a revocation form and/or your new document to update your records.

The following are important steps after completing a living will:

- It is very important that you discuss this document, along with your values and wishes, with your family and/or the person you have chosen as your healthcare surrogate. They can often feel unprepared when faced with the challenge of making healthcare decisions for a loved one. The most helpful guidance you can provide your / surrogate is through a thorough conversation about your healthcare wishes and selections made on your living will.
- Provide copies of your document to your chosen healthcare surrogate and medical providers.
- Keep a copy of the living will where it can be easily found.

- Review your healthcare wishes every time you have a physical exam or whenever any of the “Six Ds” occur:
  - Decade – when you start each new decade of your life.
  - Death – whenever you experience the death of a loved one.
  - Divorce – if your spouse is your healthcare representative/surrogate and if you wish to change this following a divorce.
  - Diagnosis – when you are diagnosed with a serious health condition.
  - Decline – when you experience a significant decline or deterioration of an existing health condition, especially when you are unable to live on your own.
  - Distance – when you move to another state, it may be necessary to complete a new document.

If your wishes change, tell your healthcare representative/surrogate, your family, your physician, and everyone who has copies of this Living Will. It is advisable that you complete a new advance directive to reflect your current wishes.

**The decision to complete a living will directive, durable power of attorney, or advance directive for mental health treatment, designate a surrogate, or donate organs is a matter of personal and family choice. This material is provided to help our patients and their doctors make informed choices about healthcare.**

*Prepared as a community service by Baptist Health.*

**Baptist Health Corbin**

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New Albany, IN 47150

**Baptist Health Hardin**

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Elizabethtown, KY 42701

**Baptist Health La Grange**

1025 New Moody Lane  
La Grange, KY 40031

**Baptist Health Lexington**

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Lexington, KY 40503

**Baptist Health Louisville**

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Louisville, KY 40207

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Madisonville**

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Richmond, KY 40475



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