What are advance directives?

Advance directives are legal documents that allow you to voice your wishes regarding future medical care/treatment in the event that you become unable to do so for yourself.

DURABLE POWER OF ATTORNEY FOR HEALTHCARE
Durable Power of Attorney for Health Care

- Appoint an “agent” to speak on your behalf
- The agent:
  - Will speak for you only if you become incapacitated due to illness or injury
  - Can make treatment decisions (how/who), medical facilities, organ donation, autopsy, and what to do with your body after death
  - Cannot revoke wishes from a living will

Who should I appoint?

Your agent should be someone:
- You trust
- Who knows you well
- Who will advocate for you
- Who will honor your wishes

LIVING WILL
Living Will

• An instruction list to your physician, family, and friends that outlines what type of life-sustaining procedures you want at the end of your life
• Essentially a request to die naturally utilizing only comfort measures

“...I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care”

PRE-HOSPITAL DNR
Pre-Hospital DNR

- Written communication of your desire to not have resuscitation attempted should you stop breathing or your heart stops beating
- Typically only terminally ill or incredibly frail elderly have a DNR

HOW CAN I COMPLETE THESE DOCUMENTS?

- Fill-in-the-blank forms
- Must be:
  - Signed and dated
  - Notarized
  - Signed by two witnesses
- Pre-Hospital DNRs must be signed by your physician as well
FINAL THOUGHTS

Organ Donation in Kansas

How to sign up:
• Register online: donatelifekansas.com/join
• Say “yes” at the DMV
• Call 1-888-744-4531 to request a form
Storing your Documents

- House
- Vehicle
- Any place that you frequently visit for long periods of time
- Family / close friends
- Physician
- Health care agent

Wallet Cards

<table>
<thead>
<tr>
<th>I HAVE A DURABLE POWER OF ATTORNEY FOR HEALTH CARE</th>
<th>A copy of my document can be found in these places</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Name:</td>
<td></td>
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<tr>
<td>My Agent's Name:</td>
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<td>My Agent's Address:</td>
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<td>My Lawyer's Address:</td>
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KEEP CALM AND COMPLETE YOUR ADVANCE DIRECTIVES