

IOWA
Advance Directive
Planning for Important Healthcare Decisions

Caring Connections
1731 King St., Suite 100, Alexandria, VA 22314
www.caringinfo.org
800/658-8898

Caring Connections, a program of the National Hospice and Palliative Care Organization (NHPCO), is a national consumer engagement initiative to improve care at the end of life.

Caring Connections tracks and monitors all state and federal legislation and significant court cases related to end-of-life care to ensure that our advance directives are up to date.

It's About How You LIVE

It's About How You LIVE is a national community engagement campaign encouraging individuals to make informed decisions about end-of-life care and services. The campaign encourages people to:

- L**earn about options for end-of-life services and care
- I**mplement plans to ensure wishes are honored
- V**oice decisions to family, friends and healthcare providers
- E**ngage in personal or community efforts to improve end-of-life care

Using these Materials

BEFORE YOU BEGIN

1. Check to be sure that you have the materials for each state in which you may receive healthcare.
2. These materials include:
 - Instructions for preparing your advance directive, please read all the instructions.
 - Your state-specific advance directive forms, which are the pages with the gray instruction bar on the left side.

ACTION STEPS

3. You may want to photocopy these forms before you start so you will have a clean copy if you need to start over.
4. When you begin to fill out the forms, refer to the gray instruction bars - they will guide you through the process.
5. Talk with your family, friends, and physicians about your advance directive. Be sure the person you appoint to make decisions on your behalf understands your wishes.
6. Once the form is completed and signed, photocopy the form and give it to the person you have appointed to make decisions on your behalf, your family, friends, healthcare providers and/or faith leaders so that the form is available in the event of an emergency.

Introduction to Your Iowa Advance Directive

This packet contains two legal documents that protect your right to refuse medical treatment you do not want, or to request treatment you do want, in the event you lose the ability to make decisions yourself:

1. The **Iowa Durable Power of Attorney for Healthcare** lets you name someone to make decisions about your medical care—including decisions about life support—if you can no longer speak for yourself. The Durable Power of Attorney for Healthcare is especially useful because it appoints someone to speak for you any time you are unable to make your own medical decisions, not only at the end of life.
2. The **Iowa Declaration** is your state's living will. It lets you state your wishes about medical care in the event that you develop a terminal condition and can no longer make your own medical decisions. (One other doctor must agree with your attending physician's opinion of your medical condition.)

Note: These documents will be legally binding only if the person completing them is a competent adult (at least 18 years old).

Completing Your Iowa Durable Power of Attorney for Healthcare

Whom should I appoint as my agent?

Your agent is the person you appoint to make decisions about your medical care if you become unable to make those decisions yourself. Your agent can be a family member or a close friend whom you trust to make serious decisions. The person you name as your agent should clearly understand your wishes and be willing to accept the responsibility of making medical decisions for you. (An agent may also be called an “attorney-in-fact” or “proxy.”)

The person you appoint as your agent cannot be:

- your doctor or other treating healthcare provider, or
- an employee of your treating healthcare provider, unless he or she is related to you by blood, marriage, or adoption within the third degree of consanguinity.

You can appoint a second person as your alternate agent. The alternate will step in if the first person you name as agent is unable, unwilling or unavailable to act for you.

How do I make my Iowa Durable Power of Attorney for Healthcare legal?

The law requires that you sign and date your Durable Power of Attorney for Healthcare. You must also have it witnessed. You can do this in either of two ways:

1. Have your signature witness by a notary public, or
2. Sign your document, or direct another to sign it, in the presence of two witnesses who must also sign the document to show that they personally know you and believe you to be of sound mind and free of duress, that you signed or acknowledge the Durable Power of Attorney for Healthcare in their presence, and that they do not fall into any of the categories of people who cannot be witnesses.

These witnesses **cannot** be:

- your doctor or other treating healthcare provider,
- an employee of your treating healthcare provider,
- the person you appointed as your healthcare agent, or
- an individual who is less than 18 years of age.

Note: At least one of your witnesses must be a person who is not related to you by blood, marriage or adoption within the third degree of consanguinity.

Should I add personal instructions to my Iowa Durable Power of Attorney for Healthcare?

One of the strongest reasons for naming an agent is to have someone who can respond flexibly as your medical situation changes and deal with situations that you did not foresee. If you add instructions to this document, you might unintentionally restrict your agent’s power to act in your best interest.

Completing Your Iowa Durable Power of Attorney for Healthcare (continued)

Talk with your agent about your future medical care and describe what you consider to be an acceptable “quality of life.” If you want to record your wishes about specific treatments or conditions, you should use your Iowa Declaration (the living will).

What if I change my mind?

You may revoke your Durable Power of Attorney for Healthcare at any time and in any manner, regardless of your mental or physical condition. Your revocation becomes effective in any of the following ways:

- Notifying your agent,
- Notifying your doctor, who must then make it part of your medical record, or
- Executing a new Durable Power of Attorney that supersedes the older document.

If you appoint your spouse as your agent and your marriage ends, your agent’s power is automatically revoked.

Completing Your Iowa Declaration

How do I make my Iowa Declaration legal?

The law requires that you sign and date your Iowa Declaration. You must also have it witnessed. You can do this in either of two ways:

1. Have your signature witnessed by a notary public, or
2. Sign your Declaration, or direct another to sign it, in the presence of two witnesses, who must also sign the document to show that they know you and believe that you voluntarily signed or acknowledged the Declaration in their presence.

These witnesses **cannot** be:

- your doctor or other treating healthcare provider,
- an employee of your treating healthcare provider, or
- an individual who is less than 18 years of age.

Note: At least one of your witnesses must be a person who is not related to you by blood, marriage or adoption within the third degree of consanguinity.

Can I add personal instructions to my Declaration?

Yes. You can add personal instructions in the part of the document called "Additional, specific directions."

If you have appointed an agent and you want to add personal instructions to your Declaration, it is a good idea to write a statement such as "Any questions about how to interpret or when to apply my Declaration are to be decided by my agent."

What if I change my mind?

You may revoke your Iowa Declaration at any time by communicating your intent to your doctor, or to another individual who can communicate your intent to your doctor. Your doctor must make your decision part of your medical record.

INSTRUCTIONS

PRINT YOUR NAME
AND ADDRESS

PRINT THE NAME,
ADDRESS AND
TELEPHONE
NUMBERS OF YOUR
ATTORNEY IN FACT

**IOWA DURABLE POWER OF ATTORNEY FOR HEALTH CARE
– PAGE 1 OF 5**

I, _____ ,
(name)

of

(address)

hereby
designate _____
(name of attorney in fact)

(address)

(city) (state) (zip code)

(home telephone number) (work telephone number)

as my attorney in fact (my "agent") and give to my agent the power to make health care decisions for me. This power exists only when I am unable, in the judgment of my attending physician, to make those health care decisions. The attorney in fact must act consistently with my desires as stated in this document or otherwise made known.

INSTRUCTIONS

PRINT THE NAME,
ADDRESS AND
TELEPHONE
NUMBERS OF YOUR
ATTORNEY IN FACT

IOWA DURABLE POWER OF ATTORNEY FOR HEALTH CARE
— PAGE 2 OF 5

In the event the person I designate above is unable, unwilling or unavailable to act as my health care agent, I hereby designate _____

(name of successor attorney in fact)

(address)

(city)

(state)

(zip code)

(home telephone number)

(work telephone number)

Except as otherwise specified in this document, this document gives my agent the power, where otherwise consistent with the law of this state, to consent to my physician not giving health care or stopping health care which is necessary to keep me alive. This document gives my agent power to make health care decisions on my behalf, including to consent, to refuse to consent, or to withdraw consent to the provision of any care, treatment, service, or procedure to maintain, diagnose, or treat a physical or mental condition. This power is subject to any statement of my desires and any limitations included in this document.

**IOWA DURABLE POWER OF ATTORNEY FOR HEALTH CARE
— PAGE 3 OF 5**

ADD PERSONAL
INSTRUCTIONS
(IF ANY)

My agent has the right to examine my medical records and to consent to disclosure of such records.

Optional instructions:

PRINT YOUR NAME
AND THE DATE

I, _____, the principal, sign my name to this instrument this

_____ day of _____, 20 _____, and being first duly sworn, do
(day) (month) (year)

SIGN THE
DOCUMENT

hereby declare to the undersigned that I am eighteen years of age or older, of sound mind, and under no undue constraint or influence.

WITNESSING
PROCEDURE

(principal)

TWO WITNESSES
OR A NOTARY
PUBLIC MUST
SIGN YOUR
DOCUMENT ON THE
NEXT PAGE

WITNESS STATEMENT

I declare that the person who signed or acknowledged this document is personally known to me, that he/she signed or acknowledged this durable power of attorney in my presence, and that he/she appears to be of sound mind and under no duress, fraud or undue influence. I am not the person designated as attorney in fact by this document, nor am I the principal's health care provider or an employee of the principal's health care provider. I am at least eighteen years of age.

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IOWA DURABLE POWER OF ATTORNEY FOR HEALTH CARE
— PAGE 4 OF 5

WITNESS #1

Witness #1

Signature _____ Date _____

Print Name _____

Telephone Number _____

Residence Address _____

WITNESS #2

Witness #2

Signature _____ Date _____

Print Name _____

Telephone Number _____

Residence Address _____

ONE WITNESS
MUST ALSO AGREE
WITH THIS
STATEMENT AND
SIGN HERE

I further declare that I am not a relative of the principal by blood,
marriage or adoption (within the third degree of consanguinity).

(witness' signature)

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IOWA DECLARATION – PAGE 1 OF 2

INSTRUCTIONS

If I should have an incurable or irreversible condition that will result either in death within a relatively short period of time or a state of permanent unconsciousness from which, to a reasonable degree of medical certainty, there can be no recovery, it is my desire that my life not be prolonged by the administration of life-sustaining procedures. If I am unable to participate in my health care decisions, I direct my attending physician to withhold or withdraw life-sustaining procedures that merely prolong the dying process and are not necessary to my comfort or freedom from pain.

ADD PERSONAL INSTRUCTIONS (IF ANY)

Additional, specific directions (if any):

ORGAN DONATION (OPTIONAL)

DONATION OF ORGANS (OPTIONAL)

Under Iowa law, you may make a gift of all or part of your body. When a person applies for a driver's license or renewal, a question as to whether he or she wishes to donate his or her organs shall be in the application, and the response shall be noted on the license. Revocation suspension, expiration or cancellation of the license does not invalidate the gift. Individuals between the ages of 14 and 17 may also give all or any part of the body with parental or guardian consent. An individual may revoke an anatomical gift at any time through a signed written statement or by destroying or canceling the document of gift. During a terminal illness or injury, a gift can also be revoked by oral statement addressed to at least two adults.

Initial the line next to the statement below that best reflects your wishes. If you do not complete this section, your agent will have the authority to make a gift of a part of your body pursuant to law unless you give them notice that you do not want a gift made. The donation elections you make below survive your death.

CHECK THE OPTION THAT REFLECT YOUR WISHES

Select one:

- (a) _____ any needed organ or tissue
- (b) _____ only the following organs or tissue for the purpose of transplantation, therapy, medical research or education:

(c) _____ my body for anatomical study if needed.

Limitations or special wishes, if any, list below:

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IOWA DECLARATION — PAGE 2 OF 2

WITNESSING
PROCEDURE

Signed this _____ day of _____, _____.
(day) (month) (year)

Signature _____

City, County and State of Residence _____

WITNESSING
PROCEDURE

WITNESSES:

The declarant is known to me and voluntarily signed this document in my presence.

EITHER TWO
WITNESSES MUST
SIGN AND PRINT
THEIR ADDRESSES

Witness _____

Address _____

WITNESS # 1

Witness _____

Address _____

WITNESS # 2

ONE WITNESS
MUST ALSO AGREE
WITH THIS
STATEMENT AND
SIGN HERE

I further declare that I am not a relative of the declarant by blood, marriage or adoption (within the third degree of consanguinity).

(signature of first or second witness)

- OR -

OR

ACKNOWLEDGMENT BY NOTARY PUBLIC:

A NOTARY PUBLIC
MUST COMPLETE
THIS SECTION OF
YOUR DOCUMENT

On _____, before me came _____,
(Date) (name of declarant)

whom I know to be such person, and the declarant did then there execute this declaration.

Sworn to before me this _____ day of _____, 20_____.

(notary public)

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You Have Filled Out Your Advance Directive, Now What?

1. Your Iowa Durable Power of Attorney for Healthcare and Iowa Declaration are important legal documents. Keep the original signed documents in a secure but accessible place. Do not put the original documents in a safe deposit box or any other security box that would keep others from having access to them.
2. Give photocopies of the signed originals to your agent and alternate, doctor(s), family, close friends, clergy and anyone else who might become involved in your healthcare. If you enter a nursing home or hospital, have photocopies of your documents placed in your medical records.
3. Be sure to talk to your agent and alternate, doctor(s), clergy, and family and friends about your wishes concerning medical treatment. Discuss your wishes with them often, particularly if your medical condition changes.
4. If you want to make changes to your documents after they have been signed and witnessed, you must complete new documents.
5. Remember, you can always revoke one or both of your Iowa documents.
6. Be aware that your Iowa documents will not be effective in the event of a medical emergency. Ambulance personnel are required to provide cardiopulmonary resuscitation (CPR) unless they are given a separate order that states otherwise. These orders, commonly called "non-hospital do-not-resuscitate orders," are designed for people whose poor health gives them little chance of benefiting from CPR. These orders must be signed by your physician and instruct ambulance personnel not to attempt CPR if your heart or breathing should stop.

Currently not all states have laws authorizing non-hospital do-not-resuscitate orders. We suggest you speak to your physician for more information. **Caring Connections does not distribute these forms.**