

# LOUISIANA Advance Directive Planning for Important Healthcare Decisions

## *Caring Connections*

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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 health care providers
- E**ngage in personal or community efforts to improve end-of-life care

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## 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 LOUISIANA ADVANCE DIRECTIVE

This packet contains a legal document that protects 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.

The **Louisiana Declaration** is your state's living will. It lets you state your wishes about medical care in the event that you become terminally and irreversibly ill and can no longer make your own medical decisions. The Declaration becomes effective if the continued use of life-sustaining treatment would only prolong the dying process. (Your doctor and one other physician must diagnose you and certify in writing that you have a terminal and irreversible condition.)

In addition, this Declaration lets you designate another person to decide whether life-sustaining treatment should be withheld or withdrawn in the event you become terminally and irreversibly ill and can no longer make your own medical decisions.

*Note: This document will be legally binding only if the person completing it is a competent adult (at least eighteen years old).*

## COMPLETING YOUR LOUISIANA DECLARATION

### **How do I make my Louisiana Declaration legal?**

The law requires that you sign your Declaration in the presence of two competent adult witnesses, who must also sign the document to show that they personally know you and believe you to be of sound mind. These witnesses **cannot** be:

- related to you by blood or marriage; or
- entitled to any portion of your estate.

*Note: You do not need to notarize your Louisiana Declaration.*

### **Whom should I designate as my agent?**

Your agent is the person you designate to make decisions about your medical care if you become terminally ill and unable to make those decisions yourself. Your agent may 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 a “proxy” or “attorney-in-fact.”)

### **Can I add personal instructions to my Declaration?**

Yes. You can add personal instructions in the part of the document called “Other directions.” This is important because the Declaration does not apply if you have an irreversible condition that would not be considered “terminal.” If you have designated an agent, 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 Louisiana Declaration at any time, regardless of your mental condition, by:

- Canceling, defacing, obliterating, burning, tearing, or otherwise destroying the document, or directing another to do so in your presence;
- Signing and dating a written revocation; or
- By orally expressing your intent to revoke your Declaration.

## **COMPLETING YOUR LOUISIANA DECLARATION (CONTINUED)**

Your revocation becomes effective once you notify your doctor, who must then make it part of your medical record.

### **What other important facts should I know?**

The Secretary of State is required to establish a Declaration registry where you may register the original, multiple originals, or a certified copy of your Declaration. Your doctor or other treating healthcare provider may, but is not required to, request from the registry a confirmation of the existence of your Declaration.

If you filed your Declaration with the Secretary of State's office, you must file a written notice of revocation in that office. Your revocation will not be honored until the Secretary of State indicates on your Declaration the date and time that the office received notice of your revocation.

**LOUISIANA DECLARATION – PAGE 1 OF 4**

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INSTRUCTIONS

PRINT THE DATE

Declaration made this \_\_\_\_\_ day of \_\_\_\_\_.  
(day) (month, year)

PRINT YOUR NAME

I \_\_\_\_\_  
(name)

being of sound mind, willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below and do hereby declare:

If at any time I should have an incurable injury, disease, or illness, or be in a continual profound comatose state with no reasonable chance of recovery, certified to be a terminal and irreversible condition by two physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined that my death will occur whether or not life-sustaining procedures are utilized and where the application of life-sustaining procedures would serve only to prolong artificially the dying process, I direct:

INITIAL ONLY ONE

Initial only one

\_\_\_\_\_ That all life-sustaining procedures, including nutrition and hydration, be withheld or withdrawn so that food and water will not be administered invasively.

\_\_\_\_\_ That life-sustaining procedures, except nutrition and hydration, be withheld or withdrawn so that food and water can be administered invasively.

\_\_\_\_\_ I further direct 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.

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**LOUISIANA DECLARATION — PAGE 2 OF 4**

In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this declaration shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal. I understand the full meaning and significance of this declaration and I am emotionally and mentally competent to make this declaration.

Designation Clause

I, \_\_\_\_\_,  
(name)

authorize \_\_\_\_\_,  
(name of agent)

residing at \_\_\_\_\_,  
\_\_\_\_\_  
(address of agent)

to make all medical treatment decisions for me, including decisions to withhold or withdraw any form of life-sustaining procedure on my behalf should I be (1) diagnosed as suffering from a terminal and irreversible condition and (2) comatose, incompetent or otherwise mentally or physically incapable of communication. I have discussed my desires concerning terminal care with my agent named above, and I trust his/her judgment on my behalf. I understand that if I have not filled in any name in this clause or if the agent I have chosen is unavailable or unwilling to act on my behalf, my declaration will nevertheless be given effect should the above-discussed circumstance arise. I understand the full meaning and significance of this declaration and I am emotionally and mentally competent to make this declaration.

Signed \_\_\_\_\_

City, Parish and State of Residence \_\_\_\_\_

\_\_\_\_\_

The declarant has been personally known to me and I believe him or her to be of sound mind.

Witness \_\_\_\_\_

Witness \_\_\_\_\_

PRINT YOUR NAME

PRINT THE NAME  
AND ADDRESS OF  
YOUR AGENT

SIGN THE  
DOCUMENT AND  
PRINT YOUR PLACE  
OF RESIDENCE

WITNESSING  
PROCEDURES

WITNESSES  
MUST SIGN  
HERE

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ORGAN DONATION  
(OPTIONAL)

ORGAN DONATION (OPTIONAL)

Under Louisiana law, you may make a gift of all or part of your body to a bank or storage facility or a hospital, physician or medical or dental school for transplantation, therapy, medical or dental evaluation or research or for the advancement of medical or dental science, to the Louisiana-designated organ procurement organization, or to any person operating an organ procurement organization or an organ bank or storage facility, or to a specific donee for therapy or transplantation needed by him. Upon your death, your surviving spouse, adult son or daughter, either parent, adult brother or sister, guardian or any other person you authorize may also give all or part of your body, unless he or she has knowledge that you do not wish any part of your body to be given as a gift.

In the space below you may make a gift yourself or state that you do not want to make a gift. You can later amend or revoke this gift. If you do not complete this section, your agent will have the authority to make a gift of all or a part of your body pursuant to law. The donation elections you make below survive your death unless you later amend or revoke them.

An individual who is competent to execute a will may give all or part of his or her body. When a person applies for a driver's license or renewal, they may indicate if they want to become a donor and the response shall be noted on the license. An anatomical gift may not be amended or revoked by any person other than the donor, and as such, revocation suspension, expiration or cancellation of the license does not invalidate the gift. An individual may revoke an anatomical gift at any time by: (1) The execution and delivery to the donee or his agent of a revocation in writing signed by the donor; (2) An oral statement of revocation made in the presence of two persons, communicated to the donee or his agent; (3) A statement during a terminal illness addressed to the attending physician and communicated to the donee; or (4) A card or writing, signed by the donor and carried on his person or in his effects, revoking the gift.

Initial the line next to the statement below that best reflects your wishes. You do not have to initial any of the statements. If you do not initial any of the statements, your agent and your family will have the authority to make a gift of all or part of your body under Louisiana law. (Select one)

\_\_\_\_\_ I do not want to make an organ or tissue donation and I do not want my agent or family to do so.

\_\_\_\_\_ I have already signed a written agreement or donor card regarding organ and tissue donation with the following individual or institution:

INITIAL THE  
OPTION THAT  
REFLECT YOUR  
WISHES

**LOUISIANA DECLARATION — PAGE 4 OF 4**

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INITIAL THE  
OPTION THAT  
REFLECTS YOUR  
WISHES

Name of individual/organization: \_\_\_\_\_

\_\_\_\_\_ Pursuant Louisiana law, I hereby give, effective on my death:

\_\_\_\_\_ Any needed organ or parts.

\_\_\_\_\_ The following part or organs listed below:

For (initial one):

\_\_\_\_\_ Any legally authorized purpose.

\_\_\_\_\_ Transplant or therapeutic purposes only.

SIGN AND PRINT  
YOUR CITY,  
COUNTY, AND  
STATE HERE

I understand the full meaning and significance of this declaration.

Signed \_\_\_\_\_

City, County, and State of Residence \_\_\_\_\_

WITNESSING  
PROCEDURE

Witness #1 \_\_\_\_\_

Date \_\_\_\_\_

Witness #2 \_\_\_\_\_

Date \_\_\_\_\_

TWO WITNESSES  
MUST SIGN AND  
DATE

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## **YOU HAVE FILLED OUT YOUR ADVANCE DIRECTIVE, NOW WHAT?**

1. Your Louisiana Declaration is an important legal document. Keep the original signed document in a secure but accessible place. Do not put the original document in a safe deposit box or any other security box that would keep others from having access to it.
2. Give photocopies of the signed original to your agent, 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 document placed in your medical records.
3. Be sure to talk to your agent, 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 Declaration after it has been signed and witnessed, you should complete a new document.
5. Remember, you can always revoke your Louisiana Declaration.
6. Be aware that your Louisiana 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.**