

OKLAHOMA 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

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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 OKLAHOMA ADVANCE DIRECTIVE FOR HEALTH CARE

This packet contains a legal document, the **Oklahoma Advance Directive for Health Care**, 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.

1. Section I of the Advance Directive is the **Living Will**. It lets you state your wishes about medical care in the event that you can no longer make your own medical decisions and you are terminally ill or persistently unconscious.

2. Section II is the **Appointment of Healthcare Proxy**. This section lets you name someone to make decisions about your medical care if you can no longer speak for yourself. Decisions regarding life-sustaining treatment can be made by your healthcare proxy when you can no longer speak for yourself and your doctor and one other doctor have determined that you are persistently unconscious, incompetent, or otherwise mentally or physically incapable of communication.

Your Oklahoma Advance Directive for Health Care goes into effect once it is given to your doctor and you are unable to make your own medical decisions. In order to follow your instructions regarding life-sustaining treatment, your doctor must first consult another doctor to determine that you are persistently unconscious, incompetent, or otherwise mentally or physically incapable of communication. If you do not have a personal doctor because of established religious beliefs or tenets, you may designate an individual other than your healthcare proxy to determine your lack of decisional capacity instead of your doctor in consultation with another doctor. In order to do this, you must designate the person who will make this decision in your Advance Directive for Health Care. Under Oklahoma law, a terminal condition is an incurable and irreversible condition that, even with the administration of life-sustaining treatment, will result in death within six months. A persistently unconscious condition is an irreversible condition in which thought and awareness of self and environment are absent.

3. Section III addresses **Anatomical Gifts**. This allows you to indicate whether you want to donate any or all of your organs and tissues, or your whole body, for transplantation or other purposes after your death.

Note: This document will be legally binding only if the person completing it is 18 years of age or older.

INSTRUCTIONS FOR COMPLETING OKLAHOMA ADVANCE DIRECTIVE FOR HEALTH CARE

How do I make my Advance Directive legal?

The law requires that you sign your Oklahoma Advance Directive for Health Care in the presence of two witnesses who are at least eighteen years of age. Your witnesses cannot be any person who would inherit from you under any existing will or by operation of law.

Note: You do not need to notarize your Oklahoma Advance Directive.

What if I change my mind?

You may cancel your Oklahoma Advance Directive for Health Care at any time and in any manner, regardless of your mental or physical condition. Your revocation goes into effect once you, or a witness to your revocation, notify your doctor or other healthcare provider, who must then make it part of your medical record.

What other important facts should I know?

Many of the paragraphs in your Oklahoma Advance Directive for Health Care have a place for your initials. Put your initials next to the statement that indicates your wishes.

Section III of your Oklahoma Advance Directive allows you to state your wishes regarding organ donation.

Due to restrictions in the state law, your Oklahoma Advance Directive will not be honored if you are pregnant unless you have specifically authorized that during pregnancy life sustaining treatment and/or artificially administered hydration and/or nutrition shall be withheld or withdrawn. If your attending physician does not know if you are pregnant, he or she shall, where appropriate, determine if you are pregnant.

Section I Living Will

Can I add personal instructions to my Living Will section?

Yes. You can add personal instructions in section IV of your living will.

This is important because Oklahoma law contains a very restrictive definition of when you would be considered "terminal."

INSTRUCTIONS FOR COMPLETING OKLAHOMA ADVANCE DIRECTIVE FOR HEALTH CARE (CONTINUED)

What other important facts should I know?

- If you do not want to receive artificial nutrition and hydration if you are terminally ill and/or persistently unconscious, you must indicate this in section I and II of your living will. Oklahoma law presumes that you want to be provided with nutrition and hydration to sustain life. If you do not indicate otherwise, your attending physician may not withdraw or withhold artificial nutrition and hydration unless certain conditions are met.
- If the terms of your living will (section I) conflict with any of the terms of your anatomical gift (section II), you and your physician must work to resolve the conflict. If you are incapable of resolving the conflict, your agent must act on your behalf and resolve the conflict.

SECTION II: APPOINTMENT OF HEALTH CARE

Whom should I appoint as my health care proxy?

Health Care Proxy is the person you appoint to make decisions about your medical care if you become unable to make those decisions yourself.

Your proxy may be a family member or a close friend whom you trust to make serious decisions. The person you name as your proxy must be at least 18 years of age, and should clearly understand your wishes and be willing to accept the responsibility of making medical decisions for you. (A proxy may also be called a “representative” an attorney-in-fact” or “agent.”)

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

What other important facts should I know?

Your healthcare proxy is authorized to make medical treatment decisions for you. Your proxy is under a duty to make these decisions based on your known intentions, personal views and best interests. Talk with your proxy 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 Section I of your Advance Directive for Health Care, which is your living will.

INITIAL ONLY ONE
THAT REFLECT
YOUR WISHES

I. LIVING WILL

If my attending physician and another physician determine that I am no longer able to make decisions regarding my medical treatment, I direct my attending physician and other health care providers, pursuant to the Oklahoma Advance Directive Act, to follow my instructions as set forth below.

1. If I have a terminal condition, that is, an incurable and irreversible condition that even with the administration of life-sustaining treatment will, in the opinion of the attending physician and another physician, result in death within six (6) months:

(Initial only one option)

_____ I direct that my life not be extended by life-sustaining treatment, except that if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

_____ I direct that my life not be extended by life-sustaining treatment, including artificially administered nutrition and hydration.

_____ I direct that I be given life-sustaining treatment and, if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

_____ See my more specific instructions in paragraph (4) on page 11.

2. If I am persistently unconscious, that is, I have an irreversible condition, as determined by the attending physician and another physician, in which thought and awareness of self and environment are absent:

_____ I direct that my life not be extended by life-sustaining treatment, except that if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

_____ I direct that my life not be extended by life-sustaining treatment, including artificially administered nutrition and hydration.

INITIAL IF
APPLICABLE

OKLAHOMA ADVANCE DIRECTIVE FOR HEALTH CARE
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INITIAL ONLY ONE
OPTION

_____ I direct that I be given life-sustaining treatment and, if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

(Initial if applicable)

_____ See my more specific instructions in paragraph (4) on page 11.

INITIAL ONLY ONE
OPTION THAT
REFLECTS
YOUR WISHES

3. If I have an end-stage condition, that is, a condition caused by injury, disease, or illness, which results in severe and permanent deterioration indicated by incompetency and complete physical dependency for which treatment of the irreversible condition would be medically ineffective:

(Initial one option only)

_____ I direct that my life not be extended by life-sustaining treatment, except that if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

_____ I direct that my life not be extended by life-sustaining treatment, including artificially administered nutrition and hydration.

_____ I direct that I be given life-sustaining treatment and, if I am unable to take food and water by mouth, I wish to receive artificially administered nutrition and hydration.

_____ See my more specific instructions in paragraph (4) on page 11.

INITIAL IF
APPLICABLE

**OKLAHOMA ADVANCE DIRECTIVE FOR HEALTH CARE
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4. Other.

(Here you may: (a) describe other conditions in which you would want life-sustaining treatment or artificially administered nutrition and hydration provided, withheld, or withdrawn; (b) give more specific instructions about your wishes concerning life-sustaining treatment or artificially administered nutrition and hydration if you have a terminal condition, are persistently unconscious, or have an end-stage condition; or (c) do both of these.)

ADD PERSONAL
INSTRUCTIONS
(IF ANY)

_____ a. _____

_____ b. _____

_____ c. _____

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HEALTH CARE
PROXY

II. APPOINTMENT OF MY HEALTH CARE PROXY

If my attending physician and another physician determine that I am no longer able to make decisions regarding my medical treatment, I direct my attending physician and other health care providers pursuant to the Oklahoma Advance Directive Act to follow the instructions of

_____, whom I
(name of health care proxy)

appoint as my health care proxy. If my health care proxy is unable or unwilling to serve, I appoint

_____ as my
(name of alternate health care proxy)

alternate health care proxy with the same authority. My health care proxy is authorized to make whatever medical treatment decisions I could make if I were able, except that decisions regarding life-sustaining treatment and artificially administered nutrition and hydration can be made by my health care proxy or alternate health care proxy only as I indicate in the following sections.

If I fail to designate a health care proxy in this section, I am deliberately declining to designate a health care proxy.

PRINT THE
NAME OF YOUR
HEALTH CARE
PROXY AND
ALTERNATE

**OKLAHOMA ADVANCE DIRECTIVE FOR HEALTH CARE
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III. ANATOMICAL GIFTS

Pursuant to the provisions of the Oklahoma Uniform anatomical Gift Act, I direct that at the time of my death my entire body or designated body organs or body parts be donated for purposes of:

(Initial if apply):

_____ Transplantation

_____ Therapy

_____ Advancement of medical science, research, or education

_____ Advancement of dental science, research, or education

Death means either irreversible cessation of circulatory and respiratory functions or irreversible cessation of all functions of the entire brain, including the brain stem. I specifically donate:

(Initial if apply)

_____ My entire body; or

_____ The following organs or body parts

_____ lungs,

_____ liver,

_____ bones/marrow,

_____ skin,

_____ pancreas,

_____ tissues,

_____ bloods/fluids,

_____ heart,

_____ eyes/cornea, lens,

_____ arteries,

_____ kidneys,

_____ glands,

_____ brain,

ANATOMICAL
GIFTS

INITIAL IF APPLY

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IV. GENERAL PROVISIONS

- a. I understand that I must be eighteen (18) years of age or older to execute this form.
- b. I understand that my witnesses must be eighteen (18) years of age or older and shall not be related to me and shall not inherit from me.
- c. I understand that if I have been diagnosed as pregnant and that diagnosis is known to my attending physician, I will be provided with life-sustaining treatment and artificially administered hydration and nutrition unless I have, in my own words, specifically authorized that during a course of pregnancy, life-sustaining treatment and/or artificially administered hydration and/or nutrition shall be withheld or withdrawn.
- d. In the absence of my ability to give directions regarding the use of life-sustaining procedures, it is my intention that this advance directive shall be honored by my family and physicians as the final expression of my legal right to choose or refuse medical or surgical treatment including, but not limited to, the administration of any life-sustaining procedures, and I accept the consequences of such choice or refusal.
- e. This advance directive shall be in effect until it is revoked.
- f. I understand that I may revoke this advance directive at any time.
- g. I understand and agree that if I have any prior directives, and if I sign this advance directive, my prior directives are revoked.
- h. I understand the full importance of this advance directive and I am emotionally and mentally competent to make this advance directive.
- i. I understand that my physician(s) shall make all decisions based upon his or her best judgment applying with ordinary care and diligence the knowledge and skill that is possessed and used by members of the physician's profession in good standing engaged in the same field of practice at that time, measured by national standards.

**OKLAHOMA ADVANCE DIRECTIVE FOR HEALTH CARE
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SIGN AND DATE
YOUR DOCUMENT
AND PRINT YOUR
CITY, COUNTY
AND STATE OF
RESIDENCE

Signed this _____ day of _____, 20 _____.

(signature)

(city, county and state of residence)

Date of birth

(Optional for identification purposes)

YOUR WITNESSES
SIGN HERE AND
PRINT THEIR
ADDRESSES

This advance directive was signed in my presence.

WITNESS # 1

(signature of witness)

(address)

(city, state and zip code)

WITNESS # 2

(signature of witness)

(address)

(city, state and zip code)

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You Have Filled Out Your Advance Directive, Now What?

1. Your Oklahoma Advance Directive for Healthcare 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 healthcare proxy and alternate proxy, 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 healthcare proxy and alternate, doctor(s), clergy, and family and friends about your wishes concerning medical treatment. Discuss your wishes often, particularly if your medical condition changes.
4. If you want to make changes to your document after it has been signed and witnessed, you must complete a new document.
5. Remember, you can always revoke your Oklahoma Advance Directive for Healthcare if you change your mind.
6. Be aware that your Oklahoma document 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.**