

MISSOURI Advance Directive Planning for Important Healthcare Decisions

Caring Connections

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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:

Learn about options for end-of-life services and care

Implement plans to ensure wishes are honored

Voice decisions to family, friends and healthcare providers

Engage 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 MISSOURI 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 **Missouri Durable Power of Attorney for Healthcare** lets you name someone to make decisions about your healthcare—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 healthcare decisions, not only at the end of life. It becomes effective when your doctor and one other licensed physician examine you and certify that you are incapacitated and will remain incapacitated for the time period during which treatment decisions are required. The term incapacitated means unable by reason of any physical or mental condition to receive and evaluate information or to communicate decisions to such an extent that you lack capacity to meet essential requirements for food, clothing, shelter, safety, or other care such that serious physical injury, illness or disease is likely to occur.

2. The **Missouri 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 treatment decisions. The Declaration becomes effective only if your death would occur even with the use of life-sustaining treatment.

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

COMPLETING YOUR MISSOURI DURABLE POWER OF ATTORNEY FOR HEALTHCARE

Whom should I appoint as my attorney-in-fact?

“Attorney-in-fact” does not refer to a lawyer. Your attorney-in-fact is the person you appoint to make decisions about your medical care if you become unable to make those decisions yourself. Your attorney-in-fact may be a family member or a close friend whom you trust to make serious decisions. The person you name as your attorney-in-fact clearly understands your wishes and is willing to accept the responsibility of making medical decisions for you. (An attorney-in-fact may also be called an “agent” or “proxy.”)

The person you appoint as your attorney-in-fact **cannot** be:

- your doctor,
- an employee of your doctor, or
- an owner, operator or employee of a healthcare facility in which you are a resident, unless he or she is related by affinity or consanguinity within the second degree, or is a member of your religious community and you are both bound by vows to a religious life and actually and regularly engage in religious, benevolent, charitable or educational ministry, or the performance of healthcare services.

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

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

The law requires that you sign your Durable Power of Attorney for Healthcare in the presence of a notary public.

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

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

COMPLETING YOUR MISSOURI DURABLE POWER OF ATTORNEY FOR HEALTHCARE (CONTINUED)

Under Missouri law, your attorney-in-fact—when making any healthcare decision for you—must seek and consider information regarding diagnosis, prognosis and the benefits and burdens of proposed treatment. In order for your attorney-in-fact to make decisions based on your wishes, we urge you to talk with him or her 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 Missouri Declaration.

What other important facts should I know?

Your attorney-in-fact can refuse artificial nutrition and hydration (tube feeding) on your behalf only if you specifically grant such authority in your Durable Power of Attorney. If you do not wish to grant your attorney-in-fact the authority to withhold or withdraw artificial nutrition and hydration, cross out and initial that portion of the statement on page two of the document. Before your attorney-in-fact may authorize the withdrawal of nutrition or hydration, a physician must:

- provide you with the opportunity to refuse the withdrawal of nutrition and hydration by attempting to explain the consequences of having artificial sustenance withdrawn, or
- certify in writing (and make the certification part of your medical record) that you are comatose or consistently in a condition that prevents you from understanding the decision to withdraw nutrition and hydration and the consequences of such an action.

What if I change my mind?

You may revoke your Missouri Durable Power of Attorney for Healthcare at any time and in any manner that reflects your intent to revoke. Your revocation becomes effective once you notify your attorney-in-fact or your doctor or treating healthcare provider, who must then make it part of your medical record. Your Missouri Durable Power of Attorney is also revoked if you execute a new one.

COMPLETING YOUR MISSOURI DECLARATION

How do I make my Missouri Declaration legal?

The law requires that you sign your Declaration (or direct another to sign it for you in your presence) in the presence of (at least) two witnesses, at least 18 years of age, who must also sign the document to show that they know you and believe you to be of sound mind, that you are 18 years of age or older, and that you voluntarily signed the document. If you have someone sign the Declaration on your behalf, that person cannot serve as a witness.

Note: You do not need to notarize your Missouri Declaration.

Can I add personal instructions to my Declaration?

Yes. You can add personal instructions in the part of the document called "Other directions." Adding personal instructions may preserve your right to determine the medical treatment you want to receive to the fullest extent possible.

If you have appointed an attorney-in-fact and you want to add 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 attorney-in-fact."

What if I change my mind?

You may revoke your Declaration at any time and in any manner that reflects your intent to revoke, regardless of your mental and physical condition. Once your doctor is notified of your revocation, he or she must make it part of your medical record.

COMPLETING YOUR MISSOURI DECLARATION (CONTINUED)

What other important facts should I know?

- Your Declaration only becomes operative if your death will occur within a short time even if you receive life support. Therefore, your Missouri Declaration does not cover a number of medical conditions, such as permanent unconsciousness or advanced Alzheimer's disease.
- A pregnant patient's Missouri Declaration will not be honored during the course of the patient's pregnancy due to restrictions in the state law.

INSTRUCTIONS

PRINT YOUR NAME AND ADDRESS

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

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

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**MISSOURI DURABLE POWER OF ATTORNEY FOR HEALTH CARE
– PAGE 1 OF 2**

I, _____
(name of principal)

(address)

hereby designate _____
(name of attorney in fact)

(address)

(home telephone number) (work telephone number)

as my attorney in fact.

In the event the person I designate above is unable, unwilling or unavailable to act as my attorney in fact, I hereby appoint

(name of alternate attorney in fact)

(address)

(home telephone number) (work telephone number)

THIS IS A DURABLE POWER OF ATTORNEY AND THE AUTHORITY OF MY ATTORNEY IN FACT SHALL NOT TERMINATE IF I BECOME DISABLED OR INCAPACITATED.

This power of attorney becomes effective upon certification by two licensed physicians that I am incapacitated and can no longer make my own medical decisions. The powers and duties of my attorney in fact shall cease upon certification that I am no longer incapacitated. This determination of incapacity shall be periodically reviewed by my attending physician and my attorney in fact.

**MISSOURI DURABLE POWER OF ATTORNEY FOR HEALTH CARE
– PAGE 2 OF 2**

I authorize my attorney in fact and successor attorney in fact to make any and all health care decisions for me, including decisions to withhold or withdraw any form of life support. I expressly authorize my attorney in fact (and alternate attorney in fact) to make all decisions regarding the provision, the withholding or the withdrawal of artificially supplied nutrition and hydration in all medical circumstances.

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 hereby
declare to the undersigned authority that I sign it willingly, that I execute it
as my free and voluntary act for the purposes therein expressed, and that I
am eighteen years of age or older, of sound mind, and under no constraint
or undue influence.

SIGN YOUR
DOCUMENT HERE

(principal)

A NOTARY PUBLIC
MUST COMPLETE
THIS SECTION OF
YOUR DOCUMENT

The State of Missouri, the County of _____
Subscribed, sworn to, and acknowledged before me by _____
_____, the principal, this
_____ day of _____, 20 _____.

(seal)

(notary public)

MISSOURI DECLARATION – PAGE 1 OF 2

I have the primary right to make my own decisions concerning treatment that might unduly prolong the dying process. By this declaration I express to my physician, family and friends my intent. If I should have a terminal condition it is my desire that my dying not be prolonged by administration of death-prolonging procedures. If my condition is terminal and I am unable to participate in decisions regarding my medical treatment, I direct my attending physician to withhold or withdraw medical procedures that merely prolong the dying process and are not necessary to my comfort or to alleviate pain. It is not my intent to authorize affirmative or deliberate acts or omissions to shorten my life, rather only to permit the natural process of dying.

Other directions:

ADD PERSONAL
INSTRUCTIONS
(IF ANY)

SIGN AND DATE
YOUR DOCUMENT
AND PRINT YOUR
PLACE OF
RESIDENCE

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

Signature _____

City, County and State of residence _____

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MISSOURI DECLARATION – PAGE 2 OF 2

WITNESSING
PROCEDURE

The declarant is known to me, is eighteen years of age or older, of sound mind and voluntarily signed this document in my presence.

WITNESSES
SIGN AND PRINT
THEIR ADDRESSES

Witness _____

Address _____

Witness _____

Address _____

REVOCATION PROVISION

I hereby revoke the above Declaration.

Signature: _____

Date: _____

COMPLETE THIS
SECTION **ONLY**
WHEN YOU WANT
TO REVOKE THIS
DECLARATION.

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You Have Filled Out Your Advance Directive, Now What?

1. Your Missouri Durable Power of Attorney for Healthcare and Missouri 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 attorney-in-fact and alternate attorney-in-fact, 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 attorney-in-fact 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 Missouri documents.
6. Be aware that your Missouri 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.**