

ALASKA
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 Alaska 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 for yourself:

1. The **Individual Instruction for Healthcare (or Declaration)** is your state's living will. It lets you state your wishes about medical care and may be limited to take effect only if a specified condition arises (e.g., in the event that you develop a terminal condition and can no longer make your own medical decisions). The Individual Instruction goes into effect when your doctor and one other doctor determine that you are in a terminal condition and that your death will result without the use of life-sustaining procedures. Your doctor must then record your diagnosis and the contents of your Individual Instruction in your medical records. Also note: the state has a protocol; rules about liability; and recognition of orders from others jurisdictions that govern the use of Do Not Resuscitate orders by physicians and other healthcare providers.

2. The **Alaska Durable Power of Attorney for Healthcare** lets you name someone to make decisions about your medical care. A Durable Power of Attorney is typically used if you can no longer speak for yourself, but it can also be used if you want someone else to make decisions for you now even though you still have the capacity to make decisions. You may also name an alternate agent to act for you if your first choice is not willing, able or available. However, your agent may not be an owner, operator or employee of a healthcare institution where you are receiving care. Unless otherwise specified, the Durable Power of Attorney goes into effect when your doctor and one other doctor determine that you are unable to communicate your healthcare decisions.

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

Completing Your Alaska Individual Instruction

How do I make my Alaska Individual Instruction legal?

Except for anatomical gift instructions, an Individual Instruction for Healthcare may be oral or written. The law does not require that your Instruction be witnessed if you personally signed the Instruction. However, witnesses are recommended to avoid concerns that the document might be forged, that you were forced to sign it, or that it does not genuinely represent your wishes.

If another person signs for you, then the Individual Instruction must be witnessed. Your Individual Instruction can be witnessed in either of two ways:

1. Sign your Individual Instruction, or direct another to sign it, in the presence of two witnesses, at least 18 years of age, who are not related to you by blood or marriage,

or

2. Sign your Individual Instruction, or direct another to sign it, in the presence of “a person qualified to take acknowledgments under AS 09.63.010”— for example, a notary public or U.S. postmaster.

Can I add personal instructions to my Individual Instruction?

It is important to learn about the kinds of life-sustaining treatment you might receive. Consult your doctor for more information.

What if I change my mind?

You may revoke your Individual Instruction at any time and in any manner, regardless of your mental or physical condition. The revocation becomes effective once you or a witness to your revocation notify your doctor, who must then make your revocation part of your medical record.

What other facts should I know?

Due to restrictions in the state law, a pregnant patient’s Alaska Individual Instruction may not be honored if it is probable that the fetus could develop to the point of live birth with the continued application of life-sustaining treatment.

Completing Your Alaska Durable Power of Attorney for Healthcare

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

The law requires that your Durable Power of Attorney for Healthcare be in writing, contain a date of execution, be signed by you (the “principal”), and witnessed by one of the following methods: (1) signed by at least two individuals who are personally known by the principal, each of whom either witnessed the signing of the instrument or the principal’s acknowledgement of the signature of the instrument; (2) acknowledged before a notary public at a place in the state. The witness may not be, however, the agent, a healthcare provider or employee of the healthcare institution or facility where you are receiving healthcare. At least one of the individual witnesses must be someone who is (1) not related to you by blood, marriage, or adoption; (2) or entitled to a portion of your estate upon death under a will at the time of the execution.

Should I add personal instructions to my Alaska 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 situation changes and deal with situations that you did not foresee.

If you add instructions to this document, you might unintentionally restrict your attorney-in-fact’s power to act in your best interest. Talk with your attorney-in-fact 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 Alaska Individual Instruction (the living will).

What if I change my mind?

Except in the case of mental illness, you may revoke the designation of your Durable Power of Attorney for Healthcare only by a signed writing or by personally informing the supervising healthcare provider. Except in the case of mental illness, you may revoke all or part of an advance healthcare directive (other than designating a new agent), at any time and in any manner that communicates your intent to revoke. If you are mentally ill, an advance directive may be revoked in whole or in part at any time by you if you do not lack capacity and are competent. Caring Connections suggests that you follow the same procedure outlined under the Alaska Individual Instruction.

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

What other facts should I know?

On page 2 of your Alaska Durable Power of Attorney for Healthcare, you may name a guardian or surrogate in the event you need to have one appointed. A guardian or surrogate shall make healthcare decisions in accordance with your individual instructions or other advance healthcare directives, if any, and other wishes to the extent known. A surrogate or agent may withhold or withdraw life-sustaining procedures when a qualifying condition exists when there is: (1) a durable power of attorney or other writing clearly expressing the patient's intent that the procedures be withheld or withdrawn; or (2) no durable power of attorney or other writing that clearly expresses the patient's intent to the contrary, and withholding or withdrawing the procedure(s) would be consistent with the patient's best interest.

INSTRUCTIONS:

ALASKA INDIVIDUAL INSTRUCTION PAGE 1 OF 3

If I should have an incurable or irreversible condition that will cause my death within a relatively short time, it is my desire that my life not be prolonged by administration of life-sustaining 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 procedures that merely prolong the dying process and are not necessary to my comfort or to alleviate pain.

I () do () do not desire that nutrition or hydration (food and water) be provided by gastric tube or intravenously if necessary.

Notwithstanding the other provisions of this Individual Instruction, if I have donated an organ under this Individual Instruction or by another method, and if I am in a hospital when a Do Not Resuscitate order is to be implemented for me, I do not want the Do Not Resuscitate order to take effect until the donated organ can be evaluated to determine if the organ is suitable for donation.

OPTIONAL: In the event of my death, I donate the following part(s) of my body for the purposes identified in AS 13.52.207:

Tissue:

_____ Eyes	_____ Heart
_____ Bone and Connective Tissue	_____ Other: _____
_____ Skin	_____

Limitations: _____

Organ:

_____ Heart	_____ Lung(s)
_____ Kidney(s)	_____ Pancreas
_____ Liver	_____ Other _____

Other directions: _____

CHECK THE OPTION THAT REFLECTS YOUR WISHES

ORGAN DONATION (OPTIONAL)

ADD PERSONAL INSTRUCTIONS (IF ANY)

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ALASKA INDIVIDUAL INSTRUCTION PAGE 2 OF 3

SIGN AND DATE
AND PRINT YOUR
PLACE OF
RESIDENCE

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

Signature _____

Place _____

WITNESSING
PROCEDURE

(OPTIONAL IF YOU
PERSONALLY
SIGNED.
MANDATORY IF
SOMEONE SIGNED
FOR YOU)

Witness _____

Address _____

Witness _____

Address _____

OR (continue on to next page)

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ALASKA INDIVIDUAL INSTRUCTION PAGE 3 OF 3

OR

A QUALIFIED
PERSON (NOTARY
PUBLIC) MUST
COMPLETE THIS
SECTION OF YOUR
DOCUMENT

State of _____

_____ Judicial District

The foregoing instrument was acknowledged before me this _____

by

(signature of person taking acknowledgement)

(title or rank)

(serial number, if any)

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**ALASKA DURABLE POWER OF ATTORNEY FOR HEALTHCARE –
PAGE 1 OF 4**

THE POWERS GRANTED FROM THE PRINCIPAL TO THE AGENT OR AGENTS IN THE FOLLOWING DOCUMENT ARE LIMITED TO THE POWER TO MAKE YOUR HEALTHCARE DECISIONS. THE FOLLOWING DOCUMENT SHOULD ONLY BE USED AFTER CAREFUL CONSIDERATION. IF YOU HAVE ANY QUESTIONS ABOUT THIS DOCUMENT, YOU SHOULD SEEK COMPETENT LEGAL ADVICE. YOU MAY REVOKE THIS POWER OF ATTORNEY AT ANY TIME.

Pursuant to AS 13.52.010 - 13.52.395,

WRITE YOUR NAME

I, _____
(name)

WRITE YOUR ADDRESS

of _____
(address)

WRITE THE NAME OF YOUR PROXY

do hereby appoint _____,
(name of attorney-in-fact)

WRITE YOUR PROXY'S ADDRESS

of _____
(address of attorney-in-fact)

my attorney-in-fact to act concerning my healthcare services in my name, place, and stead in any way which I myself could do, if I were personally present, with respect to the following matters, as defined in AS 13.26.344, to the full extent that I am permitted by law to act through an agent.

WRITE THE NAME OF YOUR ALTERNATE PROXY

If the agent named above is unable or unwilling to serve, then I appoint the following agent(s) to serve with the same powers (optional):

(name of first alternate or successor attorney-in-fact)

WRITE YOUR ALTERNATE PROXY'S ADDRESS

(address of first alternate or successor attorney-in-fact)

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**ALASKA DURABLE POWER OF ATTORNEY FOR HEALTHCARE –
PAGE 2 OF 4**

WRITE THE NAME
OF YOUR 2ND
ALTERNATE PROXY

(name of second alternate or successor attorney-in-fact)

WRITE THE
ADDRESS OF YOUR
2ND ALTERNATE
PROXY

(address of second alternate or successor attorney-in-fact)

This document shall become effective upon the date of my disability and shall not otherwise be affected by my disability.

ADDITIONAL
INSTRUCTIONS FOR
HEALTHCARE
PROXY

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**ALASKA DURABLE POWER OF ATTORNEY FOR HEALTHCARE —
PAGE 3 OF 4**

NOTICE TO THIRD PARTIES

A third party or healthcare provider who acts in good faith in complying with an attorney-in-fact as to a matter relating to a power granted by a properly executed statutory power of attorney does not incur any liability to the principal or to the principal's heirs, assigns or estate as a result of permitting the attorney-in-fact to exercise the authority granted by the power of attorney. A third party who fails to honor a properly executed statutory form power of attorney may be liable to the principal, the attorney-in-fact, the principal's heirs, assigns, or estate for a civil penalty, plus damages, costs and fees associated with the failure to comply with the statutory form power of attorney. If the power of attorney is one which becomes effective upon the disability of the principal, the disability of the principal is established by an affidavit, as required by law

EXECUTION OF LIVING WILL

() I have executed a separate Individual Instruction under AS 13.52, known as a "Living Will."

() I have not executed a "Living Will."

APPOINTMENT OF GUARDIAN OR CONSERVATOR

In the event that a court decides that it is necessary to appoint a guardian or conservator for me, I hereby nominate

(name of conservator)

(address of conservator)

to be considered by the court for appointment to serve as my guardian or conservator, or in any similar representative capacity. (§ 1 ch 109 SLA 1988)

INDICATE IF YOU
HAVE EXECUTED A
LIVING WILL

APPOINTMENT OF
CONSERVATOR OR
GUARDIAN
(OPTIONAL)

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SIGN AND DATE
YOUR
DOCUMENT IN THE
PRESENCE OF A
NOTARY

ALASKA DURABLE POWER OF ATTORNEY FOR HEALTHCARE
— PAGE 4 OF 4

IN WITNESS WHEREOF, I have hereunto signed my name this _____
day of _____, _____. (day)
(month) (year)

(signature of principal)

Subscribed and sworn to or affirmed before me at

on _____.

(signature of officer or notary)

A NOTARY
PUBLIC MUST
COMPLETE THIS
SECTION OF YOUR
DOCUMENT

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You Have Filled Out Your Advance Directive, Now What?

1. Your Alaska Individual Instruction and Alaska Durable Power of Attorney for Healthcare 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(s), 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 a photocopy of your documents placed in your medical records.

3. Be sure to talk to your attorney-in-fact, 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 Alaska documents.
6. Be aware that your Alaska 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.**