

LIVING WILLS

A living will is a document you sign telling your doctor not to use artificial life support measures if you become terminally ill, which means an incurable or irreversible condition for which the administration of life-sustaining procedures will serve only to postpone the moment of death. In Colorado, your living will does not go into effect until two doctors agree in writing that you have a terminal condition.

In Colorado, **living wills** may be used to stop tube feeding and other forms of artificial nourishment, but only if your living will clearly says so. If you are able to take food by mouth, your **living will** won't prevent you from being fed. In any case, artificial nourishment may be used if necessary to provide comfort or relieve pain.

Two witnesses must sign your **living will**. The following cannot witness or sign a living will: patients in the facility in which you are receiving care, any doctor or any employee of your doctor, any employee of the facility or agency providing your care, your creditors, or people who may inherit your money or property.

Your doctor, lawyer, health care facility, other health organizations or an office supply store may have **living will** forms for you to complete. Attached to this pamphlet is a form for a **living will** (Attachment A), which is consistent with Colorado law. This form, in addition to other versions meeting Colorado requirements, is acceptable and may be used. Legal assistance is not required to complete a **living will**. If you have legal questions you may want to talk with a lawyer.

You can cancel or change your **living will** at any time. You can do this by destroying it. You may also sign a statement that you no longer want it or you may prepare a new one. If you cancel or change your living will, you should tell your family, your doctor, and anyone who has a copy of it that it has been canceled or changed.

CARDIO PULMONARY RESUSCITATION

A CPR (Cardio Pulmonary Resuscitation) Directive allows you, your agent, guardian, or proxy to refuse resuscitation. CPR is an attempt to revive someone whose heart and/or breathing has stopped by using special drugs and/or machines or very firm pressing on the chest.

If you have a **CPR Directive**, and your heart and/or lungs stop or malfunction, then paramedics and doctors, emergency personnel or others will not try to press on your chest or use breathing tubes, electric shock, or other procedures to get your heart and/or lungs working again.

Most health care facilities have a policy which requires that resuscitation be done unless there are written physician orders (DNR or Do Not Resuscitate Orders) or patient **CPR Directives** to the contrary. DNR orders are written by a physician when in a physician's judgment, and often after consultation with the patient, resuscitation would not be appropriate.

Anyone over the age of 18 can sign a **CPR Directive**, which becomes effective upon a physician's signature. **CPR Directives** are usually signed by patients with terminal illnesses. They are sometimes signed by very frail elderly patients who are not ill at the time but may in the future have small strokes, a weak heart, hardening of the arteries, failing liver or kidney or other conditions. If resuscitation is performed, it may result in the patient being paralyzed, forever unconscious, or unable to speak or understand.

Minors: After a physician issues a "Do Not Resuscitate" order for a minor child, and only then, the parents of the minor, if married and living together, or the custodial parent or the legal guardian may execute a **CPR Directive** for the child. If you do not have a **CPR Directive** or a DNR Order, your consent to CPR will be assumed. In most situations, hospitals and nursing homes respond as if all patients want resuscitation unless they have refused it. Patients, families and/or agents, guardians or proxies are encouraged to check with the facility in question as to their CPR Directive and DNR order policies.

Even if you have other types of advance directives, the use of a **CPR Directive** is strongly recommended if you do not want to be resuscitated. Colorado law does not require that a specific **CPR Directive** form be used. There is a state approved CPR form, but other **CPR Directive** forms may be used. Regardless of the form you use, you should inform family members of your wishes and about the locations of the **CPR Directive** form. If this directive is not found or you are not wearing a CPR necklace or bracelet, CPR will probably be initiated.

Signing a **CPR Directive** will not prevent you from receiving other kinds of needed medical care such as treatment for pain, bleeding, broken bones or other comfort care. A **CPR Directive** may be canceled at any time by the person who has signed it. All original forms must be canceled.

CPR Directive forms may be obtained from your physician or from licensed health care facilities. This directive must be signed by you, or your agent or proxy and your doctor. The original copy must be available to appropriate personnel, and you are urged to order and wear a necklace or bracelet that will quickly identify you as someone who does not want to be resuscitated. Order forms for the state approved necklace or bracelet are available at the time you and your doctor sign a **CPR Directive** form. There is a charge for the necklace or bracelet.

SUBSTITUTE DECISION MAKERS

Under Colorado law, family members and close friends can select a substitute decision maker (proxy) for you if you do not have an advance directive or a guardian, and if a doctor or a judge determines that you are unable to make medical decisions. Your spouse or parent or adult child, grandchild, brother/sister, or a close friend may be chosen as the proxy by mutual agreement.

When a doctor determines a patient is unable to make medical decisions, reasonable efforts must be made to tell you who the proxy is, and the patient has the right to object to the proxy selected and any proxy's decision. If the patient is re-examined later and has regained decision-making capacity, the proxy is relieved of duty.

A proxy can make decisions about all kinds of personal and medical care, and shall comply with your wishes for medical care, if known. (If your wishes are not known, the proxy is to act in your best interest.) The proxy can decide to stop (or not to start) tube feeding only when two doctors agree that tube feeding would only prolong dying and is unlikely to help the patient recover. One of the doctors must be trained in neurology or neurosurgery.

If any of the people entitled to choose your proxy disagree with the choice, or with the proxy's actions, or no proxy can be agreed upon, then that person can ask the court to start a guardianship. Under Colorado's proxy law, no member of the group has "automatic" priority. The person chosen as your proxy should be the one who knows your medical wishes the best.

GUARDIANS

A guardian is a person appointed by a court to assist with the personal affairs of an individual who is unable to make his or her own decisions. The law regards a person as being unable to make personal decisions if he or she lacks sufficient understanding or capacity to make or communicate responsible decisions concerning himself or herself. This may result from mental illness, mental retardation, physical illness or disability, chronic use of drugs and/or alcohol, or other causes. A person who is subject to a guardianship is called a "ward".

It is important to recognize that, other than in emergency situations, it may take several months for the appointment of a guardian.

Any person aged 21 or over, or an appropriate agency which is willing to serve, may be appointed as a guardian. A guardian is not required to provide for a ward out of his or her own funds, nor is he or she required to live with the ward. In addition, a guardian is not responsible for a ward's behavior. Guardianship can be shared by more than one individual.

Generally the duties of a guardian are to determine where the ward should live, to arrange for necessary care, treatment or other services for the ward, and to see that the basic daily personal needs of the ward are met, including food, clothing and shelter. A court order may allow a guardian to make medical care and treatment decisions. A guardian may manage financial matters for the benefit of a ward. A court may appoint a limited guardian to provide particular services for a specific length of time.