

IDAHO
Advance Directive
Planning for Important Healthcare Decisions

Caring Connections
1700 Diagonal Road, Suite 625, 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, supported by a grant from The Robert Wood Johnson Foundation.

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

Please call the HelpLine at 800/658-8898 to learn more about the LIVE campaign, obtain free resources, or join the effort to improve community, state and national end-of-life care.

If you would like to make a contribution to help support our work, please visit www.nationalhospicefoundation.org/donate. Contributions to national hospice programs can also be made through the Combined Health Charities or the Combined Federal Campaign by choosing #0544.

**Support for this program is provided by a grant from
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Your Advance Care Planning Packet

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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 could receive health care.
2. These materials include:
 - Instructions for preparing your advance directive.
 - Your state-specific advance directive forms, which are the pages with the gray instruction bar on the left side.

PREPARING TO COMPLETE YOUR ADVANCE DIRECTIVE

3. Read the HIPAA Privacy Rule Summary on page 4.
4. Read all the instructions, on page 7 through 9, as they will give you specific information about the requirements in your state.
5. Refer to the Glossary of Terms About End-of-Life Decision-making if any of the terms are unclear, located in Appendix A.

ACTION STEPS

6. You may want to photocopy these forms before you start so you will have a clean copy if you need to start over.
7. When you begin to fill out the forms, refer to the gray instruction bars - they will guide you through the process.
8. 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.
9. 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, health care providers and/or faith leaders so that the form is available in the event of an emergency.

If you have questions or need guidance in preparing your advance directive or about what you should do with it after you have completed it, please refer to the list of state-specific contacts for Legal Assistance for Questions Pertaining to Health Care Advance Directives located in Appendix B.

Summary of the HIPAA Privacy Rule

HIPAA is a federal law that gives you rights over your health information and sets rules and limits on who can look at and receive your health information.

Your Rights

You have the right to:

- Ask to see and get a copy of your health records.
- Have corrections added to your health information.
- Receive a notice that tells you how your health information may be used and shared.
- Decide if you want to give your permission before your health information can be used or shared for certain purposes, such as marketing.
- Get a report on when and why your health information was shared for certain purposes.
- If you believe your rights are being denied or your health information isn't being protected, you can
 - File a complaint with your provider or health insurer
 - File a complaint with the U.S. Government

You also have the right to ask your provider or health insurer questions about your rights. You also can learn more about your rights, including how to file a complaint from the Web site at www.hhs.gov/ocr/hipaa/ or by calling 1-866-627-7748.

Who Must Follow this Law?

- Doctors, nurses, pharmacies, hospitals, clinics, nursing homes, and many other health care providers.
- Health insurance companies, HMOs, most employer group health plans.
- Certain government programs that pay for health care, such as Medicare and Medicaid.

What Information is Protected?

- Information your doctors, nurses, and other health care providers put in your medical record.
- Conversations your doctor has about your care or treatment with nurses and others.
- Information about you in your health insurer's computer system.
- Billing information about you by your clinic / health care provider.
- Most other health information about you held by those who must follow this law.

Summary of the HIPAA Privacy Rule (continued)

Providers and health insurers who are required to follow this law must keep your information private by:

- Teaching the people who work for them how your information may and may not be used and shared.
- Taking appropriate and reasonable steps to keep your health information secure.

To make sure that your information is protected in a way that does not interfere with your health care, your information can be used and shared:

- For your treatment and care coordination.
- To pay doctors and hospitals for your health care and help run their businesses.
- With your family, relatives, friends or others you identify who are involved with your health care or your health care bills, unless you object.
- To make sure doctors give good care and nursing homes are clean and safe.
- To protect the public's health, such as by reporting when the flu is in your area.
- To make required reports to the police, such as reporting gunshot wounds.

Your health information cannot be used or shared without your written permission unless this law allows it. For example, without your authorization, your provider generally cannot:

- Give your information to your employer.
- Use or share your information for marketing or advertising purposes.
- Share private notes about your mental health counseling sessions.

Introduction to Your Idaho 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 **Idaho Living Will** lets you state your wishes about medical care in the event that you are terminally ill or in a persistent vegetative state and can no longer make your own medical decisions. Your Living Will becomes effective when two doctors certify either (a) that you are terminally ill that the application of artificial life-sustaining procedures would only serve to prolong artificially your life, and that your death will occur with or without the use of life-sustaining procedures, or (b) that you are in a persistent vegetative state.
2. The **Idaho Durable Power of Attorney for Health Care** lets you name someone to make decisions about your medical care—including decisions about life support—if you can no longer speak for yourself. The Durable Power of Attorney for Health Care is especially useful because it appoints someone to speak for you any time you are unable to make your own medical decisions, not only at the end of life.

The Living Will and Durable Power of Attorney for Health Care may be set forth in one document or in separate documents. Caring Connections recommends that you complete both of these documents to best ensure that you receive the medical care you want when you can no longer speak for yourself.

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

COMPLETING YOUR IDAHO LIVING WILL

How do I make my Idaho Living Will legal?

State law requires that you sign your Living Will. Although state law does not require you to sign your Living Will in the presence of a witness, it is a good idea to have your Living Will witnessed by at least one person who also signs the document to show that he/she personally knows you and believes you to be of sound mind. Your witnesses **should not** be

- a health care provider,
- an employee of a health care provider,
- the operator of a community care facility,
- or an employee of an operator of a community care facility.

Caring Connections recommends that your witnesses be at least 18 years of age.

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

Should I add personal instructions to my Idaho Living Will?

No, Caring Connections advises you not to add instructions to this document. If you want to record your wishes about specific treatments or conditions, you should use your Idaho Durable Power of Attorney for Health Care.

What if I change my mind?

You may revoke your Living Will 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 a written revocation, or
- orally expressing your intent to revoke your document.

What other important facts should I know?

- A pregnant patient's Idaho Living Will will not be honored due to restrictions in the state law.

COMPLETING YOUR IDAHO DURABLE POWER OF ATTORNEY FOR HEALTH CARE

Whom should I appoint as my agent?

Your agent is the person you appoint to make decisions about your medical care if you become unable to make those decisions yourself. Your agent can 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 an “attorney-in-fact” or “proxy.”)

The person you appoint as your agent **cannot** be:

- your doctor or other treating health care provider,
- an employee of your treating health care provider, unless he or she is related to you,
- an operator of a community care facility, or
- an employee of an operator of a community care facility, unless he or she is related to you.

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

How do I make my Idaho Durable Power of Attorney for Health Care legal?

The law requires that you sign your Durable Power of Attorney for Health Care. Although state law does not require you to have the document witnessed, it is a good idea to have our Durable Power of Attorney for Health Care witnessed by at least one person who also signs the document to show that he/she personally knows you and believes you to be of sound mind. Your witnesses should not be

- a health care provider,
- an employee of a health care provider,
- the operator of a community care facility,
- or an employee of an operator of a community care facility.

Caring Connections recommends that your witnesses be at least 18 years of age.

Note: You do not need to notarize your Idaho Declaration

Can I add personal instructions to my Durable Power of Attorney for Health Care?

Yes. You can add personal instructions in the part of the document called “Statement of Desires, Special Provisions, and Limitations.” For example, you may want to refuse specific treatments by a statement such as, “I especially do not want cardiopulmonary resuscitation, a respirator, artificial feeding, or antibiotics.” You may also want to emphasize pain control by adding instructions such as, “I want to receive as much pain medication as necessary to ensure my comfort, even if it may hasten my death.”

COMPLETING YOUR IDAHO DURABLE POWER OF ATTORNEY FOR HEALTH CARE (Continued)

If you have appointed an agent and you want to add personal instructions to your Durable Power of Attorney for Health Care, it is a good idea to write a statement such as “Any questions about how to interpret or when to apply my Durable Power of Attorney for Health Care are to be decided by my agent.”

It is important to learn about the kinds of life-sustaining treatment you might receive. Consult your doctor or order the Caring Connections booklet, “Advance Directives and End-of-Life Decisions.”

What if I change my mind?

You may revoke your Durable Power of Attorney for Health Care 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 a written revocation, or
- orally expressing your intent to revoke your document.

If you have questions about filling out your advance directive, please consult the list of state-based resources located in Appendix B.

You Have Filled Out Your Advance Directive, Now What?

1. Your Idaho Living Will and Idaho Durable Power of Attorney for Health Care 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 agent and alternate agent, doctor(s), family, close friends, clergy and anyone else who might become involved in your health care. 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 agent and alternate, doctor(s), clergy, 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 Idaho documents.
6. Be aware that your Idaho 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. **Caring Connections does not distribute these forms.**

These orders must be signed by your physician and instruct ambulance personnel not to attempt CPR if your heart or breathing should stop. **Caring Connections does not distribute these forms.** If you would like to receive a non-hospital do-not-resuscitate form, speak to your physician.

If you would like more information about this topic contact Caring Connections or consult the Caring Connections booklet "Cardiopulmonary Resuscitation, Do-Not-Resuscitate Orders and End-Of-Life Decisions."

INSTRUCTIONS

PRINT THE DATE

PRINT YOUR NAME
AND ADDRESS

**IDAHO LIVING WILL AND DURABLE POWER OF ATTORNEY FOR
HEALTH CARE — PAGE 1 OF 8**

This document uses the text provided by chapter 45, title 39, Idaho Code, as amended and in effect on July 1, 2005.

Date of Directive:

Your name:

Address:

A LIVING WILL

A DIRECTIVE TO WITHHOLD OR TO PROVIDE TREATMENT

1. Being of sound mind, I willfully and voluntarily make known my desire that my life shall not be prolonged artificially under the circumstances set forth below. This Directive shall only be effective if I am unable to communicate my instructions and:

- (a) I have an incurable injury, disease, illness or condition and two (2) medical doctors who have examined me have certified:
 - 1. That such injury, disease, illness or condition is terminal; and
 - 2. That the application of artificial life-sustaining procedures would serve only to artificially prolong my life; and
 - 3. That my death is imminent, whether or not artificial life-sustaining procedures are employed; or
- (b) I have been diagnosed as being in a persistent vegetative state.

In such event, I direct that the following marked expression of my intent be followed, and that I receive any medical treatment or care that may be required to keep me free of pain or distress.

**IDAHO LIVING WILL AND DURABLE POWER OF ATTORNEY FOR
HEALTH CARE — PAGE 2 OF 8**

CHECK THE
STATEMENT THAT
REFLECTS YOUR
WISHES, THEN
INITIAL THE LINE

Check one box and initial the line after such box:

..... I direct that all medical treatment, care and procedures necessary to restore my health, sustain my life, and to abolish or alleviate pain or distress be provided to me. Nutrition and hydration, whether artificial or nonartificial, shall not be withheld or withdrawn from me if I would likely die primarily from malnutrition or dehydration rather than from my injury, disease, illness or condition.

OR

..... I direct that all medical treatment, care and procedures, including artificial life-sustaining procedures, be withheld or withdrawn, except that nutrition and hydration, whether artificial or nonartificial shall not be withheld or withdrawn from me if, as a result, I would likely die primarily from malnutrition or dehydration rather than from my injury, disease, illness or condition, as follows: (If none of the following boxes are checked and initialed, then both nutrition and hydration, of any nature, whether artificial or nonartificial, shall be administered.)

Check one box and initial the line after such box:

..... Only hydration of any nature, whether artificial or nonartificial, shall be administered;

..... Only nutrition, of any nature, whether artificial or nonartificial, shall be administered;

..... Both nutrition and hydration, of any nature, whether artificial or nonartificial shall be administered.

OR

..... I direct that all medical treatment, care and procedures be withheld or withdrawn, including withdrawal of the administration of artificial nutrition and hydration.

2. This Directive shall be the final expression of my legal right to refuse or accept medical and surgical treatment, and I accept the consequences of such refusal or acceptance.

**IDAHO LIVING WILL AND DURABLE POWER OF ATTORNEY FOR
HEALTH CARE — PAGE 3 OF 8**

3. If I have been diagnosed as pregnant, this Directive shall have no force during the course of my pregnancy.

4. I understand the full importance of this Directive and am mentally competent to make this Directive. No participant in the making of this Directive or in its being carried into effect shall be held responsible in any way for complying with my directions.

**IDAHO A DURABLE POWER OF ATTORNEY FOR
HEALTH CARE — PAGE 4 OF 8**

INSTRUCTIONS

PRINT THE NAME,
ADDRESS AND
HOME AND WORK
TELEPHONE
NUMBER OF YOUR
AGENT

1. Designation of Health Care Agent.

None of the following may be designated as your agent: (1) your treating health care provider; (2) a nonrelative employee of your treating health care provider; (3) an operator of a community care facility; or (4) a nonrelative employee of an operator of a community care facility. If the agent or an alternate agent designated in this Directive is my spouse, and our marriage is thereafter dissolved, such designation shall be thereupon revoked.

I do hereby designate and appoint the following individual as my attorney in fact (agent) to make health care decisions for me as authorized in this Directive:

Name of Health Care Agent: _____

Address of Health Care Agent: _____

Telephone Number of Health Care Agent: _____

For the purposes of this Directive, "health care decision" means consent, refusal of consent, or withdrawal of consent to any care, treatment, service or procedure to maintain, diagnose or treat an individual's physical condition.

2. Creation of Durable Power of Attorney for Health Care.

By this portion of this Directive, I create a durable power of attorney for health care. This power of attorney shall not be affected by my subsequent incapacity. This power shall be effective only when I am unable to communicate rationally.

3. General Statement of Authority Granted.

Subject to any limitations in this Directive, including as set forth in paragraph 2 immediately above, I hereby grant to my agent full power and authority to make health care decisions for me to the same extent that I could make such decisions for myself if I had the capacity to do so. In exercising this authority, my agent shall make health care decisions that are consistent with my desires as stated in this Directive or otherwise made known to my agent including, but not limited to, my desires concerning obtaining or refusing or withdrawing life-prolonging care, treatment, services and procedures, including such desires set forth in a living will or similar document executed by me, if any.

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**IDAHO DURABLE POWER OF ATTORNEY FOR
HEALTH CARE — PAGE 5 OF 8**

(If you want to limit the authority of your agent to make health care decisions for you, you can state the limitations in paragraph 4, "Statement of Desires, Special Provisions, and Limitations," below. You can indicate your desires by including a statement of your desires in the same paragraph.)

4. Statement of Desires, Special Provisions, and Limitations.

(Your agent must make health care decisions that are consistent with your known desires. You can, but are not required to, state your desires in the space provided below. You should consider whether you want to include a statement of your desires concerning life-prolonging care, treatment, services and procedures. You can also include a statement of your desires concerning other matters relating to your health care, including a list of one or more persons whom you designate to be able to receive medical information about you and/or to be allowed to visit you in a medical institution. You can also make your desires known to your agent by discussing your desires with your agent or by some other means. If there are any types of treatment that you do not want to be used, you should state them in the space below. If you want to limit in any other way the authority given your agent by this Directive, you should state the limits in the space below. If you do not state any limits, your agent will have broad powers to make health care decisions for you, except to the extent that there are limits provided by law.)

In exercising the authority under this durable power of attorney for health care, my agent shall act consistently with my desires as stated below and is subject to the special provisions and limitations stated in a living will or similar document executed by me, if any. Additional statement of desires, special provisions, and limitations:

(Attach additional pages or documents if you need more space to complete your statement.)

ADD PERSONAL
INSTRUCTIONS
(IF ANY)

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**5. Inspection and Disclosure of Information Relating to my
Physical or Mental Health.**

A. General Grant of Power and Authority. Subject to any limitations in this Directive, my agent has the power and authority to do all of the following:

- (1) Request, review and receive any information, verbal or written, regarding my physical or mental health including, but not limited to, medical and hospital records;
- (2) Execute on my behalf any releases or other documents that may be required in order to obtain this information;
- (3) Consent to the disclosure of this information; and
- (4) Consent to the donation of any of my organs for medical purposes. (If you want to limit the authority of your agent to receive and disclose information relating to your health, you must state the limitations in paragraph 4, "Statement of Desires, Special Provisions, and Limitations," above.)

B. HIPAA Release Authority. My agent shall be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d and 45 CFR 160 through 164. I authorize any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy, or other covered health care provider, any insurance company, and the Medical Information Bureau, Inc. or other health care clearinghouse that has provided treatment or services to me, or that has paid for or is seeking payment from me for such services, to give, disclose and release to my agent, without restriction, all of my individually identifiable health information and medical records regarding any past, present or future medical or mental health condition, including all information relating to the diagnosis of HIV/AIDS, sexually transmitted diseases, mental illness, and drug or alcohol abuse. The authority given my agent shall supersede any other agreement that I may have made with my health care providers to restrict access to or disclosure of my individually identifiable health information. The authority given my agent has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health care provider.

**IDAHO DURABLE POWER OF ATTORNEY FOR
HEALTH CARE — PAGE 7 OF 8**

6. Signing Documents, Waivers, and Releases.

Where necessary to implement the health care decisions that my agent is authorized by this Directive to make, my agent has the power and authority to execute on my behalf all of the following: (a) Documents titled, or purporting to be, a "Refusal to Permit Treatment" and/or a "Leaving Hospital Against Medical Advice"; and (b) Any necessary waiver or release from liability required by a hospital or physician.

7. Designation of Alternate Agents.

(You are not required to designate any alternate agents but you may do so. Any alternate agent you designate will be able to make the same health care decisions as the agent you designated in paragraph 1 above, in the event that agent is unable or ineligible to act as your agent. If an alternate agent you designate is your spouse, he or she becomes ineligible to act as your agent if your marriage is thereafter dissolved.) If the person designated as my agent in paragraph 1 is not available or becomes ineligible to act as my agent to make a health care decision for me or loses the mental capacity to make health care decisions for me, or if I revoke that person's appointment or authority to act as my agent to make health care decisions for me, then I designate and appoint the following persons to serve as my agent to make health care decisions for me as authorized in this Directive, such persons to serve in the order listed below:

A. 1st Alternate Agent _____

Address _____

Telephone number _____

B. 2nd Alternate Agent _____

Address _____

Telephone number _____

ALTERNATE
AGENTS

PRINT THE NAMES,
ADDRESSES AND
TELEPHONE
NUMBERS OF YOUR
ALTERNATE
AGENTS

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**DAHO DURABLE POWER OF ATTORNEY FOR
HEALTH CARE — PAGE 8 OF 8**

PRINT THE NAMES,
ADDRESSES AND
TELEPHONE
NUMBERS OF YOUR
ALTERNATE
AGENTS

C. 3rd Alternate Agent _____

Address _____

Telephone number _____

8. Prior Designations Revoked.

I revoke any prior durable power of attorney for health care.

Date and Signature of Principal.

(You must date and sign this Durable Power of Attorney for Health Care.)

I sign my name to this Statutory Form Durable Power of Attorney for Health Care on the date set forth at the beginning of this Form at

_____, _____.
(city) (state)

(signature)

Statement of Witnesses

I declare under penalty of perjury under the laws of Idaho that the person who signed or acknowledged this document is personally known to me (or proved to me on the basis of convincing evidence) to be the principal, that the principal signed or acknowledged this Living Will and Durable Power of Attorney for Health Care in my presence, that the principal appears to be of sound mind and under no duress, fraud, or undue influence, that I am not the person appointed as attorney in fact by this document, and that I am not a health care provider, an employee of a health care provider, the operator of a community care facility, nor an employee of an operator of a community care facility.

Signature: _____

Print name: _____

Residence address: _____

Date: _____

Signature: _____

Print name: _____

Residence address: _____

Date: _____

SIGN AND DATE
YOUR DOCUMENT

WITNESSING
PROCEDURE

TWO WITNESSES
MUST SIGN AND
DATE YOUR
DOCUMENT AND
PRINT THEIR
NAMES AND
ADDRESSES

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Courtesy of Caring Connections
1700 Diagonal Road, Suite 625, Alexandria, VA 22314
www.caringinfo.org, 800/658-8898

Appendix A

Glossary of Terms About End-of-life Decision Making

Advance directive - A general term that describes two kinds of legal documents, living wills and medical powers of attorney. These documents allow a person to give instructions about future medical care should he or she be unable to participate in medical decisions due to serious illness or incapacity. Each state regulates the use of advance directives differently.

Artificial nutrition and hydration – Artificial nutrition and hydration (or tube feeding) supplements or replaces ordinary eating and drinking by giving a chemically balanced mix of nutrients and fluids through a tube placed directly into the stomach, the upper intestine or a vein.

Assisted Suicide - Providing someone the means to commit suicide, such as a supply of drugs or a weapon, knowing the person will use these to end his or her life.

Best Interest - In the context of refusal of medical treatment or end-of-life court opinions, a standard for making health care decisions based on what others believe to be "best" for a patient by weighing the benefits and the burdens of continuing, withholding or withdrawing treatment.

Brain Death -The irreversible loss of all brain function. Most states legally define death to include brain death.

Capacity - In relation to end-of-life decision-making, a patient has medical decision making capacity if he or she has the ability to understand the medical problem and the risks and benefits of the available treatment options. The patient's ability to understand other unrelated concepts is not relevant. The term is frequently used interchangeably with competency but is not the same. Competency is a legal status imposed by the court.

Cardiopulmonary Resuscitation - Cardiopulmonary resuscitation (CPR) is a group of treatments used when someone's heart and/or breathing stops. CPR is used in an attempt to restart the heart and breathing. It may consist only of mouth-to-mouth breathing or it can include pressing on the chest to mimic the heart's function and cause blood to circulate. Electric shock and drugs also are used frequently to stimulate the heart.

Do-Not-Resuscitate (DNR) order - A DNR order is a physician's written order instructing health care providers not to attempt cardiopulmonary resuscitation (CPR) in case of cardiac or respiratory arrest. A person with a valid DNR order will not be given CPR under these circumstances. Although the DNR order is written at the request of a person or his or her family, it must be signed by a physician to be valid. A non-hospital DNR order is written for individuals who are at home and do not want to receive CPR.

Emergency Medical Services (EMS): A group of governmental and private agencies that provide emergency care, usually to persons outside of health care facilities; EMS personnel generally include paramedics, first responders and other ambulance crew.

Euthanasia - The term traditionally has been used to refer to the hastening of a suffering person's death or "mercy killing". Voluntary active euthanasia involves an intervention requested by a competent individual that is administered to that person to cause death, for example, if a physician gives a lethal injection with the patient's full informed consent. Involuntary or non-voluntary active euthanasia involves a physician engaging in an act to end a patient's life without that patient's full informed consent. See also Physician-hastened Death (sometimes referred to as Physician-assisted Suicide).

Guardian ad litem - Someone appointed by the court to represent the interests of a minor or incompetent person in a legal proceeding.

Healthcare Agent: The person named in an advance directive or as permitted under state law to make healthcare decisions on behalf of a person who is no longer able to make medical decisions.

Hospice care - A program model for delivering palliative care to individuals who are in the final stages of terminal illness. In addition to providing palliative care and personal support to the patient, hospice includes support for the patient's family while the patient is dying, as well as support to the family during their bereavement.

Incapacity - A lack of physical or mental abilities that results in a person's inability to manage his or her own personal care, property or finances; a lack of ability to understand one's actions when making a will or other legal document.

Incompetent - Referring to a person who is not able to manage his/her affairs due to mental deficiency (lack of I.Q., deterioration, illness or psychosis) or sometimes physical disability. Being incompetent can be the basis for appointment of a guardian or conservator.

Intubation- Refers to "endotracheal intubation" the insertion of a tube through the mouth or nose into the trachea (windpipe) to create and maintain an open airway to assist breathing.

Life-Sustaining Treatment - Treatments (medical procedures) that replace or support an essential bodily function (may also be called life support treatments). Life-sustaining treatments include cardiopulmonary resuscitation, mechanical ventilation, artificial nutrition and hydration, dialysis, and certain other treatments.

Living Will - A type of advance directive in which an individual documents his or her wishes about medical treatment should he or she be at the end of life and unable to communicate. It may also be called a "directive to physicians", "health care declaration," or "medical directive." The purpose of a living will is to guide family members and doctors in deciding how aggressively to use medical treatments to delay death.

Mechanical ventilation - Mechanical ventilation is used to support or replace the function of the lungs. A machine called a ventilator (or respirator) forces air into the lungs. The ventilator is attached to a tube inserted in the nose or mouth and down into the windpipe (or trachea). Mechanical ventilation often is used to assist a person through a short-term problem or for prolonged periods in which irreversible respiratory failure exists due to injuries to the upper spinal cord or a progressive neurological disease.

Medical power of attorney - A document that allows an individual to appoint someone else to make decisions about his or her medical care if he or she is unable to communicate. This type of advance directive may also be called a health care proxy, durable power of attorney for health care or appointment of a health care agent. The person appointed may be called a health care agent, surrogate, attorney-in-fact or proxy.

Palliative care - A comprehensive approach to treating serious illness that focuses on the physical, psychological, spiritual, and existential needs of the patient. Its goal is to achieve the best quality of life available to the patient by relieving suffering, by controlling pain and symptoms, and by enabling the patient to achieve maximum functional capacity. Respect for the patient's culture, beliefs, and values are an essential component. Palliative care is sometimes called "comfort care" or "hospice type care."

Power of Attorney – A legal document allowing one person to act in a legal matter on another's behalf pursuant to financial or real estate transactions.

Respiratory Arrest: The cessation of breathing - an event in which an individual stops breathing. If breathing is not restored, an individual's heart eventually will stop beating, resulting in cardiac arrest.

Surrogate Decision-Making - Surrogate decision-making laws allow an individual or group of individuals (usually family members) to make decisions about medical treatments for a patient who has lost decision-making capacity and did not prepare an advance directive. A majority of states have passed statutes that permit surrogate decision making for patients without advance directives.

Ventilator – A Ventilator, also known as a respirator, is a machine that pushes air into the lungs through a tube placed in the trachea (breathing tube). Ventilators are used when a person cannot breathe on his or her own or cannot breathe effectively enough to provide adequate oxygen to the cells of the body or rid the body of carbon dioxide.

Withholding or withdrawing treatment - Forgoing life-sustaining measures or discontinuing them after they have been used for a certain period of time.

Appendix B

Legal & End-Of-Life Care Resources Pertaining to Health Care Advance Directives

LEGAL SERVICES

The Idaho Legal Aide Service Hotline provides legal assistance to individuals 60 and older.

You must be 60 and older with a low to moderate income to get free legal information and advice on non-criminal issues, including:

- Power of Attorney and Living Wills
 - Probate
 - Medicare and Medicaid
 - Civil issues and more
-
- Must be 60 and older
 - Free for individuals over 60 with low to moderate incomes

Call Toll-free: 208-345-0106

OR

Visit their website:

www.idaholegalaid.org

<http://www.abanet.org/aging/states/idaho.pdf> (use as a backup)

Senior Services

The Idaho Commission on Aging (ICOA) has a list of Area Agency on Aging (AAA) who can assist individuals 60 and older with programs and services in their region.

AAA resources and services include, but are not limited to:

- Home delivered meals
 - Transportation
 - Home health services
 - Housing
 - Legal assistance and much more
-
- Must be 60 and older to receive services
 - Free for individuals over 60 with low to moderate income

To locate an AAA click on the following link:

<http://www.idahoaging.com/programs/areaAgencies.htm>

OR

Call toll free: 1-877-471-2777 or 208-334-3833