

Banyan Community Health Center, Inc.

Advance Directives

What is it?

It is a statement, which tells your doctor, and family what care you would like to have when you are not able to make those decisions because of the seriousness of your injury or illness. There are two kinds of Advance Directives: (1) A Living Will, (2) Durable Power of Attorney for Healthcare.

A Living Will – What is it?

It is a statement that lets you tell your doctor and family your wishes if there were no hope for your recovery and you become unable to make your own decisions. An example of this would be whether to continue to use a breathing machine to keep you alive if you were in a permanent coma following an automobile accident.

Durable Power of Attorney for Healthcare – What is it?

It is a statement in which you appoint a person to make medical judgments for you if you become unable to make those decisions for yourself. That person should be someone you trust to make health decisions like the ones you would make if you were able. Usually that person would be a relative or a close friend.

Is one better than the other?

They are different and are used for different things so they both are good. These statements are to help your family and your doctor make decisions concerning your healthcare at a time when you are not able to make these decisions. You may use one or both of these forms of advance directives to provide directions for your medical care. You may combine them into a single statement that appoints a person to make medical decisions for you and also advises that person of your wishes if there is no expectation for reasonable survival.

Can I change my mind?

YES! You can change your mind or cancel your statements at any time. Changes should be written, signed, and dated. You can also make your change of opinion by telling someone (an oral statement).

Who should make out an advance directive?

Because we may have a serious illness or injury at any age, all adults should have an advance directive.

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**Living Will
Florida Declaration**

On this ___ day of _____, 20___ I, _____
of my own free will make known my desire that my dying not be artificially prolonged under any of the
circumstances set out below and I do hereby declare that:

Should I develop a terminal condition, and if my attending physician determines that there can be no reasonable expectation of recovery from such a condition, and that my death is imminent, I hereby direct that life-prolonging procedures be withheld or withdrawn when such procedures serve only to artificially prolong the process of my dying. Under such circumstances, it is my desire that I be permitted to die naturally, with only the administration of such medication or the performance of any such medical procedure judged necessary to provide me with comfort and to provide pain relief.

Relating to the administration of nutrition and hydration (food and liquids), I do ____, I do not ____ (check one) desire that such be withheld or withdrawn when such procedures serve to only prolong in an artificial way the process of my dying. It is my intent that, should I be unable to give directions regarding the use of life-prolonging procedures, that this represents the declaration of my intent that will be honored by my physicians, as well as by my family, as valid representation of my legal right to refuse medical and/or surgical treatment and to accept the consequences as such.

I fully understand the importance and consequences of this declaration, I am competent to make such declaration and it is my desire to do so. I make this declaration without coercion and of my own free will.

(If I am diagnosed as pregnant and my physician knows the diagnosis, this declaration shall not be in effect in the course of my pregnancy.)

I do ____, I do not ____ (check one) desire to donate my organs.

Signature: _____

DECLARATION OF WITNESS:

I know the above and it is my judgment that he/she is of sound mind and is making the above declaration of his/her free will.

Witness #1: _____ Date: _____

Witness #2: _____ Date: _____

Note: One witness should not be a spouse nor a blood relative of the declarant in and compliance with Florida Statute 765 amended effective 10/01/90.