South Carolina Advance Health Care Directive

This form lets you have a say about how you want to be cared for if you cannot speak for yourself.

This form has 3 parts:

Part 1 Choose a medical decision maker, Page 3

A medical decision maker is a person who can make health care decisions for you if you are not able to make them yourself.

This person will be your advocate.

They are also called a health care agent, proxy, or surrogate.

Part 2 Make your own health care choices, Page 7

This form lets you choose the kind of health care you want. This way, those who care for you will not have to guess what you want if you are not able to tell them yourself.

Part 3 Sign the form, Page 13

The form must be signed before it can be used.

You can fill out Part 1, Part 2, or both.

Fill out only the parts you want. Always sign the form in Part 3.

2 witnesses need to sign on Page 14 and a notary on Page 15.

Your Name

Developed by PREPARE™ for your care

www.prepareforyourcare.org

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This is a legal form that lets you have a voice in your health care.

It will let your family, friends, and medical providers know how you want to be cared for if you cannot speak for yourself.

What should I do with this form?

- Please share this form with your family, friends, and medical providers.
- Please make sure copies of this form are placed in your medical record at all the places you get care.

What if I have questions about the form?

- It is OK to skip any part of this form if you have questions or do not want to answer.
- Ask your doctors, nurses, social workers, family, or friends to help.
- Lawyers can help too. This form does not give legal advice.

What if I want to make health care choices that are not on this form?

- On Page 12, you can write down anything else that is important to you.

When should I fill out this form again?

- If you change your mind about your health care choices
- If your health changes
- If your medical decision maker changes

Give the new form to your medical decision maker and medical providers.

Destroy old forms.

Share this form and your choices with your family, friends, and medical providers.

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Part 1 Choose your medical decision maker

Your medical decision maker can make health care decisions for you if you are not able to make them yourself.

A good medical decision maker is a family member or friend who:

- is 18 years of age or older
- can talk to you about your wishes
- can be there for you when you need them
- you trust to follow your wishes and do what is best for you
- you trust to know your medical information
- is not afraid to ask doctors questions and speak up about your wishes

Unless they are your family member, legally, your decision maker cannot be:

- your doctor, or their spouse
- someone who works at your hospital, clinic, or nursing home, or their spouse

What will happen if I do not choose a medical decision maker?

If you are not able to make your own decisions, your doctors will turn to family and friends or a judge to make decisions for you. This person may not know what you want.

If you are not able, your medical decision maker can choose these things for you:

- doctors, nurses, social workers, caregivers
- hospitals, clinics, nursing homes
- medications, tests, or treatments
- who can look at your medical information
- what happens to your body and organs after you die

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Here are more decisions your medical decision maker can make:

Start or stop life support or medical treatments, such as:

- **CPR or cardiopulmonary resuscitation**
  cardio = heart • pulmonary = lungs • resuscitation = try to bring back

  This may involve:
  - pressing hard on your chest to try to keep your blood pumping
  - electrical shocks to try to jump start your heart
  - medicines in your veins

- **Breathing machine or ventilator**
  The machine pumps air into your lungs and tries to breathe for you. You are not able to talk when you are on the machine.

- **Dialysis**
  A machine that tries to clean your blood if your kidneys stop working.

- **Feeding Tube**
  A tube used to try to feed you if you cannot swallow. The tube can be placed through your nose down into your throat and stomach. It can also be placed by surgery into your stomach.

- **Blood and water transfusions (IV)**
  To put blood and water into your body.

- **Surgery**

- **Medicines**

End of life decisions your medical decision maker can make:

- call in a religious or spiritual leader
- decide if you die at home or in the hospital
- decide about autopsy or organ donation
- decide about burial or cremation

Your Name

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By signing this form, you allow your medical decision maker to:

- agree to, refuse, or withdraw any life support or medical treatment if you are not able to speak for yourself
- decide what happens to your body after you die, such as funeral plans and organ donation

If there are decisions you do not want them to make, write them here:

Write the name of your medical decision maker.

#1: I want this person to make my medical decisions if I am not able to make my own:

first name last name

phone #1 phone #2 relationship

address city state zip code

#2: If the first person cannot do it, then I want this person to make my medical decisions:

first name last name

phone #1 phone #2 relationship

address city state zip code

Your Name

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Why did you choose your medical decision maker?

If you want, you can write why you chose your #1 and #2 decision makers.

Write down anyone you would NOT want to help make medical decisions for you.

How strictly do you want your medical decision maker to follow your wishes if you are not able to speak for yourself?

Flexibility allows your decision maker to change your prior decisions if doctors think something else is better for you at that time.

Prior decisions may be wishes you wrote down or talked about with your medical decision maker. You can write your wishes in Part 2 of this form.

Check the one choice you most agree with.

- ☐ **Total Flexibility:** It is OK for my decision maker to change any of my medical decisions if my doctors think it is best for me at that time.
- ☐ **Some Flexibility:** It is OK for my decision maker to change some of my decisions if the doctors think it is best. But, these wishes I NEVER want changed:

- ☐ **No Flexibility:** I want my decision maker to follow my medical wishes exactly. It is NOT OK to change my decisions, even if the doctors recommend it.

If you want, you can write why you feel this way.

To make your own health care choices, go to Part 2 on Page 7. If you are done, you must sign this form on Page 13.

Please share your wishes with your family, friends, and medical providers.

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Part 2 Make your own health care choices

Fill out only the questions you want.

How do you prefer to make medical decisions?

Some people prefer to make their own medical decisions. Some people prefer input from others (family, friends, and medical providers) before they make a decision. And, some people prefer other people make decisions for them.

Please note: Medical providers cannot make decisions for you. They can only give information to help with decision making.

How do you prefer to make medical decisions?

- ☐ I prefer to make medical decisions on my own without input from others.
- ☐ I prefer to make medical decisions only after input from others.
- ☐ I prefer to have other people make medical decisions for me.

If you want, you can write why you feel this way, and who you want input from.

What matters most in life? Quality of life differs for each person.

What is most important in your life? Check as many as you want.

- ☐ Your family or friends _____
- ☐ Your pets _____
- ☐ Hobbies, such as gardening, hiking, and cooking
  Your hobbies _____
- ☐ Working or volunteering _____
- ☐ Caring for yourself and being independent
- ☐ Not being a burden on your family
- ☐ Religion or spirituality: Your religion _____
- ☐ Something else _____

What brings your life joy? What are you most looking forward to in life?

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What matters most for your medical care? This differs for each person.

For some people, the main goal is to be kept alive as long as possible even if:

- They have to be kept alive on machines and are suffering
- They are too sick to talk to their family and friends

For other people, the main goal is to focus on quality of life and being comfortable.

- These people would prefer a natural death, and not be kept alive on machines

Other people are somewhere in between. **What is important to you?**

Your goals may differ today in your current health than at the end of life.

TODAY, IN YOUR CURRENT HEALTH

Check one choice along this line to show how you feel today, in your current health.

My main goal is to live as long as possible, no matter what.	Equally important	My main goal is to focus on quality of life and being comfortable.

If you want, you can write why you feel this way.

AT THE END OF LIFE

Check one choice along this line to show how you would feel if you were so sick that you may die soon.

My main goal is to live as long as possible, no matter what.	Equally important	My main goal is to focus on quality of life and being comfortable.

If you want, you can write why you feel this way.

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Quality of life differs for each person at the end of life. What would be most important to you?

AT THE END OF LIFE

Some people are willing to live through a lot for a chance of living longer.

Other people know that certain things would be very hard on their quality of life.

- Those things may make them want to focus on comfort rather than trying to live as long as possible.

At the end of life, which of these things would be very hard on your quality of life?
Check as many as you want.

- ☐ Being in a coma and not able to wake up or talk to my family and friends
- ☐ Not being able to live without being hooked up to machines
- ☐ Not being able to think for myself, such as severe dementia
- ☐ Not being able to feed, bathe, or take care of myself
- ☐ Not being able to live on my own, such as in a nursing home
- ☐ Having constant, severe pain or discomfort
- ☐ Something else _____

- ☐ **OR**, I am willing to live through all of these things for a chance of living longer.

If you want, you can write why you feel this way.

What experiences have you had with serious illness or with someone close to you who was very sick or dying?

- If you want, you can write down what went well or did not go well, and why.

If you were dying, where would you want to be?

☐ at home ☐ in the hospital ☐ either ☐ I am not sure

What else would be important, such as food, music, pets, or people you want around you?

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How do you balance quality of life with medical care?

Sometimes illness and the treatments used to try to help people live longer can cause pain, side effects, and the inability to care for yourself.

Please read this whole page before making a choice.

AT THE END OF LIFE, some people are willing to live through a lot for a chance of living longer. Other people know that certain things would be very hard on their quality of life.

Life support treatment can be CPR, a breathing machine, feeding tubes, dialysis, or transfusions.

Check the one choice you most agree with.

If you were so sick that you may die soon, what would you prefer?

- ☐ **Try all life support treatments** that my doctors think might help. I want to **stay on life support** treatments even if there is little hope of getting better or living a life I value.

- ☐ Do a **trial of life support treatments** that my doctors think might help. But, I **DO NOT want to stay on life support** treatments if the treatments do not work and there is little hope of getting better or living a life I value.

- ☐ **I do not want life support treatments**, and I want to focus on being comfortable. I prefer to have a **natural death**.

What else should your medical providers and decision maker know about this choice? Or, why did you choose this option?

Your Name

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Artificial food and water:

Initial and check the one choice you most agree with.

If you were so sick that you may die soon, what would you prefer?

_____ ☐ I **want** food and water by feeding tubes and transfusions (IV) even if there is little hope of getting better or living a life I value.

_____ ☐ I **do not want** food and water by feeding tubes and transfusions (IV) if there is little hope of getting better or living a life I value.

_____ ☐ I want my **decision maker to decide** about food and water by feeding tubes and transfusions (IV) for me.

What else should your medical providers and decision maker know about this choice? Or, why did you choose this option?

Your Name

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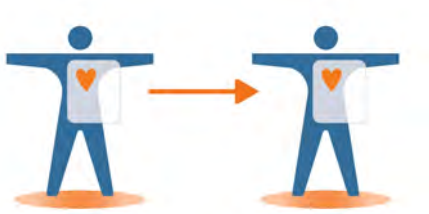
Your decision maker may be asked about organ donation and autopsy after you die. Please tell us your wishes.

ORGAN DONATION

Some people decide to donate their organs or body parts. What do you prefer?



- ☐ I **want** to donate my organs or body parts.

  Which organ or body part do you want to donate?

  - ☐ Any organ or body part
  - ☐ Only _____

- ☐ I **do not** want to donate my organs or body parts.

What else should your medical providers and medical decision maker know about donating your organs or body parts?

AUTOPSY

An autopsy can be done after death to find out why someone died. It is done by surgery. It can take a few days.

- ☐ I **want** an autopsy.
- ☐ I **do not** want an autopsy.
- ☐ I **only** want an autopsy if there are questions about my death.

FUNERAL OR BURIAL WISHES

What should your medical providers and decision maker know about how you want your body to be treated after you die, and your funeral or burial wishes?

- Do you have religious or spiritual wishes?
- Do you have funeral or burial wishes?

Your Name

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What else should your medical providers and medical decision maker know about you and your choices for medical care?

OPTIONAL: How do you prefer to get medical information?

Some people may want to know all of their medical information. Other people may not.

If you had a serious illness, would you want your doctors and medical providers to tell you how sick you are or how long you may have to live?

- ☐ Yes, I would want to know this information.
- ☐ No, I would not want to know. Please talk with my decision maker instead.

If you want, you can write why you feel this way.

* Talk to your medical providers so they know how you want to get information.

Your Name

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Part 3 Sign the form

Before this form can be used, you must:

- sign this form if you are 18 years of age or older
- have two witnesses and a notary who can watch you sign this form

Sign your name and write the date.

sign your name _____ today's date _____

print your first name _____ print your last name _____ date of birth _____

address _____ city _____ state _____ zip code _____

Witnesses and Notary

Before this form can be used you must have 2 witnesses and a notary sign the form. The job of a notary is to make sure it is you signing the form.

Your witnesses must:

- be 18 years of age or older
- see you sign the form

Your witnesses cannot:

- be your medical decision maker
- be your health care provider
- benefit financially (get any money or property) after you die
- be related to you in any way
- be your creditor
- be the person that pays your medical costs

Also, one witness cannot:

- work for your health care provider
- work at the place that you live (if you are currently in the hospital or live in a nursing home go to Page 15)

Witnesses and a notary need to be together and see you sign the form. They also need to sign on Pages 14 and 15.

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Have your witnesses sign their names and write the date.

By signing, I promise that _____ signed this form while I watched.
(the person named on Page 13)

They were thinking clearly and were not forced to sign it.

I also promise that:

- I am 18 years of age or older
- I am not their medical decision maker
- I am not their health care provider
- I will not benefit financially (get any money or property) after they die
- I am not related to them by blood, marriage, or adoption
- I am not their creditor
- I do not pay their medical costs

One witness must also promise that:

- I do not work for their health care provider
- I do not work where they live

Witness #1

_____ _____
sign your name date

_____ _____
print your first name print your last name

_____ _____ _____ _____
address city state zip code

Witness #2

_____ _____
sign your name date

_____ _____
print your first name print your last name

_____ _____ _____ _____
address city state zip code

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Notary Public: Take this form to a notary public. Bring photo ID (driver's license, passport, etc.). Sign the form in front of the notary and your witnesses.

State of South Carolina

County of _____

The foregoing instrument was acknowledged before me this _____, 20____ by _____ (name of person acknowledged).

_____
Document Holder's Signature

_____
Official Signature of Notary Public

(Official Seal)

_____, Notary Public (Notary's printed or typed name)
Title, rank: _____ Serial Number: _____
My commission expires: _____

For South Carolina Hospital and Nursing Home Residents ONLY

Give this form to an ombudsman at your hospital or nursing home. South Carolina requires patients in hospitals and people living in nursing homes to have the ombudsman witness advance directives.

STATEMENT OF THE PATIENT ADVOCATE OR OMBUDSMAN

"I declare under penalty of perjury under the laws of South Carolina that I am an ombudsman as designated by the State Ombudsman, Office of the Governor, I am not serving as the patient's agent, healthcare provider, or creditor, am not a relative and will not benefit financially if the patient dies, and that I am serving as a witness as required by law."

sign your name _____ date _____

print your first name _____ print your last name _____

address _____ city _____ state _____ zip code _____

You are now done with this form.

Share this form with your family, friends, and medical providers. Talk with them about your medical wishes. To learn more go to www.prepareforyourcare.org

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