
INTRODUCTION TO YOUR DISTRICT OF COLUMBIA 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 District of Columbia 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. Before the Durable Power of Attorney for Health Care can go into effect, two physicians, including one psychiatrist, must certify in writing that you are mentally unable to make health care decisions.

2. The District of Columbia Declaration is the District of Columbia's living will. It lets you state your wishes about medical care in the event that you develop a terminal condition and can no longer make your own medical decisions. The Declaration goes into effect if your death would occur with or without the use of life-sustaining medical care. One other doctor must agree with your attending physician's opinion of your medical condition, and both must certify your diagnosis in writing.

Partnership for Caring 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).

COMPLETING YOUR DISTRICT OF COLUMBIA POWER OF ATTORNEY FOR HEALTH CARE

Whom should I appoint as my attorney-in-fact?

“Attorney-in-fact” does not refer to a lawyer. Your attorney-in-fact is the person you appoint to make decisions about your medical care if you become unable to make those decisions yourself. Your attorney-in-fact can be a family member or a close friend whom you trust to make serious decisions. The person you name as your attorney-in-fact should clearly understand your wishes and be willing to accept the responsibility of making medical decisions for you. (An attorney-in-fact may also be called an “agent” or “proxy.”) You cannot appoint your doctor or other health care provider as your attorney-in-fact.

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

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

The law requires that you sign your Power of Attorney for Health Care in the presence of two adult witnesses,

who must also sign to show that they personally know you and believe you to be of sound mind and under no duress, fraud, or undue influence, that you signed or acknowledged the Power of Attorney for Health Care in their presence and that they do not fall into any of the categories of people who cannot serve as witnesses.

These witnesses **cannot** be:

- the person you appointed as your attorney-in-fact;
- your health care provider; or
- an employee of your health care provider.

At least one of your witnesses must be a person who is not related to you (by blood, marriage or adoption) and who will not inherit from you under any existing will, codicil or by operation of law.

Note: You do not need to notarize your Durable Power of Attorney for Health Care.

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

Partnership for Caring advises you not

COMPLETING YOUR DISTRICT OF COLUMBIA POWER OF ATTORNEY FOR HEALTH CARE (CONTINUED)

to add instructions to this document. One of the strongest reasons for naming an attorney-in-fact is to have someone who can respond flexibly as your medical condition 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.

Instead, we urge you to 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 District of Columbia Declaration (the living will).

What if I change my mind?

You may revoke your Durable Power of Attorney for Health Care by:

- notifying your attorney-in-fact orally or in writing,
- notifying your health care provider orally or in writing so that your revocation can be noted in your medical records and your attorney-in-fact can be contacted, **or**

- executing a new District of Columbia Durable Power of Attorney for Health Care.

If you named your spouse as your attorney-in-fact and your marriage ends, your spouse's power to act on your behalf will automatically be revoked.

COMPLETING YOUR DISTRICT OF COLUMBIA DECLARATION

How do I make my Declaration legal?

The law requires that you sign your District of Columbia Declaration, or direct another to sign it, in the presence of two adult witnesses, who must also sign the document to show that they are at least 18 years of age, that they believe you to be of sound mind, that they did not sign the document on your behalf, and that they do not fall into any of the categories of people who cannot serve as witnesses.

These witnesses **cannot**:

- be related to you by blood or marriage,
- stand to inherit from your estate upon your death,
- be financially responsible for your medical care,
- be your doctor or an employee of your doctor, **or**
- be an employee of a health care facility in which you are a patient.

If you are a patient in an intermediate care or skilled care facility, one of your witnesses must be a patient advocate or ombudsman.

Note: You do not need to notarize your District of Columbia Declaration.

Can I add personal instructions to my Declaration?

Yes. You can add personal instructions in the part of the document called “Other directions.” 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.”

If you have appointed an attorney-in-fact and you want to add personal instructions to your Declaration, it is a good idea to write a statement such as “Any questions about how to interpret or when to apply my Declaration are to be decided by my attorney-in-fact.”

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

COMPLETING YOUR DISTRICT OF COLUMBIA DECLARATION (CONTINUED)

What if I change my mind?

You may revoke your Declaration at any time, regardless of your mental condition, by:

- obliterating, burning, tearing, or otherwise destroying or defacing the document, or directing another person to do so in your presence;
- executing, or directing another person to execute, a dated and signed written revocation which becomes effective when it is given to your doctor, who will then make it part of your medical record;
- orally revoking your Declaration in the presence of a witness, 18 years or older, who must sign and date a written confirmation of your oral revocation. An oral revocation becomes effective once it is communicated to your doctor, who will then make it part of your medical record.

AFTER YOU HAVE COMPLETED YOUR DOCUMENTS

- 1.** Your District of Columbia Power of Attorney for Health Care and Declaration 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 attorney-in-fact, 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 attorney-in-fact and alternate, 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 District of Columbia documents.
- 6.** Be aware that your District of Columbia 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 “nonhospital 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 nonhospital do-not-resuscitate orders. Partnership for Caring does not distribute these forms. We suggest you speak to your physician.

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