

ARIZONA

ADVANCE DIRECTIVE GUIDE

**CHOICE
IN
DYING**



INTRODUCTION

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 **Arizona Health Care Power of Attorney** 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 Health Care Power of Attorney 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.

2. The **Arizona Living Will** lets you state your wishes about medical care in the event that you can no longer make your own medical decisions and are diagnosed as being in a persistent vegetative state or irreversible coma, or as suffering from a terminal condition, severe brain damage or dementia. Your Living Will is designed to guide and direct the individuals who will make health care treatment decisions on your behalf.

Choice In Dying recommends that you complete both of these documents, to best ensure that you receive the kind of 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.

THE ARIZONA HEALTH CARE POWER OF ATTORNEY

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 these serious decisions. The person you name as your agent must be an adult who clearly understands your wishes, and is willing to accept the responsibility of making medical decisions for you. (An agent may also be called an “attorney-in-fact” or “proxy.”)

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

HOW DO I MAKE MY ARIZONA HEALTH CARE POWER OF ATTORNEY LEGAL?

The law requires that you have your Health Care Power of Attorney witnessed. You can do this in either of two ways:

1. Sign your document in the presence of one witness, who also signs the document to affirm that he/she believes you to be of sound mind and that he/she does not fall into any of the categories of people who cannot be a witness. Your witness **cannot be:**

- related to you by blood, marriage, or adoption,
- entitled to any part of your estate,
- appointed as your agent, or
- involved with the provision of your health care.

OR

2. Have your signature witnessed by a notary public who is neither your agent nor a person involved with the provision of your health care.

If you are physically unable to sign your Health Care Power of Attorney, you may have another person sign on your behalf. If you do, your witness or notary must add and sign a statement such as “The principal has directly indicated to me that the Power of Attorney expresses his or her wishes and that the principal intends to adopt the power of attorney at this time.”

SHOULD I ADD PERSONAL INSTRUCTIONS TO MY ARIZONA HEALTH CARE POWER OF ATTORNEY?

Choice In Dying advises you *not* to add instructions to this document. One of the strongest reasons for naming an agent is to have someone who can respond flexibly as your medical situation changes, and can deal with situations that you did not foresee. If you add instructions to this document, you might unintentionally restrict your agent’s power to act in your best interests.

Instead, we urge you to talk with your agent about your future medical care, and to 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 Arizona Living Will.

WHAT IF I CHANGE MY MIND?

If you wish to revoke your Arizona Health Care Power of Attorney, you may do so by:

- executing a written revocation,
- orally notifying your agent or health care provider of your revocation,
- executing a new Health Care Power of Attorney, or
- any other act that demonstrates your intent to revoke your document.

ARIZONA LIVING WILL

HOW DO I MAKE MY ARIZONA LIVING WILL LEGAL?

The law requires that you have your Living Will witnessed. You can do this in either of two ways:

1. Sign your document in the presence of one witness, who also signs the document to affirm that he/she believes you to be of sound mind and that he/she does not fall into any of the categories of people who cannot be a witness. Your witness **cannot be:**

- related to you by blood, marriage, or adoption,
- entitled to any part of your estate,
- appointed as your agent, or
- involved with the provision of your health care.

OR

2. Have your signature witnessed by a notary public who is neither your agent nor a person involved with the provision of your health care.

CAN I ADD PERSONAL INSTRUCTIONS TO MY LIVING WILL?

Yes. You can add personal instructions in the part of the document called "Other or additional statements of desires." 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 agent and you want to add personal instructions to your Living Will, it is a good idea to write a statement such as "I do not intend these instructions to limit my attorney-in-fact's decisionmaking authority, but only to provide guidance."

It is important to learn about the kinds of life-sustaining treatment you might

receive. Consult your doctor or order the Choice In Dying pamphlet, "Medical Treatments and Your Living Will."

WHAT IF I CHANGE MY MIND?

If you wish to revoke your Arizona Living Will, you may do so by:

- executing a written revocation,
- orally notifying your agent or health care provider of your revocation,
- executing a new Living Will, or
- any other act that demonstrates your intent to revoke your document.

WHAT TO DO AFTER YOU HAVE COMPLETED YOUR DOCUMENTS

1. Your Arizona Health Care Power of Attorney and Arizona Living Will are important legal documents. Keep the original signed documents in a secure, but accessible place. Do not put the original forms in a safe deposit box or any other security box that would keep others from having access to them.
2. Give photocopies (xerox copies) of the signed originals to your agent and alternate agent, to your 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 xerox copies of your documents placed in your medical records.
3. Be sure to talk to your agent (and alternate), your 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 Arizona documents.
6. Please be aware that your Arizona documents will not be effective in a sudden emergency. Ambulance personnel are required to provide CPR (cardiopulmonary resuscitation) unless they are provided with a separate **Prehospital Medical Directive**. If this concerns you, ask your doctor or local hospital for more information about a **Prehospital Medical Directive**, or contact **Choice In Dying**.

Choice In Dying, Inc. is the nation's leading not-for-profit organization dedicated to protecting the rights and serving the needs of dying patients and their families. We advocate patients' rights to make their own decisions about medical treatment, and to receive compassionate and dignified care at the end of life. Choice In Dying educates the general public, health care professionals and lawmakers to the needs of people who are dying.

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INSTRUCTIONS

POWER OF ATTORNEY

PRINT YOUR NAME

I, _____, as principal,
(name)

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

designate _____
(name of agent)

(address)

(home telephone number)

(work telephone number)

as my agent for all matters relating to my health care, including, without limitation, full power to give or refuse consent to all medical, surgical, hospital and related health care. This power of attorney is effective on my inability to make or communicate health care decisions. All of my agent's actions under this power during any period when I am unable to make or communicate health care decisions or when there is uncertainty whether I am dead or alive have the same effect on my heirs, devisees and personal representatives as if I were alive, competent and acting for myself.

PRINT THE NAME OF YOUR ALTERNATE AGENT

If my agent is unwilling or unable to serve or continue to serve, I hereby appoint _____ as my agent.

INITIAL THE STATEMENT THAT APPLIES

I have _____ I have not _____ completed and attached a living will for purposes of providing specific direction to my agent in situations that may occur during any period when I am unable to make or communicate health care decisions or after my death. My agent is directed to implement those choices I have initialed in the living will.

I have _____ I have not _____ completed a prehospital medical directive pursuant to section 36-3251, Arizona Revised Statutes.

This health care directive is made under Section 36-3221, Arizona Revised Statutes, and continues in effect for all who may rely on it except those to whom I have given notice of its revocation.

**SIGN AND DATE
THE DOCUMENT**

(signature of principal)

(date)

(time)

**WITNESSING
PROCEDURE**

I affirm that this was signed or acknowledged in my presence, and that the person signing this document (the principal) appears to be of sound mind and under no duress. I am not designated to make medical decisions on the principal's behalf. I am not directly involved with the provision of health care to the principal. I am not entitled to any portion of the principal's estate upon his or her decease, whether under any will or by operation of law. I am not related to the principal by blood, marriage, or adoption.

Witness: _____

Address: _____

**WITNESS MUST
SIGN AND PRINT
HIS OR HER
ADDRESS**

(Note: This document may be notarized instead of being witnessed.)

AUTOPSY

2. AUTOPSY

(UNDER ARIZONA LAW AN AUTOPSY MAY BE REQUIRED)

If any of the statements below reflects your wishes, initial on the line next to that statement. You do not have to initial any of the statements.

_____ 1. I do not consent to an autopsy.

_____ 2. I consent to an autopsy.

_____ 3. My agent may give consent to or refuse an autopsy.

**INITIAL THE
STATEMENTS
THAT REFLECT
YOUR WISHES
(OPTIONAL)**

**ORGAN
DONATION**

**INITIAL THE
STATEMENTS
THAT REFLECT
YOUR WISHES
(OPTIONAL)**

3. ORGAN DONATION (OPTIONAL)

(Under Arizona law, you may make a gift of all or part of your body to a bank or storage facility or a hospital, physician or medical or dental school for transplantation, therapy, medical or dental evaluation or research or for the advancement of medical or dental science. You may also authorize your agent to do so or a member of your family may make a gift unless you give them notice that you do not want a gift made. In the space below you may make a gift yourself or state that you do not want to make a gift. If you do not complete this section, your agent will have the authority to make a gift of a part of your body pursuant to law.)

If any of the statements below reflects your desire, initial on the line next to that statement. You do not have to initial any of the statements.

If you do not initial any of the statements, your agent and your family will have the authority to make a gift of all or part of your body under Arizona law.

_____ I do not want to make an organ or tissue donation and I do not want my agent or family to do so.

_____ I have already signed a written agreement or donor card regarding organ and tissue donation with the following individual or institution:

_____ Pursuant to Arizona law, I hereby give, effective on my death:

_____ Any needed organ or parts.

_____ The following part or organs listed below:

for (initial one):

_____ Any legally authorized purpose.

_____ Transplant or therapeutic purposes only.

**PHYSICIAN
AFFIDAVIT
(OPTIONAL)**

**YOUR DOCTOR
SHOULD
COMPLETE THIS
SECTION**

4. PHYSICIAN AFFIDAVIT (OPTIONAL)

(Before initialing any choices in your Health Care Power of Attorney you may wish to ask questions of your physician regarding a particular treatment alternative. If you do speak with your doctor it is a good idea to ask your physician to complete this affidavit and keep a copy for his file.)

I, Dr. _____, have reviewed this guidance document and have discussed with _____

_____ any questions regarding the probable medical consequences of the treatment choices provided above. This discussion with the principal occurred on _____.
(date)

I have agreed to comply with the provisions of this directive.

(signature of physician)

INSTRUCTIONS

ARIZONA LIVING WILL

Some general statements concerning your health care options are outlined below. Read both paragraph 1 and 2 carefully before making your selection. Sign your initials to the paragraph that best describes your preferences. If you select paragraph 1 but do not agree with one or more of the statements in that paragraph, you may draw a line through the statement(s) with which you disagree and initial this revision. You can also write your own statement concerning life-sustaining treatment and other matters relating to your health care under the section titled "Other or additional statements of desires."

**INITIAL EITHER
PARAGRAPH 1
OR
PARAGRAPH 2
AND
CROSS THROUGH
STATEMENTS
THAT DO NOT
REFLECT YOUR
WISHES**

_____ 1. If I lose the ability to make or communicate medical decisions on my own behalf and I:

- have a terminal condition; or
- am in an irreversible coma or a persistent vegetative state; or
- suffer from severe brain damage or dementia;

I do not want my life to be prolonged and I *do not* want life-sustaining treatment, beyond comfort care, that would serve *only* to artificially delay the moment of my death. I especially *do not* want the following:

- cardiopulmonary resuscitation, for example, the use of drugs, electric shock and artificial breathing; or
- artificially administered nutrition and hydration; or
- to be taken to a hospital if at all avoidable.

_____ 2. Regardless of my condition, I *want* my life to be prolonged to the greatest extent possible.

Other or additional statements of desires:

**YOU AND YOUR
WITNESS MUST
SIGN THE
DOCUMENT ON
THE NEXT PAGE**

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CHOICE IN DYING, INC.

(Drafted with the assistance of the Law Offices of Robert B. Fleming, Tucson, AZ)

**SIGN AND DATE
THE DOCUMENT**

(signature of principal)

(date)

**WITNESSING
PROCEDURE**

I affirm that this was signed or acknowledged in my presence, and that the person signing this document (the principal) appears to be of sound mind and under no duress. I am not designated to make medical decisions on the principal's behalf. I am not directly involved with the provision of health care to the principal. I am not entitled to any portion of the principal's estate upon his or her decease, whether under any will or by operation of law. I am not related to the principal by blood, marriage, or adoption.

Witness: _____

Address: _____

**WITNESS
MUST SIGN AND
PRINT HIS/HER
ADDRESSES**

(Note: This document may be notarized instead of being witnessed.)