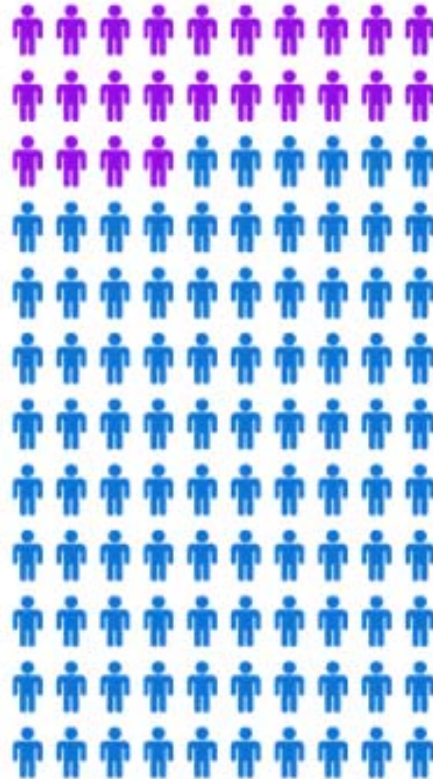




# Advance Health Care Planning in Kansas

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If they would have had an advance directive...



#1

Reason why an individual does not have advance directives: lack of awareness

● Have ADs

● Does Not Have ADs

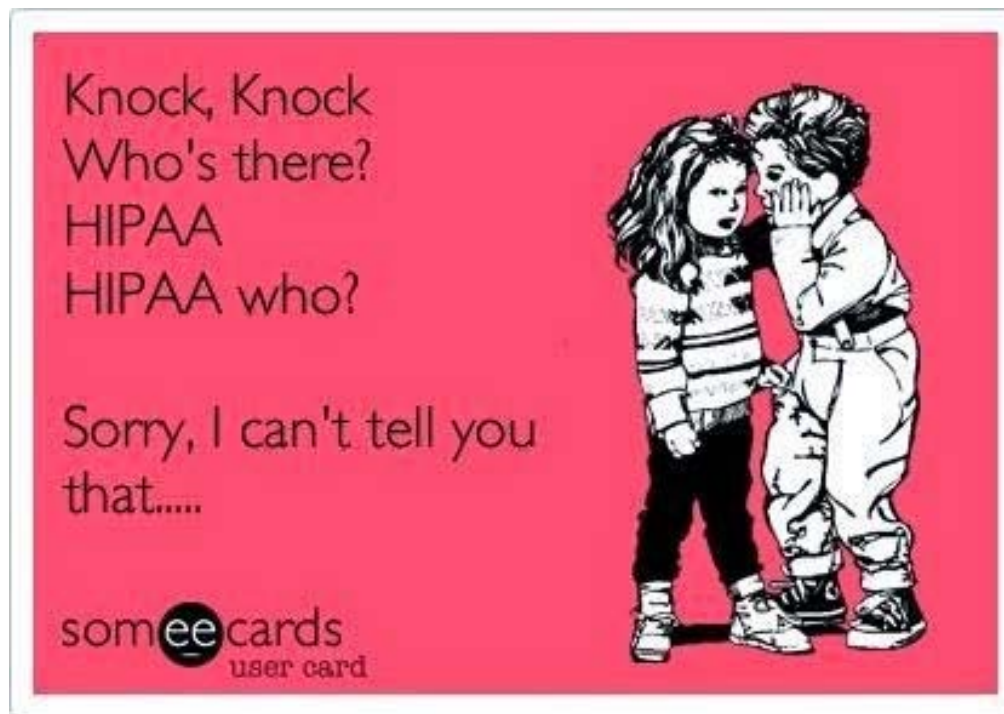
Advance directives are legal documents that allow you to voice your wishes regarding future medical care/treatment in the event that you become unable to do so for yourself.

- You have the right to be informed and decide, as long as you are capable of doing so
- So what happens if you become unable...?
- Give the gift of making your wishes known

# **DURABLE POWER OF ATTORNEY FOR HEALTHCARE**

- Appoint an “agent” to speak on your behalf
- The agent:
  - Will speak for you only if you become incapacitated due to illness or injury
  - Can make treatment decisions (how/who), medical facilities, organ donation, autopsy, and what to do with your body after death
  - Cannot revoke wishes from a living will

- Access to medical records
- HIPAA Privacy Authorization Form





- Kansas requirements:
  - At least 18 years old
  - Competent
  - Limitations
    - Treating health care provider
    - Employees/Owners/Directors of your treating health care provider unless that person is related to you by blood, marriage, or adoption or you have taken vows in the same religious community

Your agent should be someone:

- You trust
- Who knows you well
- Who will advocate for you
- Who will honor your wishes



# How do I appoint an agent?

- Fill-in-the-blank form
  - Must be:
    - Signed and dated
    - Notarized
- OR**
- Signed by two witnesses
    - At least 18 years of age
    - Can NOT be related to you by blood, marriage, or adoption
    - Can NOT be entitled to your estate
    - Can NOT have direct financial responsibility for your health care



- Durable Power of Attorney for Health Care
  - Appoint an agent to make medical decisions for you if you were to become incapacitated
- Durable/Non-Durable Financial Powers of Attorney
  - Complex legal documents that allow you to appoint an individual to make financial decisions on your behalf

# LIVING WILL

- An instruction list to your physician, family, and friends that outlines what type of life-sustaining procedures you want at the end of your life
- Essentially a request to die naturally utilizing only comfort measures



- “...I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care”

- Becomes effective only when you've been diagnosed, in writing, to have a terminal condition by two physicians
- Limitation:
  - Pregnancy





# How do I make a Living Will?

- Fill-in-the-blank form

- Must be:

- Signed and dated
- Notarized



**OR**

- Signed by two witnesses
  - At least 18 years of age
  - Can NOT be related to you by blood, marriage, or adoption
  - Can NOT be entitled to your estate
  - Can NOT have direct financial responsibility for your health care

- Living Will
  - Medical and health care wishes
- Wills & Living Trusts
  - Complex legal documents that address how your property and assets will be transferred after your death



# PRE-HOSPITAL DNR

- Written communication of your desire to not have resuscitation *attempted* should you stop breathing or your heart stops beating
- Typically only terminally ill or incredibly frail elderly have a DNR

- Fill-in-the-blank form
- Signed by:
  - You
  - Your physician
  - 1 Witness
    - At least 18 years old
    - May NOT be related to you by blood, marriage, or adoption
    - Can NOT be entitled to your estate
    - Can NOT have direct financial responsibility for your health care



# FINAL THOUGHTS

How to sign up:

- Register online: [donatelifekansas.com/join](https://donatelifekansas.com/join)
- Say “yes” at the DMV
- Call 1-888-744-4531 to request a form



THEY WERE SAD WHEN THEY  
FOUND OUT THEIR WEALTHY GRANDFATHER  
HAD DIED IN AN EARTHQUAKE.

THEY WERE DEVASTATED WHEN THEY  
DISCOVERED HE HAD WRITTEN HIS  
WILL ON AN ETCH A SKETCH.



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- House
- Vehicle
- Any place that you frequently visit for long periods of time
- Family / close friends
- Physician
- Health care agent



<b>I HAVE A DURABLE POWER OF ATTORNEY FOR HEALTH CARE</b>	<b>A copy of my document can be found in these places:</b>
My Name:	
My Health Care Agent:	
My Agent's Phone #:	<b>Other copies of my document are held by:</b>
My Doctor:	Name: _____ Phone: _____
My Doctor's Phone #:	Name: _____ Phone: _____



KEEP  
CALM  
AND  
COMPLETE YOUR  
ADVANCE DIRECTIVES