



# Lucile Packard Children's Hospital at Stanford

## **YOUR RIGHT TO MAKE DECISIONS ABOUT YOUR MEDICAL TREATMENT**

This brochure explains your rights to make health care decisions and how you can plan what should be done when you can't speak for yourself. A federal law requires us to give you this information. This law is intended to increase your control over medical treatment decisions.

### **Who decides about my medical treatment?**

Your doctors will give you information and advice about your treatment. You have the right to choose. You can say "yes" to treatments you want, and you can say "no" to any treatment you don't want, even if the treatment might keep you alive longer.

### **How do I know what I want?**

Your doctor must tell you about your medical condition and about what different treatments can do for you. Many treatments have "side effects." Your doctor must offer you information about serious problems that medical treatment is likely to cause you.

Often, more than one treatment might help you and people have different ideas about which is best. Your doctor can tell you which treatments are available to you, but your doctor can't choose for you. That choice depends on what is important to you.

### **What if I'm too sick to decide?**

If you can't make treatment decisions, your doctor will ask your closest available relative or friend to help decide what is best for you. Most of the time that works. But sometimes everyone doesn't agree about what to do. That's why it is helpful if you say in advance what you want to happen if you can't speak for yourself. There are several kinds of "advance directives" that you can use to say *what* you want and *who* you want to speak for you.

One kind of advance directive under California law lets you name someone to make health care decisions when you cannot. This form is called an ADVANCE HEALTH CARE DIRECTIVE. The person you appoint is known as your health care "agent" or "attorney-in-fact". This person will have legal authority to make decisions about your medical care if you become unable to make these decisions for yourself.

The ADVANCE HEALTH CARE DIRECTIVE has replaced the DURABLE POWER OF ATTORNEY FOR HEALTH CARE as the legally recognized document in California for appointing a health care agent. However, if you previously filled out a valid DURABLE POWER OF ATTORNEY FOR HEALTH CARE and it still reflects your wishes, then it is still valid. Any DPAHC filled out before 1992 has expired by law and should be replaced.

### **Who can fill out this form?**

You can if you are 18 years or older and of sound mind. You do not need a lawyer to fill it out.

### **Who can I name to make medical treatment decisions when I am unable to do so?**

You can choose an adult relative or friend you trust as your “agent” to speak for you when you’re too sick to make your own decisions.

### **How does this person know what I would want?**

After you choose someone, talk to that person about what you want. You can also write down in the Advance Health Care Directive when you would or wouldn’t want medical treatment. Talk to your doctor about what you want and give your doctor a copy of the form. Give another copy to the person named as your agent, and take a copy with you when you go to the hospital or another treatment facility.

Sometimes treatment decisions are hard to make and it truly helps your family and your doctors if they know what you want. The Advance Health Care Directive also gives them legal protection when they follow your wishes.

### **What if I don’t have anybody to make decisions for me?**

You may use the ADVANCE HEALTH CARE DIRECTIVE form as a “living will” to write down your health care wishes or instructions. A “living will” takes effect while you are still alive but have become unable to speak for yourself. You may, but are not required to, state your desires about the goals and types of medical care you do or do not want, including your desires concerning life support if you are seriously ill. The doctors must follow your wishes about limiting treatment or turn your care over to another doctor who will. Your doctors are also legally protected when they follow your wishes.

The ADVANCE HEALTH CARE DIRECTIVE is now the legally recognized format for a living will in California. It replaces the NATURAL DEATH ACT DECLARATION. However, if you have previously filled out a NATURAL DEATH ACT DECLARATION and it still reflects your wishes, then it is still valid.

### **Are there any other living-will forms that I can use?**

Instead of using the ADVANCE HEALTH CARE DIRECTIVE, YOU CAN USE ANY OTHER AVAILABLE LIVING WILL FORM. Or you can just write down your wishes on a piece of paper and have it witnessed by someone not involved in your health care. Your doctors and family can use what you write in deciding about your treatment. Living wills should meet the legal requirements of the ADVANCE HEALTH CARE DIRECTIVE in the event a disagreement arises about following your wishes.

### **What if I change my mind?**

You can change or revoke any of these documents at any time as long as you can communicate your wishes.

### **Do I have to fill out one of these forms?**

No, you don't have to fill out any of these forms if you don't want to. You can just talk with your doctors and ask them to write down what you've said in your medical chart. And you can talk with your family. But people will be clearer about your treatment wishes if you write them down. And your wishes are more likely to be followed if you write them down.

### **Will I still be treated if I don't fill out these forms?**

Absolutely. You will still get medical treatment. We just want you to know that, if you become too sick to make decisions, someone else will make them for you. Remember that:

- An Advance Health Care Directive lets you name someone to make treatment decisions for you. That person can make most medical decisions—not just those about life-sustaining treatment—when you can't speak for yourself. Besides naming an agent, you can also use the form to say when you would and wouldn't want particular kinds of treatment, including your desires concerning life support if you are seriously ill.

### **How do I get more information about advance directives?**

Begin by talking to your personal physician. Your doctor will need to understand your preferences in order to carry out your wishes.

You may pick up a copy of the Advance Health Care Directive at the Patient Relations Office, the Admitting Department or the Family Resource Library. For this document to be valid, your signature must be acknowledged before a notary public of California or witnessed by two qualified adults. Neither of these witnesses can be hospital employees.

For further information please call Patient Relations at (650) 498-4847 between the hours of 8:00 am and 5:00 PM Monday through Friday. For urgent assistance after 5:00 PM and on the weekends, please call the hospital operator at 650-497-8000 from outside

the hospital or 0 (zero) from inside to reach the on-call Chaplain or on-call Social Worker.

### **What is Lucile Salter Packard Children's Hospital's policy on advance directives?**

As a patient, you have the right to make your own health care decisions. You may ask your doctor to write down any of these decisions in your record, but your wishes are more likely to be followed if you complete an advance directive. If you have an advance directive, it is your responsibility to provide us with a copy for your records.

We will provide treatment whether or not you have an advance directive. We also have an ethics committee that can help if any questions arise about your treatment wishes.

### **How do I register a complaint?**

Please call Patient Relations at 8-4847 (650-498-4847 from outside the hospital) if you have any questions or concerns.

If you have a complaint specifically about the hospital's provision of information on advance directives, please contact:

Department of Health Services  
Licensing and Certification Division  
1 Almaden Blvd., Floor 9  
San Jose, CA 95113  
Phone #: (408) 277-1784  
Fax #: (408) 277-1032

If you are a Medicare patient with any complaints about the hospital's provision of information on advance directives, you may also call

Medicare Hotline: 1-800-633-4227

### **Important Phone Numbers:**

Patient Relations.....	498-4847
Patient Admitting Department.....	497-8229
Chaplaincy Services.....	497-8209
Social Services.....	497-8303
Stanford Hospital Emergency Department.....	723-5111
Medical Records.....	497-8334
Ethics Committee.....	497-8000