

# **KENTUCKY**

## **Advance Directive**

### **Planning for Important Healthcare Decisions**

Caring Connections, 1700 Diagonal Road, Suite 625, Alexandria, VA 22314  
www.caringinfo.org, 800/658-8898

Caring Connections, a program of the National Hospice and Palliative Care Organization (NHPCO), is a national consumer engagement initiative to improve care at the end of life, supported by a grant from The Robert Wood Johnson Foundation.

The goal of Caring Connections is for consumers to hear a unified message promoting awareness and action for improved end-of-life care. Through these efforts, NHPCO seeks to support those working across the country to improve end-of-life care and conditions for all Americans.

#### **SERVICES FROM CARING CONNECTIONS**

##### **Information and Advice Services**

You can call our toll-free HelpLine, 800/658-8898, if you need help completing your living will or health care power of attorney, if you wish to talk to someone about how to plan for decisions you might face near the end of your life, or if you are dealing with a difficult end-of-life situation and need immediate information and advice. Below is just a sampling of the kinds of questions that we respond to:

- How do I complete my advance directives?
- What questions should I ask my mother's doctors about her care?
- My father's health care providers will not honor his wishes. What shall I do?
- Do I have to be in pain?

##### **Education Services**

For the Public: We can provide publications and videos that offer practical information to educate consumers about how to get the best possible care near the end-of-life. We are building grassroots activities to help the public be involved in improving care for dying people. We also give consumers the opportunity to add their voices to the call for good end-of-life care.

For the Professionals: We can provide education and consultation to doctors, nurses, social workers, attorneys, clergy, and others. By becoming Partners, professional organizations gain access to a wide variety of materials and services that can help them improve end-of-life care in their institution or community.

Legal Services: Caring Connections tracks and monitors all state and federal legislation and significant court cases related to end-of-life care to ensure that our advance directives are always up to date, and to ensure that we are the source for the most up-to-date information about legislation and case law affecting end-of-life decision making and care.

## HOW TO USE THESE MATERIALS

1. Check to be sure that you have the materials for your state. You should complete a form for the state in which you expect to receive health care.

2. These materials include:

- Instructions for preparing your advance directive
- Your state-specific advance directive forms, which are the pages with the gray instruction bar on the left side.

3. Read the instructions in their entirety. They give you specific information about the requirements in your state.

4. You may want to photocopy these forms before you start so you will have a clean copy if you need to start over.

5. When you begin to complete the form, refer to the gray instruction bars - they indicate where you need to mark, insert your personal instructions, or sign the form.

6. Talk with your family, friends, and physicians about your decision to complete an advance directive. Be sure the person you appoint to make decision on your behalf understands your wishes.

If you have questions or need guidance in preparing your advance directive or about what you should do with it after you have completed it, you may call our toll free number 800/ 658-8898 and a staff member will be glad to assist you.

### For more information contact:

**The National Hospice and Palliative Care Organization  
1700 Diagonal Road, Suite 625  
Alexandria, VA 22314**

**Call our HelpLine: 800/658-8898  
Visit our Web site: [www.caringinfo.org](http://www.caringinfo.org)**

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## INTRODUCTION TO YOUR KENTUCKY ADVANCE DIRECTIVE

This packet contains a legal document that protects 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.

Section 1 of the Kentucky Advance Directive lets you appoint a surrogate to make health care decisions on your behalf any time you are unable to make your own medical decisions, provided you give your surrogate written instructions regarding your medical care. Section 2 lets you state your wishes about medical care in the event you develop a terminal condition or are permanently unconscious and can no longer make your own medical decisions. Section 3 lets you authorize the giving of all or any part of your body upon your death.

Caring Connections recommends that you complete both sections of this document, including the designation of a surrogate, to best ensure that you receive the medical care you want when you can no longer speak for yourself.

*Note: This document will be legally binding only if the person completing it is a competent adult (at least 18 years old).*

## COMPLETING YOUR KENTUCKY ADVANCE DIRECTIVE

### How do I make my Kentucky Advance Directive legal?

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

1. Sign your Directive in the presence of two witnesses, who must also sign to show that they believe you to be 18 years of age or older, of sound mind, and under no constraint or undue influence, or
2. Have your signature witnessed by a notary public.

The following **cannot** be a witness or serve as a notary public:

- a blood relative,
- your beneficiary under Kentucky descent and distribution statutes,
- an employee of a health care facility in which you are a patient or resident, unless the employee serves as a notary public,
- your attending physician, or
- a person directly financially responsible for your health care.

### Whom should I appoint as my surrogate?

Your surrogate is the person you appoint to make decisions about your medical care if you become unable to make those decisions yourself. Your surrogate may be a family member or a close friend whom you trust to make serious decisions. The person you name as your surrogate should clearly understand your wishes and be willing to accept the responsibility of making medical decisions for you. To avoid possible conflicts, Caring Connections advises you not to name more than one person at a time to act as your

surrogate. (A surrogate may also be called an “attorney-in-fact,” “agent” or “proxy.”)

You can appoint an alternate surrogate. Your alternate will step in if the first person you name as surrogate is unable, unwilling or unavailable to act for you. The person you appoint as your surrogate or alternate cannot be an employee, owner, director, or officer of a health care facility in which you are a resident or patient, unless he or she is related to you by blood or marriage.

### Can I add personal instructions to my Directive?

Yes. You can add personal instructions in the part of the document called “Personal instructions.” This is very important because if you appoint a surrogate, your surrogate may only make decisions according to your written instructions. For example, you may want to refuse specific treatments by adding a statement such as, “I especially do not want cardiopulmonary resuscitation or a respirator.” 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 a surrogate and you want to add personal instructions to your Advance Directive, it is a good idea to write a statement such as, “Any questions about how to interpret or when to apply my Advance Directive are to be decided by my surrogate.”

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

## **COMPLETING YOUR KENTUCKY ADVANCE DIRECTIVE (CONTINUED)**

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

You may revoke your Kentucky Advance Directive at any time by:

- signing and dating a written revocation,
- orally expressing your intent to revoke the Directive, or
- cutting, tearing, burning, obliterating, canceling, or destroying the Directive, or directing another to do so in your presence.

Your revocation will not be honored until you notify your treating health care facility or doctor, who must then make the revocation part of your medical record.

### **What other important facts should I know?**

A pregnant patient's Kentucky Advance Directive will not be honored due to restrictions in the state law. If this issue concerns you, contact Caring Connections for more information.

## AFTER YOU HAVE COMPLETED YOUR DOCUMENTS

1. Your Kentucky Advance Directive is an important legal document. Keep the original signed document in a secure but accessible place. Do not put the original document in a safe deposit box or any other security box that would keep others from having access to it.

2. Give photocopies of the signed original to your surrogate(s), 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 document placed in your medical records.

3. Be sure to talk to your surrogate(s), 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 document after it has been signed and witnessed, you must complete a new document.

5. Remember, you can always revoke your Kentucky document.

6. Be aware that your Kentucky 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 “non-hospital 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 non-hospital do-not-resuscitate orders. Caring Connections does not distribute these forms. We suggest you speak to your physician.

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

INSTRUCTIONS

PRINT THE NAME  
OF YOUR  
SURROGATE

PRINT THE NAME  
OF YOUR  
ALTERNATE  
SURROGATE

CHECK AND  
INITIAL THE  
STATEMENTS  
THAT REFLECT  
YOUR WISHES

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CARING  
CONNECTIONS

1. DESIGNATION OF HEALTH CARE SURROGATE

I designate \_\_\_\_\_  
(name of surrogate)

as my health care surrogate to make health care decisions for me in accordance with this directive when I no longer have decisional capacity.

If \_\_\_\_\_  
(name of surrogate)

refuses or is not able to act for me, I designate

\_\_\_\_\_  
-----  
(name of alternate surrogate)

as my health care surrogate.

Any prior designation is revoked.

2. LIVING WILL DIRECTIVE

My wishes regarding life-prolonging treatment and artificially provided nutrition and hydration to be provided to me if I no longer have decisional capacity, have a terminal condition, or become permanently unconscious have been indicated by checking and initialing the appropriate lines below. If I do not designate a surrogate, the following are my directions to my attending physician. If I have designated a surrogate, my surrogate shall comply with my wishes as indicated below:

\_\_\_ Direct that treatment be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical treatment deemed necessary to alleviate pain.

\_\_\_ DO NOT authorize that life-prolonging treatment be withheld or withdrawn.

\_\_\_ Authorize the withholding or withdrawal of artificially provided food, water, or other artificially provided nourishment or fluids.

\_\_\_\_\_ DO NOT authorize the withholding or withdrawal of artificially provided food, water, or other artificially provided nourishment or fluids.

\_\_\_\_\_ Authorize my surrogate, designated above, to withhold or withdraw artificially provided nourishment or fluids, or other treatment if the surrogate determines that withholding or withdrawing is in my best interest; but I do not mandate that withholding or withdrawing.

### 3. ANATOMICAL GIFT

\_\_\_\_\_ Authorize the giving of all or any part of my body upon death for any purpose specified in KRS 311.185.

\_\_\_\_\_ DO NOT authorize the giving of all or any part of my body upon my death.

Other directions:

In the absence of my ability to give directions regarding the use of life-prolonging treatment and artificially provided nutrition and hydration, it is my intention that this directive shall be honored by my attending physician, my family, and any surrogate designated pursuant to this directive as the final expression of my legal right to refuse medical or surgical treatment and I accept the consequences of the refusal.

If I have been diagnosed as pregnant and that diagnosis is known to my attending physician, this directive shall have no force or effect during the course of my pregnancy.

I understand the full import of this directive and I am emotionally and mentally competent to make this directive.

ADD PERSONAL  
INSTRUCTIONS  
(IF ANY)

**KENTUCKY ADVANCE DIRECTIVE — PAGE 3 OF 3**

SIGN AND DATE  
THE DOCUMENT  
AND PRINT  
YOUR ADDRESS

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(date) (month) (year)

Signature of the grantor: \_\_\_\_\_

Address of the grantor: \_\_\_\_\_

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**3. Witnessing Procedure**

In our joint presence, the grantor, who is of sound mind and eighteen years of age, or older, voluntarily dated and signed this writing or directed it to be dated and signed for the grantor.

Signature of witness: \_\_\_\_\_

Address of witness: \_\_\_\_\_

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Signature of witness: \_\_\_\_\_

Address of witness: \_\_\_\_\_

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WITNESSING  
PROCEDURE

TWO WITNESSES  
MUST SIGN HERE  
AND PRINT THEIR  
ADDRESSES

OR

A NOTARY PUBLIC  
MUST COMPLETE  
THIS SECTION

-OR-

STATE OF KENTUCKY )  
\_\_\_\_\_ County )

Before me, the undersigned authority, came the grantor who is of sound mind and eighteen (18) years of age, or older, and acknowledged that he voluntarily dated and signed this writing or directed it to be dated and signed as above.

Done this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(signature of notary public or other person authorized to administer oaths)

Date commission expires: \_\_\_\_\_

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CONNECTIONS

Courtesy of Caring Connections  
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