

*Keeping*

*The*

*Peace*



**A guide to planning for  
medical, financial, and legal  
issues at end of life**





# Keeping The Peace

## Introduction

Ever wonder how your loved ones will survive if you are not around? By maintaining a file of important documents, you will be ensuring your affairs are in order and that you are helping to keep the peace after you are gone.

Use the information provided in this packet to gather vital details about your legal matters, health, financial affairs, instructions, and more. Create a file with copies, or the location, of the suggested items in this packet, and keep it in a secure location. Valuable and practical, it will be a tremendous gift for your loved ones, allowing them to heal and keep the peace.

### What's included:

- ✓ **Instructions for completing an Alabama Advance Directive for Health Care**
- ✓ **Alabama Advance Directive for Health Care blank form**
- ✓ **Carrying Cards for Advance Directive**
- ✓ **Refresh Your Planning Library - 36 items needed to ensure your affairs are in order**
- ✓ **Other Things to Consider**
- ✓ **Glossary of terms related to advanced planning**

*Note: This packet contains general information and is being provided as a resource to the general public. It is not intended to substitute for the advice of an attorney or physician about your specific situation. Every individual's situation is different, and you should not make estate or healthcare plans based solely on information contained in this packet without first consulting legal counsel. Since laws change over time, the information in this packet may not necessarily reflect the most current legal developments at the time it is distributed. The distributor of this packet assumes no liability or responsibility for any errors or omissions in its content.*



# **ALABAMA**

## **Advance Directive**

### **Planning for Important Health Care Decisions**

#### ***CaringInfo***

*1731 King St., Suite 100, Alexandria, VA 22314*

[www.caringinfo.org](http://www.caringinfo.org)

*800/658-8898*

#### **CARINGINFO**

CaringInfo, 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.

#### **It's About How You LIVE**

*It's About How You LIVE* is a national community engagement campaign encouraging individuals to make informed decisions about end-of-life care and services. The campaign encourages people to:

**L**earn about options for end-of-life services and care

**I**mplement plans to ensure wishes are honored

**V**oice decisions to family, friends and health care providers

**E**ngage in personal or community efforts to improve end-of-life care

**Note:** The following is not a substitute for legal advice. While CaringInfo updates the following information and form to keep them up-to-date, changes in the underlying law can affect how the form will operate in the event you lose the ability to make decisions for yourself. If you have any questions about how the form will help ensure your wishes are carried out, or if your wishes do not seem to fit with the form, you may wish to talk to your health care provider or an attorney with experience in drafting advance directives.

Copyright © 2005 National Hospice and Palliative Care Organization. All rights reserved. Revised 2016. Reproduction and distribution by an organization or organized group without the written permission of the National Hospice and Palliative Care Organization is expressly forbidden.

## **Using these Materials**

### **BEFORE YOU BEGIN**

1. Check to be sure that you have the materials for each state in which you may receive health care.
2. These materials include:
  - Instructions for preparing your advance directive, please read all of the instructions.
  - Your state-specific advance directive forms, which are the pages with the gray instruction bar on the left side.

### **ACTION STEPS**

1. You may want to photocopy or print a second set of these forms before you start so you will have a clean copy if you need to start over.
2. When you begin to fill out the forms, refer to the gray instruction bars — they will guide you through the process.
3. Talk with your family, friends, and physicians about your advance directive. Be sure the person you appoint to make decisions on your behalf understands your wishes.
4. Once the form is completed and signed, photocopy the form and give it to the person you have appointed to make decisions on your behalf, your family, friends, health care providers and/or faith leaders so that the form is available in the event of an emergency.
5. Alabama does not maintain an Advance Directive Registry, but you may file your advance directive with the office of the probate judge in the county in which you reside. Although no one is required to search for your advance directive, filing your advance directive may help your health care provider and loved ones be able to find a copy of your directive in the event you are unable to provide one.
6. You may also want to save a copy of your form in an online personal health records application, program, or service that allows you to share your medical documents with your physicians, family, and others who you want to take an active role in your advance care planning.

## **Introduction to Your Alabama Advance Directive for Health Care**

This packet contains an *Alabama Advance Directive for Health Care* which 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. This document is in substantially the same form as set forth in the Alabama Natural Death Act.

Section 1 of this document is your state's *Living Will*. It lets you discuss your wishes about medical care in the event that you are permanently unconscious or develop a terminal condition and can no longer make your own medical decisions.

Section 2 of this document permits the appointment of a *Health Care Proxy*. This section lets you name someone to make decisions about your medical care, including decisions about life-sustaining treatment, if you can no longer speak for yourself.

Section 3 explains some of the limitations of this document and allows you to list the people you want your doctor to talk to if the time comes for you to stop receiving life-sustaining treatment.

Section 4 of this document is an optional organ donation form that will allow you to make or refuse to make a donation of your organs and tissues.

Section 5 is for your signature. Your advance directive must be signed in the presence of two witnesses.

Section 6 is a proxy signature form. Alabama law requires that your proxy accept his or her role in writing. If your proxy is unavailable to sign this document immediately, a copy of the entire form should be mailed to the proxy, who should then return a signed copy of the proxy signature page.

Your Alabama advance directive for health care goes into effect when your doctor determines that you are no longer able to understand, appreciate and direct your medical treatment, and your doctor and one other doctor experienced in making the diagnosis determine that you are permanently unconscious or terminally ill and document such diagnosis in your medical record.

This form does not expressly address mental illness. If you would like to make advance care plans involving mental illness, you should talk to your physician and an attorney about a durable power of attorney.

*Note: This document will be legally binding only if the person completing the document is a competent adult, 19 years of age or older.*

## **Instructions for Completing Your Alabama Advance Directive for Health Care**

### **How do I make my *Alabama Advance Directive for Health Care* legal?**

The law requires that you sign your document, or direct another to sign it, in the presence of two witnesses, who must be at least 19 years of age.

Your witnesses **cannot** be:

- your appointed health care proxy,
- related to you by blood, adoption or marriage,
- entitled to any portion of your estate upon your death, either through your will or under the laws of interstate succession,
- directly financially responsible for your medical care, or
- the person who signed your document on your behalf.

These witnesses must also sign the document to show that they personally know you, believe you to be of sound mind, and that they do not fall into any of the categories of people who cannot be witnesses.

*Note: You do not need to notarize your Alabama Advance Directive.*

### **Can I add personal instructions to my *Living Will*?**

One of the strongest reasons for naming a proxy is to have someone who can respond flexibly as your medical situation changes and deal with situations that you did not foresee. If you add instructions to this document it may help your proxy carry out your wishes, but be careful that you do not unintentionally restrict your proxy's power to act in your best interest. In any event, be sure to talk with your proxy about your future medical care and describe what you consider to be an acceptable "quality of life."

### **Whom should I appoint as my proxy?**

Your proxy is the person you appoint to make decisions about your medical care if you become unable to make those decisions yourself. Your proxy may be a family member or a close friend whom you trust to make serious decisions. The person you name as your proxy should clearly understand your wishes and be willing to accept the responsibility of making medical decisions for you.

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

## **Instructions for Completing Your Alabama Advance Directive for Health Care (continued)**

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

You may revoke your Advance Directive for Health Care at any time by:

- obliterating, burning, tearing or otherwise destroying or defacing the document,
- executing, or directing another person to execute, a signed and dated written revocation (formal statement that you have changed your mind), or
- orally expressing your intent to revoke the Advance Directive for Health Care in the presence of a witness, 19 years of age or older, who must sign and date a written confirmation that you made an oral revocation. An oral revocation becomes effective once the signed and dated confirmation is given to your doctor or health care provider, who will then make it a part of your medical record.

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

The directions of a pregnant patient's Alabama Advance Directive for Health Care authorizing the providing, withdrawal or withholding of life-sustaining treatments and artificially provided nutrition and hydration will not be honored due to restrictions in the state law.

Your proxy, if you appoint one, does not have authority to authorize psychosurgery, sterilization, or abortion—unless it is necessary to save your life—or to have you involuntarily hospitalized or treated for mental illness.

## **You Have Filled Out Your Alabama Advance Directive for Health Care, Now What?**

1. Your *Alabama Advance Directive for Health Care* 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. Alabama law requires that your proxy accept his or her role in writing. If your proxy is unavailable to sign this document immediately, a copy of the entire form should be mailed to the proxy, who should then return a signed copy of the proxy signature page.
3. Give photocopies of the signed original to your agent and alternate agent, 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.
4. Be sure to talk to your agent(s), doctor(s), clergy, family and friends about your wishes concerning medical treatment. Discuss your wishes with them often, particularly if your medical condition changes.
5. Alabama does not maintain an Advance Directive Registry, but you may file your advance directive with the office of the probate judge in the county in which you reside. Although no one is required to search for your advance directive, filing your advance directive may help your health care provider and loved ones find a copy of your directive in the event you are unable to provide one.
6. You may also want to save a copy of your form in an online personal health records application, program, or service that allows you to share your medical documents with your physicians, family, and others who you want to take an active role in your advance care planning.
7. If you want to make changes to your documents after they have been signed and witnessed, you must complete a new document.
8. Remember, you can always revoke your Alabama document.
9. Be aware that your Alabama document will not be effective in the event of a medical emergency. Ambulance and hospital emergency department personnel are required to provide cardiopulmonary resuscitation (CPR) unless they are given a separate directive that states otherwise. These directives called "prehospital medical care directives" or "do not resuscitate orders" are designed for people whose poor health gives them little chance of benefiting from CPR. These directives instruct ambulance and hospital emergency personnel not to attempt CPR if your heart or breathing should stop. We suggest you speak to your physician for more information. **CaringInfo does not distribute these forms.**

INSTRUCTIONS

**ALABAMA ADVANCE DIRECTIVE FOR HEALTH CARE PAGE 1 OF 8**

This form may be used in the State of Alabama to make your wishes known about what medical treatment or other care you would or would not want if you become too sick to speak for yourself. You are not required to have an advance directive. If you do have an advance directive, be sure that your doctor, family, and friends know you have one and know where it is located.

Section 1. LIVING WILL

PRINT YOUR NAME

I, \_\_\_\_\_, being of sound mind and at least 19 years old, would like to make the following wishes known. I direct that my family, my doctors and health care workers, and all others follow the directions I am writing down. I know that at any time I can change my mind about these directions by tearing up this form and writing a new one. I can also do away with these directions by tearing them up and by telling someone at least 19 years of age of my wishes and asking him or her to write them down.

I understand that these directions will only be used if I am not able to speak for myself.

IF I BECOME TERMINALLY ILL OR INJURED:

Terminally ill or injured is when my doctor and another doctor decide that I have a condition that cannot be cured and where death will result in the near future without the use of artificial life sustaining procedures.

Life-Sustaining Treatment:

Life-Sustaining Treatment includes drugs, machines, or medical procedures that would keep me alive but would not cure me. I know that even if I choose not to have life-sustaining treatment, I will still get medicines and treatments that ease my pain and keep me comfortable.

PLACE YOUR INITIALS BY EITHER YES OR NO

Place your initials by either Yes or No:

I want to have life-sustaining treatment if I am terminally ill or injured.

Yes\_\_\_\_\_ No\_\_\_\_\_

PLACE YOUR INITIALS BY EITHER YES OR NO

Artificially provided food and hydration (Food and water through a tube or an IV) - I understand that if I am terminally ill or injured I may need to be given food and water through a tube or an IV to keep me alive if I can no longer chew or swallow on my own or with someone helping me.

Place your initials by either Yes or No:

I want to have food and water provided through a tube or an IV if I am terminally ill or injured. Yes\_\_\_\_\_ No\_\_\_\_\_

© 2005 National Hospice and Palliative Care Organization 2016 Revised.

IF I BECOME PERMANENTLY UNCONSCIOUS:

Permanent unconsciousness is when my doctor and another doctor agree that within a reasonable degree of medical certainty I can no longer think, feel anything, knowingly move, or be aware of being alive. They believe this condition will last indefinitely without hope for improvement and have watched me long enough to make that decision. I understand that at least one of these doctors must be qualified to make such a diagnosis.

Life-Sustaining Treatment:

Life-sustaining treatment includes drugs, machines, or other medical procedures that would keep me alive but would not cure me. I know that even if I choose not to have life-sustaining treatment, I will still get medicine and treatments that ease my pain and keep me comfortable.

Place your initials by either Yes or No:

I want to have life-sustaining treatment if I am permanently unconscious. Yes \_\_\_\_\_  
No \_\_\_\_\_

Artificially Provided Food and Hydration:

Artificially provided food and hydration (Food and water through a tube or an IV) I understand that if I become permanently unconscious, I may need to be given food and water through a tube or an IV to keep me alive if I can no longer chew or swallow on my own or with someone helping me.

Place your initials by either Yes or No:

I want to have food and water provided through a tube or an IV if I am permanently unconscious. Yes \_\_\_\_\_ No \_\_\_\_\_

PLACE YOUR  
INITIALS BY  
EITHER YES OR NO

PLACE YOUR  
INITIALS BY  
EITHER YES OR NO



Section 2. HEALTH CARE PROXY

This form can be used in the State of Alabama to name a person you would like to make medical or other decisions for you if you become too sick to speak for yourself. This person is called a health care proxy. You do not have to name a health care proxy. The directions in this form will be followed even if you do not name a health care proxy.

This Section 2 creates a power of attorney that shall become effective upon the disability, incompetence, or incapacity of the principal, and is in substantially the same form as set forth in the Alabama Natural Death Act.

Place your initials by only one answer:

\_\_\_\_\_ I do not want to name a health care proxy.  
(If you check this answer go to section 3.)

\_\_\_\_\_ I do want the person listed below to be my health care proxy.  
I have talked with this person about my wishes.

First choice for proxy: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day-time phone number: \_\_\_\_\_

Night-time phone number: \_\_\_\_\_

If this person is not able, not willing, or not available to be my health care proxy, this is my next choice:

Second choice for proxy: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day-time phone number: \_\_\_\_\_

Night-time phone number: \_\_\_\_\_

PLACE YOUR  
INITIALS BY ONLY  
ONE ANSWER

PRINT THE NAME,  
RELATIONSHIP AND  
ADDRESS OF YOUR  
PROXY

PRINT THE  
NAME,  
RELATIONSHIP  
AND ADDRESS  
OF YOUR  
ALTERNATE  
PROXY

© 2005 National  
Hospice and  
Palliative Care  
Organization  
2016 Revised.

Instructions for Proxy

Place your initials by either yes or no:

I want my health care proxy to make decisions about whether to give me food and water through a tube or an IV.

Yes\_\_\_\_\_ No\_\_\_\_\_

Place your initials by only one of the following:

\_\_\_\_\_ I want my health care proxy to follow only the directions as listed on this form.

\_\_\_\_\_ I want my health care proxy to follow my directions as listed on this form and to make any decisions about things I have not covered in the form.

\_\_\_\_\_ I want my health care proxy to make the final decision, even though it could mean doing something different from what I have listed on this form.

Section 3.

The things listed on this form are what I want.

I understand the following:

If my doctor or hospital does not want to follow the directions I have listed, they must see that I get to a doctor or hospital that will follow my directions.

If I am pregnant, or if I become pregnant, the choices I have made on this form will not be followed until after the birth of the baby.

If the time comes for me to stop receiving life-sustaining treatment or food and water through a tube or an IV, I direct that my doctor talk about the good and bad points of doing this, along with my wishes, with my health care proxy, if I have one, and with the following people:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INITIAL  
YES OR NO

PLACE YOUR  
INITIALS BEFORE  
ONE OF THE THREE  
OPTIONS

LIST THE PEOPLE  
YOU WOULD WANT  
YOUR DOCTOR TO  
TALK WITH

© 2005 National  
Hospice and  
Palliative Care  
Organization  
2016 Revised.

Section 4.

ORGAN DONATION (OPTIONAL)

In the space below you may make a gift yourself or state that you do not want to make a gift. **The donation elections you make below survive your death.**

Initial the line next to the statement below that best reflects your wishes. 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 Alabama 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:

Name of individual / institution: \_\_\_\_\_

Pursuant to Alabama law, I hereby give, effective on my death: (Select one)

Any needed organ or parts.

The following part or organs listed below:

For the following purpose: (Select one)

Any legally authorized purpose.

Transplant or therapeutic purposes only.

ORGAN DONATION  
(OPTIONAL)

CHECK THE  
OPTION THAT  
REFLECTS YOUR  
WISHES

CHECK THE  
OPTION THAT  
REFLECTS YOUR  
WISHES. ADD  
PERSONAL  
INSTRUCTIONS, IF  
ANY

Section 5. Execution

My signature

Your Name \_\_\_\_\_

The Month, Day, and Year of your birth: \_\_\_\_\_

Your signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

Witnesses (need two witnesses to sign)

I am witnessing this form because I believe this person to be of sound mind. I did not sign the person's signature and I am not the health care proxy. I am not related to the person by blood, adoption, or marriage and not entitled to any part of his or her estate. I am at least 19 years of age and am not directly responsible for paying for his or her medical care.

Name of first witness: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of second witness: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PRINT YOUR NAME,  
THE MONTH, DAY  
AND YEAR OF  
YOUR BIRTH

SIGN AND DATE  
YOUR DOCUMENT

WITNESSING  
PROCEDURE

WITNESSES  
MUST SIGN  
THEIR NAMES

WITNESS #1

WITNESS #2

Section 6. Signature of Proxy

I, \_\_\_\_\_, am willing to serve as the health care

proxy for \_\_\_\_\_.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of second choice for proxy:

I, \_\_\_\_\_, am willing to serve as the health care

proxy for \_\_\_\_\_ if the first choice cannot serve.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

THE PROXY AND ANY ALTERNATE PROXY MUST PRINT THEIR NAMES AND SIGN AND DATE THE DOCUMENT

IF EITHER PROXY IS UNAVAILABLE TO SIGN THIS DOCUMENT IMMEDIATELY, A COPY OF THE ENTIRE FORM SHOULD BE MAILED TO THE PROXY, WHO SHOULD THEN RETURN A SIGNED COPY OF THE PROXY SIGNATURE PAGE.

# Carrying Cards for Advance Directive

✂

⚠ ATTENTION PLEASE ⚠

I, \_\_\_\_\_,  
have the following Advance Directive(s):

Living Will       Health Care Proxy

For more information contact:

1. Family Member: \_\_\_\_\_  
Phone: \_\_\_\_\_

2. Attorney: \_\_\_\_\_  
Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

✂

⚠ ATTENTION PLEASE ⚠

I, \_\_\_\_\_,  
have the following Advance Directive(s):

Living Will       Health Care Proxy

For more information contact:

3. Family Member: \_\_\_\_\_  
Phone: \_\_\_\_\_

4. Attorney: \_\_\_\_\_  
Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

✂

⚠ ATTENTION PLEASE ⚠

I, \_\_\_\_\_,  
have the following Advance Directive(s):

Living Will       Health Care Proxy

For more information contact:

5. Family Member: \_\_\_\_\_  
Phone: \_\_\_\_\_

6. Attorney: \_\_\_\_\_  
Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

✂

⚠ ATTENTION PLEASE ⚠

I, \_\_\_\_\_,  
have the following Advance Directive(s):

Living Will       Health Care Proxy

For more information contact:

7. Family Member: \_\_\_\_\_  
Phone: \_\_\_\_\_

8. Attorney: \_\_\_\_\_  
Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

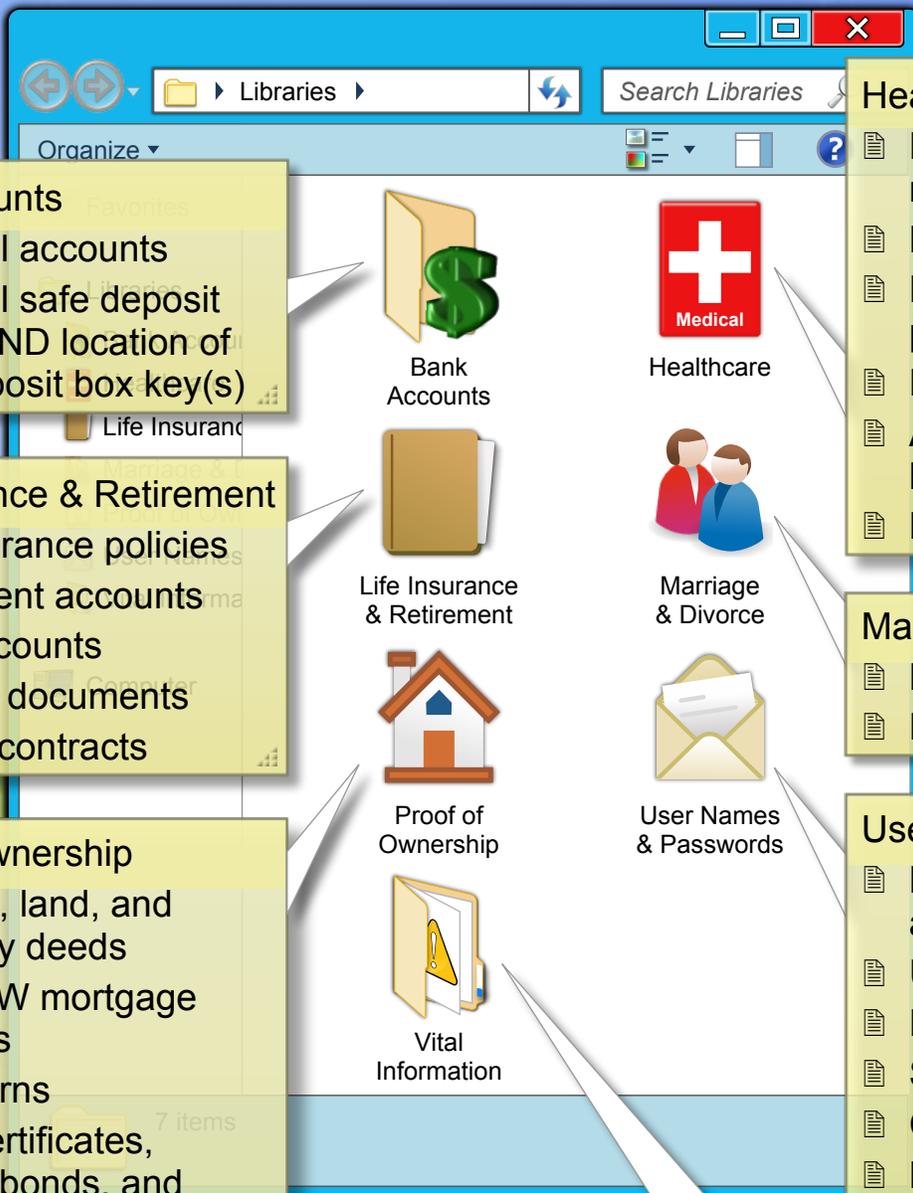
Cut out and complete the information on the card. Keep a copy in your wallet, purse, car, etc. Feel free to make copies and share with others.

*This page intentionally left blank*

# Refresh Your Planning Library



36 items needed to ensure your affairs are in order



## Bank Accounts

- List of all accounts
- List of all safe deposit boxes AND location of safe deposit box key(s)

## Life Insurance & Retirement

- Life insurance policies
- Retirement accounts
- 401k accounts
- Pension documents
- Annuity contracts

## Proof of Ownership

- Housing, land, and cemetery deeds
- ESCROW mortgage accounts
- Tax returns
- Stock certificates, savings bonds, and brokerage accounts
- Vehicle titles
- Proof of loans made and debts owed
- Partnership and corporate operating agreements
- Appraisals for valuable items

## Vital Information

- Will
- Letter of instruction
- Trust documents
- Financial power of attorney
- Birth certificate/Citizenship paperwork
- Social Security card
- DD Form 214/Military records

## Healthcare

- Personal and family medical history
- Living will
- Durable healthcare power of attorney
- DNR order
- Authorization to release healthcare information
- Body/organ donation

## Marriage & Divorce

- Marriage certificate
- Divorce paperwork

## User Names & Passwords

- Bank and credit card accounts
- Utility accounts
- Email accounts
- Social media accounts
- Computer
- Mobile phone

# Other Things to Consider

The following items are additional things you may want to consider in your planning. Communicating your desires with family and the executor(s) of your will may help with keeping the peace and ensuring your wishes are known.



## **Who should be notified if you become terminally ill? Who should be notified when you die?**

Consider the following:

- Family
- Friends
- Church members
- Organizations or groups to which you belong



## **Do you know about available death and burial benefits and who qualifies?**

Consider the following:

- Social Security Administration – [www.ssa.gov](http://www.ssa.gov)
- Veterans Affairs – [www.va.gov](http://www.va.gov)



## **Do you prefer to be buried or cremated? Have you already made arrangements?**

Consider the following:

- Burial
  - Cemetery plot
  - Casket
  - Viewing preferences
  - Clothes and accessories to be worn if open casket
- Cremation
  - Scattering of ashes or cremation garden
  - Niche (urn, keepsake, etc.)
  - Cemetery



## **What are your funeral/memorial wishes? Have you already made arrangements?**

Consider the following:

- Place of service – funeral home, church, graveside, etc.
- Special instructions for the service
- Preferred clergy
- Participating organizations (fraternal, military, etc.)
- Preferred scripture, hymns, passages, etc.
- Preferred pallbearers
- Options for “Stay on” or “Return to \_\_\_\_\_” with items such as wedding bands
- Obituary information
  - List of family members
  - Life history
  - Honorary pallbearers
  - Donations to a charity of your choice in lieu of flowers



## **Have you planned for your estate? Do you have a will or living trust?**

Consider the following:

- Keep document updated
- Communicate location of the current will to the executor
- Make arrangements for your pets

# Glossary

## Terms Related to Advanced Planning

- **Advance directive** – A general term that describes two kinds of legal documents, living wills and medical powers of attorney. These documents allow a person to give instructions about future medical care should he or she be unable to participate in medical decisions due to serious illness or incapacity. Each state regulates the use of advance directives differently.
- **CPR (Cardiopulmonary Resuscitation)** – A group of treatments used when someone’s heart and/or breathing stops. CPR is used in an attempt to restart the heart and breathing. It may consist only of mouth-to-mouth breathing or it can include pressing on the chest to mimic the heart’s function and cause blood to circulate. Electric shock and drugs also are used frequently to stimulate the heart.
- **DNI (Do-Not-Intubate) order** – A DNI order is a physician’s written order instructing healthcare providers not to intubate. This means that chest compressions and cardiac drugs may be used, but no breathing tube will be placed.
- **DNR (Do-Not-Resuscitate) order** – A DNR order is a physician’s written order instructing healthcare providers not to attempt cardiopulmonary resuscitation (CPR) in case of cardiac or respiratory arrest. A person with a valid DNR order will not be given CPR under these circumstances. Although the DNR order is written at the request of a person or his or her family it must be signed by a physician to be valid. A non-hospital DNR order is written for individuals who are at home and do not want to receive CPR.
- **EMS (Emergency Medical Services)** – A group of governmental and private agencies that provide emergency care, usually to persons outside of healthcare facilities; EMS personnel generally include paramedics, first responders, and other ambulance crew.
- **Hospice** – A program designed to provide palliative care and emotional support to the terminally ill in a home or homelike setting so that quality of life is maintained and family members may be active participants in the care. Hospice care may also be provided in freestanding hospice centers, hospitals, nursing homes, and other long-term care facilities.
- **Intubation** – Refers to “endotracheal intubation” the insertion of a tube through the mouth or nose into the trachea (windpipe) to create and maintain an open airway to assist breathing.
- **Life-sustaining treatments** (may also be called life support treatments) – Treatments (medical procedures) that replace or support an essential bodily function. Life-sustaining treatments include cardiopulmonary resuscitation, mechanical ventilation, artificial nutrition and hydration, dialysis, and other treatments.
- **Living will** – A type of advance directive in which an individual documents his or her wishes about medical treatment should he or she be at the end of life and unable to communicate. It may also be called a “directive to physicians,” “healthcare declaration,” or “medical directive.”
- **Medical power of attorney** – A document that allows an individual to appoint someone else to make decisions about his or her medical care if he or she is unable to communicate. This type of advance directive may also be called a healthcare proxy, durable power of attorney for healthcare, or appointment of a healthcare agent. The person appointed may be called a healthcare agent, surrogate, attorney-in-fact, or proxy.
- **Palliative care** – A comprehensive approach to treating serious illness that focuses on the physical, psychological, spiritual, and existential needs of the patient. Its goal is to achieve the best quality of life available to the patient by relieving suffering, and controlling pain and symptoms.
- **Power of attorney** – A legal document allowing one person to act in a legal matter on another’s behalf regarding to financial or real estate transactions.
- **Ventilator** – A ventilator, also known as a respirator, is a machine that pushes air into the lungs through a tube placed in the trachea (breathing tube). Ventilators are used when a person cannot breathe on his or her own or cannot breathe effectively enough to provide adequate oxygen to the cells of the body or rid the body of carbon dioxide.
- **Withholding or withdrawing treatment** – Forgoing life-sustaining measures or discontinuing them after they have been used for a certain period of time.



3851 Loop Road  
Tuscaloosa, AL 35404  
205.523.0101 • 877.362.7522  
[www.hospiceofwestalabama.com](http://www.hospiceofwestalabama.com)

