



STATEMENT OF ILLINOIS LAW ON ADVANCE DIRECTIVES

You have the right to make decisions about the health care you get now and in the future. An advance directive is a written statement about how you want medical decisions made when you can no longer make them. Federal law requires that you be told of your right to make an advance directive when you are admitted to a health care facility. Illinois has these advance directives: (1) health care power of attorney, (2) living will, and (3) mental health treatment preference declaration. If you make an advance directive, tell your doctor and other health care providers and provide them with a copy.

Health Care Power of Attorney

The **health care power of attorney** lets you choose someone to make health care decisions for you if you cannot. You are called the "principal" in the power of attorney form and the person you choose is called your "agent". You can use a standard form or write your own. You may give your agent specific directions about the health care you do or do not want.

The agent you choose cannot be your doctor or other health care provider. You should have someone who is not your agent witness your power of attorney. You can cancel your power of attorney by telling someone or by canceling it in writing. You can name a backup agent to act if the first one cannot or will not take action. If you want to change your power of attorney, you must do so in writing.

Living Will

A **living will** lets you tell your doctor if you want death-delaying procedures used if you have a terminal condition and are unable to state your wishes. Withdrawal of food and water cannot be done if it would be the only cause of death. If you are pregnant and your doctor believes you could have a live birth, your living will cannot go into effect.

You can use a standard living will form or write your own. You may write specific directions about the death-delaying procedures you do or do not want. The living will must be witnessed by two people. Your doctor cannot be a witness. You must tell your doctor about the existence of a living will. You can cancel your living will by telling someone or by canceling it in writing. If you have both a health care power of attorney and a living will, the agent you name in your power of attorney and living will, will make your health care decisions unless he or she is unavailable.

Mental Health Treatment Preference Declaration

A **mental health treatment preference declaration** lets you say if you want to receive electroconvulsive treatment (ECT) or psychotropic medicine when you have a mental illness. You also can say whether you wish to be admitted to a mental health facility for up to 17 days for treatment.

You can write your wishes or choose someone to make your mental health decisions for you. In a mental health treatment declaration, you may choose someone to make decisions about mental health treatment if you are incapable. In the declaration, you are called the "principal" and the person you choose is called an "attorney-in-fact". The attorney-in-fact must do what you say in your declaration unless a court orders differently or an emergency threatens your life or health.

Your mental health treatment declaration expires in three years. If you are competent, you may cancel your declaration in writing at an earlier time. If you are in mental health treatment, the declaration may last longer than three years and you may not cancel it. Two witnesses must sign the declaration. Your doctor may not be a witness.

Do-Not-Resuscitate Order

You may also ask your doctor about a **do-not-resuscitate order** (DNR order). A DNR order means that cardiopulmonary resuscitation (CPR) will not be started if your heart stops. You and your doctor may decide together that your doctor should write a DNR order into your medical chart. If you have an accident, such as choking on food, the DNR order still allows health care workers to give you the Heimlich maneuver or take other appropriate action.



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What happens if you don't have an advance directive?

A health care surrogate may be chosen for you if you cannot make health care decisions and do not have an advance directive. This health care surrogate will be one of the following persons (in order of priority): guardian of the person, spouse, any adult child(ren), either parent, any adult brother or sister, any adult grandchild(ren), a close friend, or guardian of the estate.

The surrogate can make all health care decisions for you, with four exceptions. First, a health care surrogate cannot tell your doctor to withdraw or withhold life-sustaining treatment, unless you have a "qualifying condition", which is a terminal condition, permanent unconsciousness, or an incurable or irreversible condition. Two doctors must certify that you cannot make decisions and have a qualifying condition in order to withdraw or withhold life-sustaining treatment.

A health care surrogate cannot make decisions concerning mental health treatment, including treatment by electroconvulsive therapy (ECT), psychotropic medications, or admission to a mental health facility. A health care surrogate can petition a court to allow these mental health services.

Final Notes

You should talk to your family, your physician, or any agent or attorney-in-fact that you appoint about your decision to make an advance directive. If they know what health care you want, they will find it easier to follow your wishes. If you change your mind and cancel your advance directive, tell your family, your doctor, or any agent or attorney-in-fact you appoint.

No facility, doctor, or insurer can make you execute an advance directive. It is entirely your decision. If a facility, doctor, or insurer objects to following your advance directive, he/she must tell you and offer you assistance in finding alternative care.



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1. Living Will

The Illinois Department of Human Services will not implement living wills within the facility itself. If you have a living will, and if you should be diagnosed terminally ill or permanently unconscious, you will be transferred to a hospital, hospice, or such other appropriate location for implementation of this advance directive. Any advance directives (living will or health care power of attorney) that you sign will become a permanent part of your clinical record at this facility. These documents will be sent to a general hospital, hospice, or such other appropriate location if conditions exist that would warrant the implementation of a living will.

2. Health Care Power of Attorney

In the case of a health care power of attorney, if your condition warrants, your designated agent(s) or successor agent(s) will be notified of your physical condition, and his/her right to make health care decisions on your behalf, pursuant to the terms of the health care power of attorney form which you have signed.

I certify that I gave a copy of the Statement of Illinois Law on Advance Directives to the individual (or his/her guardian)

in English Spanish Other (specify language)

_____ at the time of admission. A copy of this statement and any advance directives the individual may have, have been placed in the individual's clinical record.

Date

Staff Signature

Position Title