Advance Directives
Everything You Need to Know

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Presentation Objectives

- Discuss the legal requirements for creating, revoking and responding to advance directives.
- Discuss traps for the unwary.
- Discuss ways to operationalize legal requirements relating to advance directives and ensure providers follow patient’s wishes.

Agenda

- Introduction
- Legal background & requirements for advance directives in Texas & New Mexico
- Procedures
- What to do in the absence of an advance directive

INTRODUCTION

Problems with Following Advance Directives

- A 78 year old man transferred from nursing home to hospital for SOB secondary to extensive blood clotting in his lungs needs surgery.
- The patient’s family was present when the doctor explained the risks of surgery and asked the patient if he wanted “heroic measures” if something went wrong.
- The patient unequivocally said “No... if something happens, just let me go.”

Problems with Following Advance Directives

- The doctor recorded patient’s response in the chart and a nurse witnessed and signed.
- After the surgery, the patient collapsed on way to bathroom with family present and a NA called a code, but the nurse who witnessed the DNR told her to stop.
- The son intervened saying he was the health-care proxy and demanded CPR to resume. At trial, he testified that the patient had a “living will” created two years earlier which requested CPR.
Problems with Following Advance Directives

- The rest of the story:
  - Family sues providers and wins.
  - Family sues providers and loses.
  - All of the above.
  - None of the above.

Problems with Not Following Advance Directives

- 91 year old patient stated her official desire to die naturally.
- The patient’s daughter was MPOA and signed a DNR order when patient was admitted to the hospital.
- Patient transferred to nursing home, but the order was not transferred with her and the nursing home did not inquire about advanced directives.
- Patient suffers heart attack at NH and is transferred by ambulance back to hospital. EMTs instituted heroic measures in transport.
- Once at the hospital, patient placed on life support.

Who is responsible and why?
- Hospital
- Nursing Home
- Family
- Patient
- All of the above
- None of the above

Texas Advance Directives - Basics

- Texas Advance Directives Act, Tex. Health & Safety Code, Ch. 166
- Three types:
  - Directive to Physicians and Family Surrogates
  - Out-of-hospital Do-Not-Resuscitate Order
  - Medical Power of Attorney

Directive to Physicians and Family or Surrogates

- This directive allows the patient to specify for the provision, withdrawal or withholding of medical care in the event of a terminal or irreversible condition.
- The patient’s condition must be certified by one physician.
Medical Power of Attorney

- This directive allows the patient to designate another person as his or her agent for making health care decisions if the patient becomes incompetent.
- A patient does not have to have a terminal or irreversible condition for a medical power of attorney to be used.

Out-of-Hospital Do-Not-Resuscitate Order

- This directive allows competent adults to refuse certain life-sustaining treatments in non-hospital settings where health care professionals are called to assist, including hospital ERs and outpatient settings.
- The patient should carry a photocopy of his or her written form or wear a designated ID bracelet.
- This directive cannot be executed for minors unless a physician states the minor has a terminal or irreversible condition.

DIRECTIVES TO PHYSICIANS

Creating Directives: Requirements

- Written Directives
  - Made in the presence of two (2) witnesses and the witnesses must sign the directive; or
  - Acknowledged by a notary.
- Non-written – Must be made in the presence of two witnesses.
- Patient under 18 years old – no witness requirement

Witness Requirements

- Competent adult:
- At least one witness must be a person who is not:
  - A person designated by the patient to make a treatment decision
  - A person related to the patient by blood or marriage
  - A person entitled to any part of the patient’s estate
  - The attending physician
  - An employee of the attending physician
  - An employee providing direct care to the patient
  - An officer, director, partner, or business office employee of the health care facility or of any parent organization, or
  - A person who, at the time the advance directive is executed, has a claim against any part of the patient’s estate after the patient’s death.

Creating Advance Directives

- A physician, health care facility, or health care professional may not require that:
  - A directive be notarized; or
  - A person use a form provided by the physician, health care facility, or health care professional.
Digital and Electronic Signatures Valid

Digital Signature
- An electronic identifier intended to be the same as a manual signature
- Algorithm approved by the department
- Unique
- Capable of verification
- Under the sole control of the person using it
- Linked to data (invalidated if the data is changed)
- Persists with the document, and
- Bound to a digital certificate.

Electronic Signature
- A facsimile, scan, computer-generated image, or other electronic representation of a manual signature intended to be the same as a manual signature.
- Capable of verification
- Under the sole control of the person using it
- Linked to data (invalidated if the data is changed)
- Persists with the document.

Written Directive to Physicians

- A competent adult (18 or over) may at any time execute a written directive.
- Signed in the presence of two qualifying witnesses (who must also sign) or have signature notarized.
- Standard directives at Texas Health & Safety Code §166.033, may provide others.
- May designate a person to make a treatment decisions in the event the patient becomes incompetent or otherwise incapable of communication.
- Notify Attending Physician. If the patient is incompetent or incapable of communication, another person may notify the physician.
- Once notified, the attending physician shall make the directive a part of the patient's medical record.

Creating a Non-written Directive

- Competent adult
- Qualified patient: Patient with a terminal or irreversible condition that has been diagnosed and certified in writing by the attending physician.

Creating & Executing a Directive on Behalf of a Patient Younger than 18

- The following persons may execute a directive on behalf of a qualified patient who is younger than 18 years of age:
  - the patient's spouse, if the spouse is an adult;
  - the patient's parents; or
  - the patient's legal guardian.

Complying With A Directive

- Withdrawing Life-Support
  - Before withholding or withdrawing life-sustaining treatment from a qualified patient under this subchapter, the attending physician must determine that the steps proposed to be taken are in accord with the law and the patient's existing desires.
Complying With A Directive

What happens when there are conflicting advance directives?

a. The one on the form with the most legalese controls.
b. The one presented by the most obnoxious family member controls.
c. The directive executed later in time controls.

Complying With A Directive

The desire of a qualified patient, including a qualified patient younger than 18 years of age, supersedes the effect of a directive.

- Clearly communicated.
- Documented in the record – listing witnesses.

Revoking a Directive

Advance directives are effective until they are revoked.

A patient may revoke a directive at any time without regard to his or her mental state or competency.

Revoking a Directive

- Destruction. The patient or someone in the patient’s presence and at the patient’s direction canceling, defacing, obliterating, burning, tearing, or otherwise destroying the directive;
- Written Revocation. The patient signing and dating a written revocation that expresses the patient’s intent to revoke the directive; or
- Oral Revocation. The patient orally stating the patient’s intent to revoke the directive.

Written Revocation

A written revocation takes effect when the patient or a person acting on behalf of the patient notifies the attending physician of its existence, or mails the revocation to the attending physician.

Written Revocation

- The attending physician or the physician’s designee shall
  - Record the time and date when the physician received notice of the written revocation in the medical record and
  - Enter the word “VOID” on each page of the copy of the directive in the patient’s medical record.
Oral Revocation

- An oral revocation takes effect when the patient or a person acting on behalf of the patient notifies the attending physician of the revocation.
- The attending physician or the physician's designee shall record the time, date, and place of the revocation, and, if different, the time, date, and place that the physician received notice of the revocation in the medical record and enter the word "VOID" on each page of the copy of the directive in the patient's medical record.

A Directive May Be Re-Executed

- A patient may at any time re-execute a directive, or execute a new directive, in accordance with the procedures prescribed by Texas Health & Safety Code Section 166.032 (written, two witnesses or notary), including re-execution after the patient is diagnosed as having a terminal or irreversible condition.

Complying with Advance Directive – Non-communicative Patients

- If patient has designated an agent/proxy/surrogate, the attending physician and the designated person may make a treatment decision in accordance with the patient's directions.
- If the adult qualified patient has not designated an agent/proxy/surrogate, the attending physician shall comply with the directive unless the physician believes that the directive does not reflect the patient's present desire.

Refusal to Effectuate Directive

- If an attending physician refuses to honor a patient's advance directive treatment decision, the physician's refusal shall be reviewed by an ethics or medical committee.
- The attending physician may not be a member of that committee.
- The patient shall be given life-sustaining treatment during the review.

LIABILITY

- **Following Directive.** No liability for withholding life sustaining treatment unless there is a failure to exercise reasonable care when applying the directive.
- A person may not withdraw or withhold life-sustaining treatment from a pregnant patient.
- **Not Following Revoked Directive.** No liability unless actually aware of revocation.
- **Not Following Directive.** No liability if no knowledge of the directive.

Liability – Criminal Penalty

- A person is subject to prosecution for criminal homicide if the person falsifies or forges a directive or intentionally conceals or withholds personal knowledge of a revocation and causes a life sustaining treatment to be intentionally withheld that hastens the person's death.
Liability – Criminal Penalty

- A person commits an offense if the person intentionally conceals, cancels, defaces, obliterates, or damages another person’s directive without that person’s consent.
- Class A misdemeanor.

OUT OF HOSPITAL DNRs

OOH-DNR – Basic Requirements

- Competent Adult
- Writing signed in presence of two witnesses (same requirements as directive to physicians) or has notary acknowledge signature; and
- The attending physician must sign the order and shall make the fact of the existence of the order part of the patient’s medical record.
- “Out-of-hospital” means a location in which health care professionals are called for assistance, including long-term care facilities, in-patient hospice facilities, private homes, hospital outpatient or emergency departments, physician’s offices, and vehicles during transport.

OOH-DNR – Effect

- Directs providers not to initiate or continue the following life-sustaining treatments:
  - cardiopulmonary resuscitation;
  - advanced airway management;
  - artificial ventilation;
  - defibrillation;
  - transcutaneous cardiac pacing; and
  - other life-sustaining treatment specified by the board under Section 166.101(a)

Incompetent Patient

- Physician may rely on a current advance directive to issue an OOH-DNR order. Physician must sign the order and place a copy of the directive in the person’s medical record
- Proxy under a current proxy designation can make any decisions related to an OOH-DNR order and shall sign the order.
- POA under current MPOA may make any decisions related to an OOH-DNR order and shall sign the order.

Written OOH-DNR Order

- Effective Date. An OOH-DNR order is effective on its execution.
- Form. Standard form specified by board rule as recommended by the department and contain information listed at Tex. Health & Safety Code § 166.083.
- Attending physician has responsibility for ensuring that the form is filled out in its entirety and that the information regarding the existence of an OOH-DNR order is entered into the patient’s medical record.
Non-written OOH-DNR

- A competent adult may issue an OOH-DNR order by non-written communication.
- In the presence of the attending physician and Two witnesses (at least one not the doctor, family, etc.)
- The attending physician and witnesses shall sign the document.
- The physician shall make the existence of the OOH-DNR order a part of the patient’s medical record.
- The names of the witnesses shall be entered in the medical record.

Incompetent or Non-communicative Patient

- If the adult person has designated a person to make a treatment decision the attending physician and the designated person shall comply with the OOH-DNR order.
- If the adult person has not designated a person to make a treatment decision the attending physician shall comply with the OOH-DNR order unless the physician believes that the order does not reflect the person’s present desire.

Statewide OOH-DNR Protocol

- A copy of the standardized form listing the treatments that shall be withdrawn or withheld;
- An explanation of the patient identification process, including use of department-standardized identification device; and
- An on-site OOH-DNR dispute resolution process which includes contacting an appropriate physician.

OOH-DNR – Minors

- The following persons may execute an OOH-DNR order on behalf of a minor:
  - parents;
  - legal guardian; or
  - managing conservator.
- The minor must be diagnosed by a physician as suffering from a terminal or irreversible condition.

Responding to OOH-DNR Order

- Establish the identity of the patient.
- Establish valid OOH-DNR Order. Must be completed in accordance with the statutory requirements – names, witnesses, etc. – dated and signed.
- DNR identification device is conclusive proof of valid OOH-DNR order.
- Health care professionals are not required to accept or interpret an OOH-DNR order that does not meet the statutory requirements and may initiate life-sustaining treatments in the absence of a compliant OOH-DNR.
- Out of state OOH-DNR order or device is effective if there is no reason to question the authenticity of the order or device.

Superseding an OOH-DNR

- The desire of a competent person, including a competent minor, supersedes the effect of an OOH-DNR when communicated as provided in the OOH-DNR statute.
- A OOH-DNR order can be superseded if the person or persons found at the scene:
  - identifies themselves as the patient or as the attending physician, legal guardian, qualified relative, or POA who executed or issued the OOH-DNR order on behalf of the patient; and
  - requests that cardiopulmonary resuscitation or certain other life-sustaining treatment be initiated or continued.
Compliance with DNR Order

- If a facility’s policies preclude compliance with a DNR order or if the facility is unwilling to accept identification devices as evidence of a DNR order, the facility shall:
  - Take all reasonable steps necessary to notify the person or the person’s guardian of the facility’s policy; and
  - Shall take all reasonable steps necessary to effect the transfer of the person to the person’s home or to a facility where the DNR order can be carried out.

Revocation of a DNR Order

- A DNR order is effective until it is revoked
- A DNR order may be revoked by the patient at any time without regard to his or her mental state or competency.
- Automatic Revocation: An OOH-DNR order is automatically revoked for a person known to be pregnant or in the case of unnatural or suspicious circumstances.

Revocation By Destruction

- OOH-DNR (order or ID) can be destroyed by:
  - The patient;
  - Someone in the patient’s presence and at the patient’s direction;
  - Legal guardian, qualified relative, or MPOA who executed the OOH-DNR; or
  - Another person in that person’s presence and at that person’s direction.

Revocation By Declaration

- The patient communicating the patient’s intent to revoke the order; or
- Legal guardian, qualified relative, or MPOA who executed the out-of-hospital DNR order orally stating the person’s intent to revoke the order.
- Takes effect when the patient, legal guardian, qualified relative, or MPOA, communicates the intent to revoke the order to the responding health care professionals or physician.

Documentation of Revocation

- Responding health care professionals and/or the attending physician must record the time, date, and place of the revocation.
- The attending physician or the physician's designee shall also enter the word "VOID" on each page of the copy of the order in the medical record.

Re-execution of a DNR Order

- A patient may at any time re-execute or reissue an OOH-DNR, including re-execution or reissuance after the patient is diagnosed as having a terminal or irreversible condition.
MEDICAL POWER OF ATTORNEY

MPOA - Basics

- In writing, signed by the patient, in the presence of two witnesses, or notarized. Digital or electronic signature acceptable.
- If the patient cannot sign, another person may sign the patient's name in the patient's presence and at the patient's express direction.
- Patient's health care provider, residential care provider and their employees (unless such employee is related to patient) cannot be agents under an MPOA.

MPOA - Treatment Decisions

- MPOA along with the attending physician may make a treatment decision, including decision to withhold or withdraw life-sustaining treatment if no directive to physicians and patient is incompetent or otherwise mentally or physically incapable of communication.
- MPOA, along with the attending physician may execute an OOH-DNR order on behalf of the person.

Revoking a MPOA

- Oral or written notification by the patient to the POA or a licensed or certified health or residential care provider; or
- Any other act evidencing a specific intent to revoke the MPOA, without regard to competency or mental state of the patient; or
- Execution by the patient of a subsequent MPOA; or
- Divorce terminates spouse as agent, unless the MPOA provides otherwise.

Revoking MPOA - Documentation

- Once informed of the revocation the health provider shall immediately record the revocation in the medical record and give notice of the revocation to the agent and any known health and residential care providers currently responsible for the patient's care.

Decisions by Surrogate

- If the patient does not have a legal guardian or MPOA, the following (in order of preference) can, along with treating physician, make a decision to withhold or withdraw life-sustaining treatment and/or execute an OOH-DNR order:
  - spouse;
  - reasonably available adult children;
  - parents; or
  - nearest living relative
- Must be documented in the patient's medical record and signed by the attending physician.
- Any treatment decisions or issuance of OOH-DNR made by surrogate must be based on knowledge of what the patient would desire, if known.
Legal Background & Requirements
New Mexico

Advanced Health-Care Directives

- Uniform Health-Care Decisions Act - New Mexico Statutes Annotated, Ch. 24, Art. 7A
- Two types:
  - Individual Instruction
  - Power of Attorney for Health Care
- May not require or prohibit the execution or revocation of an advance health-care directive as a condition for providing health care.

Advanced Health-Care Directives

- Selection and discharge of health-care providers and institutions;
- Approval or disapproval of diagnostic tests, surgical procedures, programs of medication and orders not to resuscitate;
- Directions relating to life-sustaining treatment, including withholding or withdrawing life-sustaining treatment and the termination of life support; and
- Directions to provide, withhold or withdraw artificial nutrition and hydration and all other forms of health care.

INDIVIDUAL INSTRUCTION FOR HEALTH CARE

- An adult or emancipated minor, while having capacity.
- Emancipated minor
  - Between the ages of 16-18 and
  - Married,
  - Active duty in the armed forces, or
  - Declared by court order to be emancipated
- Patient can create oral instruction by personally informing a health-care provider.

Individual Instructions for Health-Care

- A written instruction may include the individual’s nomination of a guardian of the person.
- May be limited to take effect only if a specified condition arises.
- See Uniform Healthcare Decisions Act, NMSA 24-7A-4 for advance directive form. Form is optional.
Multiple Instructions

- Generally, the original advance directive controls.
- If the subsequent directive conflicts with the earlier directive, it revokes the earlier directive to the extent of the conflict.

Revocation Of An Instruction

- Must have capacity and communicate an intent to revoke.
- Promptly communicated to the supervising health-care provider and to any health-care institution at which the patient is receiving care.
- No presumption concerning the patient’s intent based on revocation.
- Distinction from Texas: A revocation is possible even when the individual is no longer competent.

Unemancipated Minors

- A minor who has capacity sufficient to understand the risks and benefits of treatments, may make decisions regarding life support.
- A minor’s capacity is determined by two qualified health care professionals, one primary physician and one that works with minors ordinarily.

Decisions by Surrogate

- Patient has been determined to lack capacity (NMSA § 24-7A-11) and no agent or guardian has been appointed or the agent or guardian is not reasonably available.
- Unless patient’s individual instructions or other wishes are known, the surrogate makes decisions based on the patient’s best interest taking into account the patient’s personal values.
- Not solely based on patient’s pre-existing physical or medical condition or disability.
- Judicial approval not required.

Designating a Surrogate

- Express Designation
- Statutory Designation:
  - spouse (unless legally separated or pending divorce, etc.);
  - an individual in a long-term relationship (to the level of a spouse);
  - adult child;
  - parent;
  - adult brother or sister; or
  - grandparent.
  - adult who (i) has exhibited special care and concern for the patient, (ii) is familiar with the patient’s personal values and (iii) is reasonably available may act as surrogate.

Express Disqualification. Signed writing or by personally informing a health-care provider of the disqualification. Health-care provider shall promptly advise supervising health-care provider and any health-care institution treating the patient.

Statutory Disqualification. Owner, operator or employee of a health-care institution treating the patient cannot be a surrogate (unless related).
Designating a Surrogate

- A surrogate shall advise patient, family and supervising health care provider of authority as promptly as practicable.
- A supervising health-care provider may require surrogate to provide a written declaration under penalty of perjury stating the basis for the claimed authority.

Conflicts Among Surrogates

- Comply with the decision of a majority of the members of preferred class who have communicated their views to the provider.
- If the class is evenly divided, that class and all individuals having lower priority are disqualified from making the decision.

CAPACITY

- Presumed to have capacity.
- Determination of capacity made by two qualified health-care professionals – the primary physician and, if necessary, an expert in the assessment of a mental illness or developmental disability related to the alleged incapacity.
- Refusal to accept treatment cannot, by itself, be a basis of incapacity.
- Incapacity for Advance Directives not evidence of incapacity under the Probate Code.

Health Care Provider's Obligations

- Promptly record individual instruction, revocation, challenge to a determination of lack of capacity or a designation or disqualification of a surrogate in the patient's health-care record and,
- Get copy if it is in writing, shall request a copy and file in the health-care record.

CAPACITY

- Challenge Determination.
  - Signed writing or personally inform a health-care provider of the challenge.
  - Challenge must be promptly communicated to the supervising health-care provider and to any health-care institution treating the patient.
  - Shall prevail unless otherwise ordered by the court in a proceeding brought pursuant to the provisions of NMSA § 24-7A-14.

Health Care Provider's Obligations

- Promptly record a determination regarding capacity or that another condition exists that affects an individual instruction or the authority of an agent, guardian or surrogate in the patient's health-care record and communicate the determination to the patient and to any person then authorized to make health-care decisions for the patient.
Complying With an Instruction

- Comply with an individual instruction of the patient made while the patient had capacity;
- Comply with a reasonable interpretation of that instruction made by a person then authorized to make health-care decisions for the patient;
- Comply with a health-care decision that is not contrary to an individual instruction and is made by a person authorized to make health-care decisions for the patient.

Declining To Comply With An Instruction

- A health-care provider may decline to comply if the instruction or decision is contrary to a policy of the health-care institution that is expressly based on reasons of conscience and if the policy was timely communicated to the patient or to a person then authorized to make health-care decisions for the patient.

Immunity from Liability

- Health care providers are not liable for complying or attempting to comply with decision of a person with apparent authority, a valid, current advance directive or the Act.
- Health care providers are not liable for declining to comply with the decision of a person who lacks authority or for reasons permitted by law.
- POA, guardian or surrogate not liable for health-care decisions made in good faith.
Creating a Power of Attorney

- Adult or emancipated minor, while having capacity,
- In writing and signed by the patient.
- Authorizes POA to make health care decisions the patient could have made while having capacity. Can include individual instruction.
- Health care institution treating the patient cannot be POA (unless related to patient).
- Generally effective upon a determination that patient lacks capacity. Ceases to be effective upon a determination that patient has recovered capacity.

Revoking a POA

- Must have capacity
- Signed writing or personally inform the supervising health care provider.
- If the patient cannot sign, a written revocation must be signed for the patient before two witnesses, each of whom also signs at the direction and in the presence of the patient and each other.

What To Do In The Absence of An Advance Directive?

Absence of Advance Directive

- The fact that a patient does not have an advanced directive does not create a presumption that the patient does not want a treatment decision to be made to withhold or withdraw life-sustaining treatment.
- If statutorily approved surrogates are not available, a treatment decision must be concurred in by another physician who is not involved in the treatment or who is a representative of an ethics or medical committee.
- Any of the statutorily listed persons (patient’s spouse, adult children, parents, or nearest living relative) who wish to challenge a treatment decision must apply for temporary guardianship under Texas probate laws.

Absence of OOH-DNR Order

- If there is not a qualified relative available to act for the person, an OOH-DNR order must be concurred in by another physician who is not involved in the treatment of the patient or who is a representative of the ethics or medical committee of the health care facility in which the person is a patient.
- The fact that an adult person has not executed a DNR order does not create a presumption that they would or would not want a treatment decision to withhold resuscitation.
- Qualified relatives who want to challenge a decision made regarding a DNR order must apply for temporary guardianship.

ADVANCE DIRECTIVES AND OPERATIONS
Policies

- Respect patient’s wishes.
- Inquire about Advance Directives (all types) upon initial assessment and admission.
- Inquire about patient’s wishes for proxies and surrogates.
- Document Advance Directive status in the chart in a manner that is easily accessible to the care team.
- Communicate among the care team, physicians, patient, and family.

Procedures

- Ask the patient and family whether the patient has an advance directive(s). Ask about all types.
- Include standard question about advance directives on assessment form.
- If the patient does have an advance directive, document clearly in the patient’s assessment form and chart and communicate with others – alternate identification.
- Obtain a copy of the advance directive to place in the patient’s file and with the patient’s chart.
- Review to see if it makes sense and can be followed. Follow up with questions. Suggest approved form.
- Train employees on the importance of determining whether a patient has an advance directive and how to make it known to the facility if the patient does.

Procedures - Witnesses

- If the patient does not have any type of advance directive, explain the patient’s options (all types of advance directives) and ask whether the patient would like an advance directive.
- If questions about competency, get physician involved. If patient incompetent, ask surrogate, legal guardian, health care proxy, medical power of attorney.
- If the patient would like an advance directive and is competent, provide approved form if at all possible - patient must sign in the presence of two witnesses and the witnesses must sign, or have signature notarized.

Procedures

- If written directive not possible, patient can make a non-written advance directive - patient must make desires known in front of the attending physician and two witnesses. If it is a DNR order, the physician and witnesses must sign the order.
- Physician must document the directive, the names of the witnesses, and make it known that the patient has a directive.
- Also address MPOAs and OOH-DNRs.
- Document any declination of advance directive in patient’s chart.
- Create charting templates to address these issues. Have approved forms of advance directives on hand. Update regularly.

Procedures - Witnesses

- Train medical and other staff on witness requirements.
- Two witnesses are always necessary.
- At least one must not be related by blood or marriage to the patient, appointed to make medical decisions, the attending physician or an employee of the attending physician, entitled to an inheritance, an employee that is providing direct patient care to the patient, or business office employee of the facility.
- An employee who is not providing direct care and is not an officer, director, partner or business employee can serve as the second witness.
- Alternatively, can use a notary for directives, but not for DNRs orders.

Remember

- Effectuate the patient’s wishes.
- Communicate about the health care, dying process.
- Identify and work out issues in advance to avoid problems.
QUESTIONS?

Advance Directives
Everything You Need to Know

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