Information Regarding Advanced Directives

Patient Healthcare Choices: You have the right to make important legal decisions in advance about your healthcare. "Advance Directives" are documents written in advance of the time when you are unable to make health care decisions for yourself. By law, the lack of advance directives does not hamper your access to care.

Effective September 1, 1999, under the Texas "Advance Directive Act", you have the right to formulate the following "Advance Directives":

- Medical Power of Attorney: a written directive designating a person to make healthcare decisions if the patient becomes unable to make his/her own decisions. (Prior to September 1, 1999, this document was known as a "Durable Power of Attorney for Healthcare".)
- Directive of Physicians and Family or Surrogates: a written directive specifying choices for life-sustaining treatment in the event of a terminal or irreversible condition, including wishes concerning life support. (Prior to September 1, 1999, this document was known as a "Directive to Physicians/Living Will" and only addressed terminal condition and did not provide the option to request being kept alive using available life-sustaining treatment.)
- Organ and Tissue Donation: a written statement, signed by the donor or legally authorized representative, authorizing the donation of organs and/or tissues after death.
- Declaration for Mental Health Treatment: a written directive specifying preferences or instructions regarding mental health treatment.
- Out-of Hospital Do-Not-Resuscitate Order: a written form directing healthcare professionals in out-of hospital settings not to initiate or continue certain medical interventions.

*Please note, Advance Directives signed before September 1, 1999, remain valid. Patients are not required to sign the updated versions.

Understanding When Your Advance Directive May Not Be in Effect, as Required by Texas Law

1. Anesthesia or Sedation

Any requests for Do-Not-Resuscitate (DNR) status require special consideration when the patient will receive anesthesia or sedating medications as part of operative procedures. Because any anesthetic or sedating medications may compromise circulation or respiration, physicians may feel obligated to treat any compromise which is due to the anesthetic or sedating medication. Resuscitative measures, when necessary, are considered a part of routine care during anesthesia or sedation.

When scheduled for surgery requiring any form of anesthesia or sedating medication, the patient, family or designated surrogate, and those treating that patient must understand that routine anesthesia care or sedation may include resuscitation (endotracheal intubation, ventilation, or use of drugs to support circulation), regardless of the patient's DNR status.

If resuscitation during a procedure poses a conflict with the patient's DNR status or advance directive(s), the patient, family or designated surrogate should request to speak with the patient's physician regarding the conflict.

2. Inpatient and Outpatient Settings

Some Advance Directives apply in all settings; others apply only in some settings. The Medical Power of Attorney applies in inpatient and outpatient settings. The Out-of-Hospital-Do-Not-Resuscitate order (OOHDNR) applies only in outpatient settings. The Directive to Physicians applies only in inpatient settings such as a hospital.

3. Exception Under Texas Law

Under Texas law there is a process under which a patient's attending physician may refuse to honor an advance directive or treatment decisions made by or for a patient who has a terminal or irreversible condition. The law outlines specific process that must be followed in these very rare cases. At the time of such a conflict, the patient and family are informed and offered the opportunity to become involved.

4. Pregnancy

Restrictions apply to Advance Directives when the patient is pregnant. Please speak with your physician.