RESIDENT HEALTH CARE TREATMENT DECISIONS AND ADVANCE HEATH CARE DIRECTIVES

Introduction

Federal law requires nursing facilities, such as Garvey Manor, to provide residents with information about their right to make choices regarding medical care and treatment. We are also required to explain our policies concerning medical treatment decisions made by residents. Under Pennsylvania law, health care providers must have policies and procedures in place to implement the statutory provisions governing the health care decisions of a resident or the resident's health care agent, health care surrogate or health care representative (defined below).

We want you to be as informed as possible about advance health care directives and health care treatment decisions so that, if you wish, you can make advance health care treatment decisions that truly reflect your choices. Garvey Manor will not discriminate against you whether or not you prepare an advance health care directive, nor are you required to sign one. Your rights under Pennsylvania law to accept or refuse medical or surgical treatment and to prepare advance health care directives are explained in another document in the Advance Directive Packet.

After reviewing the information contained in the PACKET, if you have any questions about the law or Garvey Manor's policies, or if you wish to discuss your personal health care treatment decisions, please contact the Administrator, a Social Service representative, the Director of Nursing, or any other administrative staff member you feel comfortable talking with about this subject. It is important that you share information about your health care choices, wishes and beliefs with your closest family members or friends, and your physician. Through good communication we will all be better able to honor your advance health care decisions when the time comes.

We also want to be sure that you know our position and policies as a Catholic health care facility so that there is mutual agreement about our ability to honor your choices. We have provided a section in this packet with information about the Roman Catholic Church's moral and ethical positions on several aspects of health care treatment decisions and there are references to our moral and ethical beliefs elsewhere in the various documents. We are obligated to follow the Catholic Church's teachings as it relates to moral and ethical health care treatment within our facility. If we cannot honor your choices because there are differences in our moral or ethical beliefs, we will assist you to seek placement elsewhere.

This particular Document #1 is the first part of the total ADVANCE DIRECTIVE PACKET, which contains multiple sections and documents. In order to make it easier for you to understand applicable laws and the Garvey Manor policies and positions, some terms used in the various documents are defined or explained below:

Administrative Committee at Garvey Manor - As relates to advance health care decisions, this Committee includes, at a minimum, the Administrator, or her designee, the Director of Nursing or designee, and a Social Service representative. It may also include others who members of this core committee believe are important to include in consultation.

Advance Health Care Directive - Written directions which provide specific instructions about your decisions with respect to medical, surgical or related treatment in the event you lose the capacity or ability to make such decisions. An advance health care directive may be either a Living Will, a Durable Health Care Power of Attorney, or a written combination of a Living Will and a Durable Health Care Power of Attorney.

Durable Health Care Power of Attorney — A document prepared by you that designates another person (i.e., a health care agent) to make health care decisions for you in the event that you lose the capacity or ability to make those decisions in the future. This document must be dated and signed by you by signature or mark or by another person on your behalf, at your direction if you are unable to sign. This document must also be signed by two witnesses who are present when you sign the document.

End Stage Medical Condition - As defined under Pennsylvania law, the term "end stage medical condition" is "an incurable and irreversible medical condition in an advanced state caused by injury, disease or physical illness that will, in the opinion of the attending physician to a reasonable degree of medical certainty, result in death, despite the introduction or continuation of medical treatment. Except as specifically set forth in an advance directive, the term is not intended to preclude treatment of a disease, illness or physical, mental, cognitive or intellectual condition, even if incurable and irreversible and regardless of severity, if both of the following apply:

1) the patient would benefit from the medical treatment, including palliative care; and
2) such treatment would not merely prolong the process of dying."

Health Care Agent — An individual, designated by you in an advance health care directive, usually in a Durable Health Care Power of Attorney document, to make health care decisions for you in the event that you lose the capacity or ability to make those decisions for yourself in the future.

Health Care Representative - An individual, typically a close family member or friend (i.e., a spouse, adult child, parent, etc.) who is authorized by law to make health care decisions for you in the event your attending physician has determined that you are incompetent and:

1) you do not have a Durable Health Care Power of Attorney or, if you do have a Durable Health Care Power of Attorney, your health care agent is not reasonably available or is unwilling to act and no alternate health care agent is reasonably available; and
2) a guardian has not been appointed to make health care decisions for you.

Health Care Surrogate - An individual, designated by you in a Living Will, to make health care decisions for you in the event that you lose the capacity or ability to make those decisions for yourself in the future.

Imminent Death - As determined by a physician, usually the attending physician but can be the Medical Director or another physician, death is expected within a few days with a marked deterioration of vital signs or organ systems and an overall deterioration of clinical status.
Instructions - These include the choices you make known in an advance health care directive and any clear written or verbal directions regarding health care treatment or end of life care issues that cover the situation presented.

Life Sustaining Treatment - As defined under Pennsylvania law, the term "life sustaining treatment" is "any medical procedure or intervention that, when administered to a patient or principal [i.e., an individual who executes a Living Will or Durable Health Care Power of Attorney] who has an end-stage medical condition or is permanently unconscious, will serve only to prolong the process of dying or maintain the individual in a state of permanent unconsciousness. In the case of an individual with an advance health care directive or order, the term includes nutrition and hydration administered by gastric tube or intravenously or any other artificial or invasive means if the advance health care directive or order so specifically provides."

Living Will - A document prepared by you which indicates your wishes and instructions for health care and health care directions in the event that you lose the capacity or ability to make those decisions in the future and you are deemed by your attending physician to be incompetent and to have an end-stage medical condition or you are in a state of permanent unconsciousness. In this document you may also designate another person to make medical treatment decisions for you (i.e., a health care surrogate or health care agent). This document must be dated and signed by you by signature or mark or by another person on your behalf and at your direction if you are unable to sign. This document must also be signed by two witnesses who are present when you sign the document.

Palliative Care or Comfort Measures - Nursing and medical care that is given when there is indication that the end of life is near and aggressive medical care is not being pursued. It includes such nursing measures as bathing, turning and positioning, skin care, oral care, grooming, offering food and fluids. It also includes medical orders and interventions to relieve the symptoms of discomfort caused by pain, elevated temperature, altered functioning of body systems. Other measures to provide comfort include the physical presence of other people, soothing touch, sensory interventions, and pastoral ministrations with various rituals and prayers.

Permanently Unconscious - As defined under Pennsylvania law, the term “permanently unconscious" is "a medical condition that has been diagnosed in accordance with currently accepted medical standards and with reasonable medical certainty as total and irreversible loss

of consciousness and capacity for interaction with the environment. The term includes, without limitation, an irreversible vegetative state or irreversible coma."

GARVEY MANOR POLICY ON RESIDENT HEALTH CARE TREATMENT DECISIONS AND ADVANCE HEALTH CARE DIRECTIVES

Policy Statement

Recognizing the dignity and value of each resident, and the resident's right to participate in his/ her personal health care treatment decisions, Garvey Manor establishes policies relative to the care of our residents. Garvey Manor recognizes that a competent resident has the right to make health care treatment decisions. Garvey Manor also recognizes that each resident has a right to make health care treatment decisions in advance through documents which state the resident's health care treatment preferences in the event the resident is no longer able to voice those preferences, and to designate an individual to carry out the resident's wishes or make health care decisions on the resident's behalf. If the instructions or wishes of a competent resident conflict with those of his or her family, the resident's wishes will prevail. Garvey Manor will respect and comply with a valid and operative advance health care directive and, to the extent permitted by law, the health care decision of a competent resident or the health care decision of a health care agent, health care surrogate or health care representative so long as the advance health care directive or the decision of the competent resident, agent, surrogate or representative does not conflict with the facility's moral and ethical beliefs, which are described elsewhere this document and elsewhere in the Garvey Manor Advance Directive Packet.

Statement regarding Garvey Manor's moral and ethical beliefs

It is Garvey Manor's clear intention to always follow the Roman Catholic moral and ethical positions that relate to health care treatment and health care decisions. Neither Garvey Manor, as a facility, nor any of its staff will comply with instructions, decisions or directives which are not in conformity with Garvey Manor's moral and ethical beliefs, standards, policies or principles. Information regarding the Roman Catholic Church's moral and ethical standards relating to health care services is contained in the Garvey Manor Advance Directive Packet, or is available upon request.

If an advance health care directive or the health care decision of a competent resident, or his/her health care agent, surrogate or representative is contrary to Garvey Manor's ethical beliefs, all attempts will be made to assist the resident in securing placement in an alternative facility that can and will comply with such directives. Until such transfer occurs, or if transfer is impossible, the attending physician and facility staff shall continue to provide care, including nutrition and hydration as required by the facility's policy.

Each person is treated as an individual, and a resident's condition and contributing circumstances that may exist at the time a decision is required cannot be predetermined. Therefore, definitive statements cannot be made to cover all circumstances that may exist regarding choices, treatment options and decisions. Garvey Manor will maintain communication with the residents, the resident's responsible party, the attending physician and the Administrative

Committee when questions regarding ethical issues, including issues of nutrition and hydration arise.

Moral and Ethical position regarding the provision of nutrition and/or hydration

Generally, the Catholic Church's position, an-d therefore Garvey Manor's position as a Catholic Health Care Facility, considers the provision of nutrition and hydration a basic human need rather than a form of medical treatment. Unless death is imminent (see definition), or other circumstances exist which would make the provision of nutrition or hydration futile or excessively burdensome to the resident, the facility will not comply with the request of a resident, agent, surrogate or representative to withhold oral food or fluids or withhold or withdraw medically administered (i.e., artificial) nutrition and hydration.

In situations where death is imminent or the person's body cannot assimilate food or fluids, Garvey Manor recognizes that the burden of nutrition and hydration, including that which is medically administered, outweighs the benefit to the resident and merely prolongs the resident's dying process.

To determine whether death may be imminent, the facility shall consult with the attending physician and/ or the Medical Director and, if the facility deems necessary another physician. Upon the determination of the facility that the resident's death is imminent, the facility shall comply with an advance health care directive or the decision of a competent resident, or his/her agent, surrogate or representative, to withhold or withdraw medically administered nutrition and hydration.

If a resident is unable to take oral nourishment and death is not imminent, after discussing the issue with the resident, if competent, or the health care agent, surrogate or representative, the facility shall request an order from the physician to provide the resident with medically administered nutrition and hydration (i.e., via a feeding tube or intravenously). The facility will not comply with an advance health care directive or the decision of a resident, a health care agent, surrogate or representative to withhold or withdraw medically administered nutrition and hydration unless it is determined that the resident's body is unable to assimilate food and/ or fluid or medically administered nutrition and hydration would be futile, would cause significant physical discomfort to the resident, or would be excessively burdensome to the resident.

Living Will

Under Pennsylvania law, if a resident has executed a Living Will, the resident's Living Will becomes operative when a copy of the directive is provided to the attending physician, and the resident is deemed to be incompetent and to have an end-stage medical condition or is in a state of permanent unconsciousness as confirmed by the attending physician.

Durable Health Care Power of Attorney

Unless otherwise specified in the Durable Health Care Power of Attorney document, a Durable Health Care Power of Attorney becomes operative when a copy of the document is provided to the attending physician and the attending physician determines that the resident is incompetent. When a Durable Health Care Power of Attorney becomes operative, the health care agent who is named in the document, unless expressly provided otherwise in the Durable Health Care Power of Attorney document and to the extent permitted by law, shall have the authority to make any health care decision, including, but not limited to, life sustaining treatment decisions, and to exercise any right and power regarding the resident's care, custody and health care treatment that the resident could have made and exercised. With respect to life sustaining treatment decisions, a health care agent, unless contrary to an operative Living Will, not only has the authority to initiate and continue all forms of life sustaining treatment, but also has the authority to withhold or withdraw all forms of life-sustaining treatment, including instructions not to resuscitate, when the resident is deemed by the attending physician to be incompetent and to have an end-stage medical condition or is permanently unconscious.

Health Care Representatives

A health care representative is authorized to make health care decisions on behalf of the resident if the resident is deemed incompetent by his/her attending physician and the following apply:

1) the resident has not executed a Durable Health Care Power of Attorney U, if the resident has executed a Durable Health Care Power of Attorney, the health care agent is not reasonably available or is unwilling to act and no alternate health care agent is reasonably available; and

2) a guardian has not been appointed to make health care decisions on behalf of the resident.

Similar to the statutory authority granted to a health care agent, a health care representative, to the extent permitted by law, has the authority to make health care decisions, including, but not limited to, life sustaining treatment decisions on behalf of the resident. With respect to life sustaining treatment decisions, a health care representative, unless contrary to an operative Living Will, not only has the authority to initiate and continue all forms of life-sustaining treatment, but also has the authority to withhold or withdraw all forms of life-sustaining treatment, including instructions not to resuscitate, when the resident is deemed by the attending physician to be incompetent and to have an end-stage medical condition or is permanently unconscious.

A competent resident, either by a signed written document or by personally informing the resident's attending physician or other health care provider, may designate one or more individuals to act as health care representatives. In the absence of a designation or if no designee is reasonably available, under Pennsylvania law, any member of the following classes, who is reasonably available, may act as a health care representative on behalf of a resident in the following descending order of priority (i.e., number one being first priority, number two being second priority, etc.):

1. A spouse, unless an action for divorce is pending, AND the adult children of the resident who are not the children of the spouse

2. An adult child
3. A parent
4. An adult sibling
5. An adult grandchild
6. An adult who has knowledge of the resident's preferences and values, including, but not limited to, religious and moral beliefs, to assess how the resident would make health care decisions

Upon assuming authority to act, a health care representative shall promptly communicate the assumption of authority to the members of the resident's family who can be readily contacted. Garvey Manor requires a person claiming the right to act as a health care representative on behalf of a resident to provide the facility a written declaration made under penalty of perjury, which states facts and circumstances reasonably sufficient to establish the claimed authority. The written declaration, once received and noted to be properly declared, shall be maintained in the resident's file.

If a disagreement arises between members of the same class of health care representatives regarding a health care decision to be made on behalf of the resident, Garvey Manor shall rely on the decision of a majority of the members of that class. If the members of the class are evenly divided, an individual having a lower priority may not act as a health care representative. If the class remains evenly divided, there will be a meeting with the Administrative Committee including the attending physician, to resolve the dispute. Pending the resolution of any dispute, Garvey Manor will provide health care treatment in accordance with accepted standards of care. If the dispute cannot be resolved by the Administrative Committee the matter will, at the resident's expense, be referred to a court for the appointment of a guardian and the resolution of the dispute.

Health Care Decisions Made by a Health Care Agent, Surrogate or Representative

As part of the health care decision-making process, a health care agent, surrogate or representative shall comply with the following statutory requirements in making health care decisions on the part of a resident:

1. The health care agent, health care surrogate or health care representative shall gather information regarding the resident's prognosis and acceptable medical alternatives regarding diagnosis, treatments and supportive care.
2. The information gathered shall be sufficient to make any medical treatment decisions requiring an informed consent.
3. If the resident has an end-stage medical condition, the information gathered by the agent, surrogate or representative shall distinguish between curative alternatives, palliative alternatives and those alternatives which merely serve to prolong the process of dying. The information shall also distinguish between the resident's end-stage medical condition and any other concurrent disease, illness or physical, mental, cognitive or intellectual condition that predated the resident's end-stage medical condition.
4. After the agent, surrogate or representative has consulted with Garvey Manor and other applicable health care providers, if necessary and considered the information gathered,

the agent, surrogate or representative shall make health care decisions in accordance with the agent's, surrogate's or representative's understanding and interpretation of the instructions given by the resident, at a time when the resident had capacity to understand, make and communicate health care decisions. As noted previously, Garvey Manor will comply with the health care decision of an agent, surrogate or representative unless contrary to the facility's moral and ethical beliefs.

5. In the absence of any instruction from the resident, the agent, surrogate or representative shall make health care decisions that conform to the agent's, surrogate's or representative's assessment of the resident's preferences and values, including religious and moral beliefs. If the agent, surrogate or representative does not know enough about the resident's instructions, preferences and values, to decide accordingly, the agent, surrogate or representative shall take into account what the agent, surrogate or representative knows of the resident's instructions, references and values, including religious and moral beliefs, as well as the agent's, surrogate's or representative's assessment of the resident's best interests, taking into account the following goals and considerations:
    a) preservation of life;
    b) relief from suffering;
    c) preservation or restoration of functioning,

   taking into account any concurrent disease, illness or physical, mental, cognitive or intellectual condition that may have predated the resident's end-stage medical condition. Again, as stated previously, Garvey Manor will comply with the health care decision of an agent, surrogate or representative unless contrary to it's moral and ethical beliefs.
6. In the absence of a specific, written authorization or direction by a resident to withhold or withdraw nutrition and hydration administered by gastric tube or intravenously or by other artificial or invasive means, a health care agent, surrogate or representative shall presume that the resident <u>WOULD WANT</u> nutrition and hydration. Pursuant to state law, however, this presumption may be overcome by previously expressed wishes of the resident to the contrary. In the absence of such clearly expressed wishes, the presumption may be overcome if the agent, surrogate or representative considers the values and preferences of the resident and assesses the factors set forth in Paragraph 5 above AND the agent, surrogate or representative determines that it is clear that the resident <u>WOULD NOT</u> want medically administered nutrition or hydration to be initiated or continued. If the agent, surrogate or representative determines that the resident would not want medically administered nutrition or hydration to be initiated or continued, Garvey Manor shall consult with the attending physician and/ or Medical Director and, if deemed appropriate, with another independent physician to determine whether resident's death is imminent or if the provision of nutrition and or hydration would be futile or excessively burdensome to the resident. If the facility, in consultation with the physician, determines that resident's death is imminent or that the provision of nutrition and/ or hydration would be futile or excessively burdensome, then the facility shall comply with the decision of the agent, surrogate or representative to withhold or withdraw medically administered nutrition and hydration. If death is not imminent and it is determined that receiving nutrition and/ or hydration would not be futile or excessively burdensome to the resident, and the resident is unable to take oral nourishment, then the facility, shall request an order

from the attending physician and shall provide the resident with nutrition and hydration via a feeding tube or intravenously.

Compliance

There is a presumption that a resident is capable of making health care treatment decisions. That presumption will be overridden only upon a determination by the resident's attending physician that the resident lacks the capacity to make health care treatment decisions. If a resident is no longer able to make health care treatment decisions, then Garvey Manor will comply, to the extent permitted by law, with the resident's advance health care directive, if any, so long as the advance health care directive does not conflict with the facility's moral and ethical beliefs. If a resident, who has been determined to lack capacity to make health care treatment decisions, has not provided health care treatment instructions in writing in advance (i.e., no Living Will or Durable Health Care Power of Attorney) and no guardian has been appointed for the resident, then the facility will comply with the health care decisions of a health care representative, to the extent permitted by law, so long as the decision of the health care representative does not conflict with Garvey Manor's moral and ethical beliefs. If the resident has no advance health care directive and there is no individual available or willing to act as resident's health care representative or there is an unresolved disagreement amongst members of the class of health care representatives, then in that event, the matter will be referred to a court for the appointment of a guardian and a judicial determination. The resident shall be responsible for all costs and expenses of all legal proceedings necessitated by the failure of the resident to provide an advance health care directive or for the failure of members of a class of health care representatives to agree on a medical treatment decision.

It is noted several times in this document, that Garvey Manor will comply with an advance health care directive or the decision of a competent resident or health care agent, surrogate or representative so long as the advance health care directive or the decision of the competent resident, agent, surrogate or representative does not conflict with the facility's moral and ethical beliefs. Neither Garvey Manor, as a facility, nor any of its staff will comply with decisions or directives which are not in conformity with Garvey Manor's moral and ethical beliefs, standards or principles. The resident should also note that, due to a possible conscience objection, an employee of the facility has the right to refuse to participate in the withholding or withdrawal of life-sustaining treatment. In addition, other health care providers, including the resident's attending physician(s), who are not under the direction and employment of the facility, may be unwilling and are permitted under state law, due to a conscience objection, to refuse to comply with a Living Will or the health care decision of a health care agent or representative. Garvey Manor advises the resident to inquire regarding policies, if any, of any health care providers not under the facility's direction or control whom the resident contemplates might participate in accommodating the resident's wishes set forth in an advance health care directive.

Consultation & Changes to Health Care Treatment Decisions

Garvey Manor encourages each resident to carefully consider difficult health care treatment decisions in advance. Even though this is a difficult task that many people shy away

from, considering health care choices in advance should give the resident peace of mind knowing his or her wishes will be known and honored and gives loved one's clear indication of the resident's wishes. Each resident is encouraged to consult his or her physician, family members, clergy, and legal counsel. Garvey Manor also encourages each resident to make thoughtful decisions regarding the appointment of a health care agent, or surrogate if one is named or appointed.

Garvey Manor also recognizes that health care treatment decisions may change over time. Therefore, the resident may, at any time and in any manner, change his or her mind regarding any advance health care treatment decisions or advance health care directives the resident may have made. 'The resident may also change the health care agent appointed in a Durable Health Care Power of Attorney or the surrogate named in a Living Will. The resident must notify the facility, as well as those involved and, if possible, his or her physician, of any changes so that everyone is aware of the proper and most up to date documents and a copy is in the resident's medical record.

GARVEY MANOR ADVANCED DIRECTIVE PACKET POLICY ON RESIDENT RESUSCITATION (RESIDENTS / FAMILY)

Introduction

The Philosophy of Care at Garvey Manor Nursing Home expresses our belief that death is a natural part of life and that death is seen as a prelude to eternal life. In our mission of caring for the aged and infirm who are often chronically or acutely ill, death can be sudden and unexpected. We believe that life is sacred at all stages. As part of our palliative care program, the care we give to our residents during life continues through the time of death. This policy and its interpretation and implementation are a part of the policy on Resident Health Care Treatment Decisions and Advance Health Care Directives.

Policy Statement

Cardiopulmonary resuscitation (CPR) will be initiated in the event of respiratory/cardiac arrest (i.e., cessation of respiration and/or pulse), for residents who do not show obvious clinical signs of irreversible death (as defined in the American Heart Association guidelines) and who have requested CPR in their advance directives, or who have not formulated an advance directive, or who do not have a valid Do Not Resuscitate (DNR) order. CPR is defined as rescue breathing and chest compressions. Garvey Manor staff shall also utilize an automatic external defibrillator (AED), if indicated, as outlined in this policy.

Policy Interpretation & Implementation

l. When CPR is initiated, it will be by a staff member who is certified in CPR. Other staff members will assist, as they are able. 911 will be summoned as soon as possible. If CPR is initiated by a staff member, another available staff member shall retrieve the AED, and defibrillation, if indicated, shall be attempted as soon as the device is ready for use. **CPR will not be initiated if the resident presents with obvious clinical signs of irreversible death in accordance with the American Heart Association guidelines.**
2. Once CPR is initiated by Garvey Manor staff, CPR efforts shall not cease until: i) an obvious sign of life, such as breathing, is observed; ii) an AED is available and ready to use; iii) paramedics arrive and provide relief; or iv) a licensed registered nurse or a physician pronounces the death of the resident, after assessing life signs, in accordance with Pennsylvania law.
3. If a resident has executed an advance health care directive, the resident and/or responsible party shall provide a copy of the advance health care directive to Garvey Manor. If the resident has not executed an advance health care directive, the resident is encouraged to communicate his/her wishes regarding medical treatment in writing via an advance health care directive and to discuss his/her wishes with family, clergy, legal counsel and the physician. If an advance health care directive or the health care decision of a competent resident or health care agent, guardian, surrogate or representative is contrary to Garvey Manor's moral and ethical beliefs, Garvey Manor shall not comply with such directive. All attempts will be made

to assist the resident in transferring to an alternative facility that can and will comply with such directives.

4. At the time of admission, a "Decision of Competent Resident Regarding CPR" or "Decision of Health Care Agent, Guardian or Health Care Representative Regarding CPR" form is given to the resident, agent, guardian or representative. **Neither the resident nor the health care agent, guardian or representative shall be required to complete the CPR status forms as a condition of the resident's admission to Garvey Manor or as a condition of the resident receiving nursing care services.** These forms may be completed at the time of admission or anytime throughout the resident's stay.
   - If the resident is competent, the resident shall have the option of specifying his/her wishes regarding CPR by completing the form entitled, "Decision of Competent Resident Regarding CPR"
   - If the resident's attending physician deems the resident to be incompetent and to have an end-stage medical condition or to be permanently unconscious, then the agent, guardian or representative, unless contrary to an operative advance health care directive, shall have the authority to request a DNR Order on behalf of the resident. This decision will be documented on the form entitled, "Decision of Health Care Agent, Guardian or Health Care Representative Regarding CPR Status of Incompetent Resident".
5. A **health care agent** may also request a DNR Order on behalf of an incompetent resident even if the resident does not have an end-stage medical condition or is not permanently unconscious, **BUT ONLY** if expressly authorized to do so pursuant to a valid and operative health care power of attorney document made after January 29, 2007 compliant with Act 169. The health care power of attorney document must expressly state that the **health care agent** has the authority to request a DNR Order or initiate instructions not to resuscitate the resident even if the resident is not in an end-stage medical condition or is not permanently unconscious. A **guardian** and **health care representative**, however, do not have the authority to withhold CPR on behalf of an incompetent resident **UNLESS** the resident has an end-stage medical condition or is in a state of permanent unconsciousness.
6. Social Service and Nursing Administration will be notified when a DNR Order is requested by a competent resident, agent, guardian or representative. They shall confirm the authority of the agent, guardian or representative to request a DNR Order and document such authority in the resident's medical record.
7. If a competent resident or, in the event the resident is incompetent, the agent, guardian or representative requests a DNR Order, then, subject to compliance with this policy, the attending physician shall be requested to issue a DNR Order and the Order will be placed in the resident's medical record. The physician must document his/her discussion with the resident or the agent, guardian or representative in the Physician Progress Notes. If a DNR Order is requested by the resident, or if the resident is incompetent and the DNR Order is requested by the agent, guardian or representative, Social Service and Nursing Administration shall confirm that the attending physician issued the DNR Order and documented discussions with the resident or agent/guardian/representative as required.
8. If a resident has executed an advance health care directive which specifies that he/she does not want to be resuscitated, then in that event, when the advance health care directive becomes operative (i.e., the resident is determined by his/her attending physician to be incompetent and to have an end-stage medical condition or is permanently unconscious), a Licensed Registered

Nurse shall contact the attending physician regarding the issuance of a DNR Order. Once the DNR Order is issued by the attending physician, the Order will be placed in the resident's medical record. If a resident suffers a cardiac/respiratory arrest prior to the attending physician issuing the DNR Order, but the physician has determined that the resident is incompetent and has an end-stage medical condition or is permanently unconscious and the resident's advance directive specifies that he/she does not want CPR, then in that event, staff shall not initiate CPR in compliance with the resident's advance directive and consistent with Act 169.

9. If a DNR Order is initially requested by a competent resident, the DNR Order shall remain in effect until the resident revokes, either verbally or in writing, the DNR Order. If the resident is incompetent, and the agent, guardian or representative requests the DNR Order, the DNR Order may be revoked, either verbally or in writing, by the agent, guardian or representative. A DNR Order may also be revoked by the resident at any time and in any manner, regardless of the resident's mental or physical capacity by personally informing the attending physician. The DNR Order requested by the agent, guardian or representative on behalf of the resident shall remain in effect until revoked by the agent, guardian, representative or resident.
10. CPR certified staff shall be available at all times to provide CPR when needed. Staff who are certified in CPR must maintain current CPR certification for healthcare providers through a CPR provider whose training includes hands-on practice and in-person skills assessment.
11. Members of the Interdisciplinary Care Plan Team and/or the attending physician shall review the resident's code status with the resident and/or the resident's authorized health care decision-maker: i) quarterly; ii) if there is a substantial change in the resident's condition; or iii) if the resident's treatment preferences change.

INFORMATION ABOUT ROMAN CATHOLIC POSITIONS AND BELIEF REGARDING HEALTH CARE TREATMENTS AND HEALTH CARE DECISIONS

Garvey Manor is a Catholic Health Care Facility. As such, the principles, policies, and practices relating to the operation of the facility and the care of its residents, at any level of service, are intended to be in keeping with the dictates of the Roman Catholic Church, and the religious association of the Carmelite Sisters for the Aged and Infirm. Garvey Manor and its staff will function only within the guidelines of the Roman Catholic Church when questions of a moral and/or ethical nature are raised. Reference for Catholic Moral and Ethical positions relating to health care are contained in many resources. The following information is particularly relevant and important in regards to health care decisions and treatment issues. A full copy of the publication from which excerpts are taken below is available upon request. Select sections of the Document are provided in this Packet as a quick reference to specific parts of the whole Document.

Another very relevant document is a booklet, The Catholic Bishops of Pennsylvania: Living Will and Health Care Power of Attorney *What you should know about* ADVANCE HEALTH CARE DIRECTIVES, 2007. This booklet is included as part of this PACKET. Other information can be obtained, upon request, or at www.usccb.org, www.catholicnews.com or www.pacatholic.org.

Excerpts from: *Ethical and Religious Directives tor Catholic Health Care Service*, Fourth Edition. United States Conference of Catholic Bishops, Washington, D.C., August 2005

Preamble... A contemporary understanding of the Catholic health care ministry must take into account the new challenges presented by transitions both in the Church and in American society.

Throughout the centuries, with the aid of other sciences, a body of moral principles has emerged that expresses the Church's teaching on medical and moral matters and has proven to be pertinent and applicable to the ever-changing circumstances of health care and its delivery. In response to today's challenges, these same moral principles of Catholic teaching provide the rationale and direction for this revision of the *Ethical and Religious Directive for Catholic Health Care Services.*

…The purpose of these Ethical and Religious Directives is twofold: first, to reaffirm the ethical standards of behavior in health care that flow from the Church's teaching about the dignity of the human person; second, to provide authoritative guidance on certain moral issues that face Catholic health care today.

The *Ethical and Religious Directives* are concerned primarily with institutionally based Catholic health care services. They address the sponsors, trustees, administrators, chaplains, physicians, health care personnel, and patients or residents of these institutions and services. …The moral teachings that we profess here flow principally from the natural law, understood in the light of the revelation Christ has entrusted to his Church. From this source the Church has derived its

understanding of the nature of the human person, of human acts, and of the goals that shape human activity.

The Directives have been refined through an extensive process of consultation with bishops, theologians, sponsors, administrators, physicians and other health care providers. While providing standards and guidance, the Directives do not cover in detail all of the complex issues that confront Catholic health care today.

…the directives promote and protect the truths of the Catholic faith as those truths are brought to bear on concrete issues in health care.

General Introduction... The mystery of Christ casts light on every facet of Catholic health care: to see Christian love as the animating principle of health care; to see healing and compassion as a continuation of Christ's mission; to see suffering as a participation in the redemptive power of Christ's passion, death, and resurrection; and to see death, transformed by the resurrection, as an opportunity for a final act of communion with Christ.

...In a time of new medical discoveries, rapid technological developments, and social change, what is new can be an opportunity for genuine advancement in human culture or it can lead to policies and actions that are contrary to the true dignity and vocation of the human person. In consultation with medical professionals, church leaders review these developments, judge them according to the principles of right reason and the ultimate standard of revealed truth, and offer authoritative teaching and guidance about the moral and pastoral responsibilities entailed by the Christian faith. While the Church cannot furnish a ready answer to every moral dilemma, there are many questions about which she provides normative guidance and direction.

The Social Responsibility of Catholic Health Care Services... Catholic health care ministry is rooted in a commitment to promote and defend human dignity; this is the foundation of its concern to respect the sacredness of every human life from the moment of conception until death. The first right of the human person, the right to life, entails a right to the means for the proper development of life, such as adequate health care.

...Within a pluralistic society, Catholic health care services will encounter requests for medical procedures contrary to the moral teachings of the Church. Catholic health care does not offend the rights of individual conscience by refusing to provide or permit medical procedures that are judged morally wrong by the teaching authority of the Church.

Directives

5. Catholic health care services must adopt these Directives as policy, require adherence to them within the institution as a condition for medical privileges and employment, and provide appropriate instruction regarding the Directives for administration, medical and nursing staff, and other personnel.

9. Employees of a Catholic health care institution must respect and uphold the religious mission of the institution and adhere to these Directives. They should maintain professional standards and promote the institution's commitment to human dignity and the common good.

The Pastoral and Spiritual Responsibility of Catholic Health Care... The words of Christ have provided inspiration for Catholic health care: "I was ill and you cared for me" (Mt 25-36). The care provided assists those in need to experience their own dignity and value, especially when these are obscured by the burdens of illness or the anxiety of imminent death.

Since a Catholic health care institution is a community of healing and compassion, the care offered is not limited to the treatment of a disease or bodily ailment but embraces the physical, psychological, social and spiritual dimensions of the human person. The medical expertise offered through Catholic health care is combined with other forms of care to promote health and relieve human suffering. For this reason, Catholic health care extends to the spiritual nature of the person. "Without health of the spirit, high technology focused strictly on the body offers limited hope for healing the whole person." Directed to spiritual needs that are often appreciated more deeply during times of illness, pastoral care is an integral part of Catholic health care. Pastoral care encompasses the full range of spiritual services, including a listening presence; help in dealing with powerlessness, pain, and alienation; and assistance in recognizing and responding to God's will with greater joy and peace.

The Professional-Patient Relationship... The relationship of the person seeking health care and the professionals providing that care is an important part of the foundation on which diagnosis and care are provided. Diagnosis and care, therefore, entail a series of decisions with ethical as well as medical dimensions.

...When the health care professional and the patient use institutional Catholic health care, they also accept its public commitment to the Church's understanding of and witness to the dignity of the human person.

Directives

23. The inherent dignity of the human person must be respected and protected regardless of the nature of the person's health problem or social status. The respect for human dignity extends to all persons who are served by Catholic health care.
24. In compliance with federal law, a Catholic health care institution will make available to patients' information about their rights, under the laws of their state, to make an advance directive for their medical treatment. The institution. however, will not honor an advance directive that is contrary to Catholic teaching. If the advance directive conflicts with Catholic teaching, an explanation should be provided as to why the directive cannot be honored.
29. All persons served by Catholic health care have the right and duty to protect and preserve their bodily and functional integrity. The functional integrity of the person may be sacrificed to maintain the health or life of the person when no other morally permissible means is available.

32. While every person is obliged to use ordinary means to preserve his or her health, no person should be obliged to submit to a health care procedure that the person has judged, with a free and informed conscience, not to provide a reasonable hope of benefit without imposing excessive risks and burdens on the patient or excessive expense to family or community.
33. The well-being of the whole person must be taken in to account in deciding about any therapeutic intervention or use of technology. Therapeutic procedures that are likely to cause harm or undesirable side-effects can be justified only by a proportionate benefit to the patient.

Issues in Care for the Dying
Introduction

Christ's redemption and saving grace embrace the whole person, especially in his or her illness, suffering, and death. The Catholic health care ministry faces the reality of death with the confidence of faith. In the face of death — for many, a time when hope seems lost — the Church witnesses to her belief that God has created each person for eternal life.

Above all, as a witness to its faith, a Catholic health care institution will be a community of respect, love and support to patients or residents and their families as they face the reality of death. What is hardest to face is the process of dying itself, especially the dependency, the helplessness, and the pain that so often accompany terminal illness. One of the primary purposes of medicine in caring for the dying is the relief of pain and the suffering caused by it. Effective management of pain in all its forms is critical in the appropriate care of the dying.

The truth that life is a precious gift from God has profound implications for the question of stewardship over human life. We are not the owners of our lives and, hence, do not have absolute power over life. We have a duty to preserve our life and to use it for the glory of God, but the duty to preserve life is not absolute, for we may reject life-prolonging procedures that are insufficiently beneficial or excessively burdensome. Suicide and euthanasia are never morally acceptable options.

...Reflection of the innate dignity of human life in all dimensions and on the purpose of medical care is indispensable for formulating a true moral judgment about the use of technology to maintain life. The use of life-sustaining technology is judged in light of the Christian meaning of life, suffering, and death. Only in this way are two extremes avoided: on the one hand, an insistence of useless or burdensome technology even when a patient may legitimately wish to forgo it and, on the other hand, the withdrawal of technology with the intention of causing death.

...Some state Catholic conferences... have addressed the moral issues concerning medically assisted hydration and nutrition. The bishops are guided by the Church's teaching forbidding euthanasia, which is "an action or an omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated." These statements agree that hydration and nutrition are not morally obligatory either when they bring no comfort to a person who is imminently dying or when they cannot be assimilated by a person 's body.

Directives

55. Catholic health care institutions offering care to persons in danger of death from illness, accident, advanced age, or similar condition should provide them with appropriate opportunities to prepare for death. Persons in danger of death should be provided with whatever information is necessary to help them understand their condition and have the opportunity to discuss their condition with their family members and care providers. They should also be offered the appropriate medical information that would make it possible to address the morally legitimate choices available to them. They should be provided the spiritual support as well as the opportunity to receive the sacraments in order to prepare well for death.
56. A person has a moral obligation to use ordinary or proportionate means of preserving his or her life. Proportionate means are those that in the judgment of the patient offer a reasonable hope of benefit and do not entail an excessive burden or impose excessive expense on the family or the community.
57. A person may forgo extraordinary or disproportionate means of preserving life. Disproportionate means are those that in the patient's judgment do not offer a reasonable hope of benefit or entail an excessive burden, or impose excessive expense of the family or the community.
58. **There should be a presumption in favor of providing nutrition and hydration to all patients including patients who require medically assisted nutrition and hydration, as long as this is of sufficient benefit to outweigh the burdens involved to the patient.**
59. The free and informed judgment made by a competent adult patient concerning the use or withdrawal of life-sustaining procedures should always be respected and normally complied with, unless it is contrary to Catholic moral teaching.
60. Euthanasia is an action or omission that of itself or by intention causes death in order to alleviate suffering. Catholic health care institutions may never condone or participate in euthanasia or assisted suicide in any way. Dying patients who request euthanasia should receive loving care, psychological and spiritual support, and appropriate remedies for pain and other symptoms so that they can live with dignity until the time of natural death.
61. Patients should be kept as free of pain as possible so that they may die comfortably and with dignity, and in the place where they wish to die. Since a person has the right to prepare for his or her death while fully conscious, he or she should not be deprived of the consciousness without a compelling reason. Medicines capable of alleviating or suppressing pain may be given to a dying person, even if this therapy may indirectly shorten the person's life so long as the intent is not to hasten death. Patients experiencing suffering that cannot be alleviated should be helped to appreciate the Christian understanding of redemptive suffering.

CARMELITE SISTERS FOR THE AGED AND INFIRM
STATEMENT ON THE SANCTITY OF LIFE

We, the Carmelite Sisters for the Aged and Infirm are a religious congregation dedicated to the service of God in an apostolate which focuses on care to the aged. In our ministry to the aged, we uphold the authentic teaching of the Roman Catholic Church and philosophy of our Foundress, Mother M. Angeline Teresa, regarding the value and right to life of each person from conception throughout the stages of living.

Our mission is to provide holistic care to the aged and infirm in an atmosphere of Christian understanding and faith. We hold in reverential esteem, the sanctity of life, believing that God has touched humankind in a personal and lasting manner by the gift of life. Sanctity of life does not depend upon the quality of life. Although mental and/or physical limitation may exist, the life of each human being is considered sacred. Each one has, therefore, a moral responsibility to respect and protect that basic right to life.

Every aspect of care given to those who reside in our Carmelite Homes reflects the sanctity of life, the dignity of the human person and the realization that death is a natural part of life. Great tenderness and concern are shown to the sick and every effort is made to alleviate pain and to promote comfort. We console and support both resident and family, especially when death is imminent. Because we believe in eternal life, we do not hasten nor do we prolong the dying process, realizing that the person will meet their God and enter into eternal life.

In an effort accomplish our mission, we strive to create an environment which recognizes Christ in every individual entrusted to our care. We, as Carmelite Sisters, in keeping with our philosophy of care, provide the full support of the human family of which every person is worthy.

ADDENDUM TO MEDICAL ASSISTANCE BULLETIN REGARDING MEDICAL CARE AND TREATMENT DECISIONS

On January 29, 2007, Act 169 became effective, amending the prior law governing advance health care directives. The Act amends Title 20 (Decedents, Estates & Fiduciaries) and adds a new Chapter 54 to further provide a statutory means for competent adults to make decisions in advance regarding their health care and to provide guidance to providers and families where an individual has not executed an advance health care directive. The Act also amends Title 18 (Crimes & Offenses) by adding an affirmative defense to charges filed under 18 Pa.C.S.A. 2713 (neglect of care-dependent person) where a caretaker, individual or facility can demonstrate lawful compliance with the direction of the care dependent person's health care agent or health care representative. The Addendum contains a summary of the changes to the Medical Assistance Bulletin which contains the full law. It can be viewed in full at www.dpw.state.pa.us or is available upon request of Garvey Manor's Social Service staff.

Medical Assistance Bulletin (# 11-98-04,et al), entitled "Revised Medical and Treatment Self-Directive Statement" is amended to comply with changes in the law as a result of Act 169. Specifically, the Bulletin outlines a question and answer section regarding medical treatment decisions in Pennsylvania entitled, "Your Rights as a Patient in Pennsylvania: Making Decisions About Your Care and Treatment". Some of the answers under this section are supplemented and/or revised as follows to comply with Act 169, which became effective January 29, 2007:

II. QUESTIONS & ANSWERS - GENERAL INFORMATION ABOUT YOUR RIGHTS

1. What are my rights to accept, reject or stop medical care or treatment?

The answer to this question is modified in part as follows: A competent adult has the right to execute an advance health care directive in the form of a living will, health care power of attorney or a written combination of a living will and health care power of attorney. The answer to this question is also supplemented to state the following: A caretaker may assert an affirmative defense to charges filed pursuant to Act 28 if the caretaker can demonstrate that the alleged violations result directly from the caretaker's lawful compliance with the direction of the patient's health care representative, provided the patient has an end stage medical condition or is permanently unconscious as determined and documented in the patient's medical record by the attending physician.

5. What is an advance health care directive?

The answer to this question is revised in part as follows: In Pennsylvania, an advance health care directive may be a living will, a health care power of attorney or a written combination of a living will and health care power of attorney.

6. What is a living will?

The answer to this question is modified in part as follows: A living will applies only in cases where you are incompetent and have an end-stage medical condition or you are permanently unconscious. [A sample of a combined living will and health care power of attorney is available upon request.]

7. Who can make a living will?

The answer to this question is supplemented to indicate that any competent person who is an emancipated minor can also make a living will.

8. When does a living will take effect?

The answer to this question is modified in part to indicate that only one physician, as opposed to two physicians, must determine that you have an end-stage medical condition or that you are in a state of permanent unconsciousness.

9. What does it mean to be -"incompetent"?

The answer to this question is revised as follows: The term "incompetent" is "a condition in which an individual despite being provided appropriate medical information, communication supports and technical assistance, is documented by a health care provider to be: i) unable to understand the potential material benefits, risks and alternatives involved in a specific proposed health care decision; ii) unable to make that health care decision on his own behalf; or iii) unable to communicate that health care decision to any other person." The term is intended to permit you to be found incompetent to make some health care decisions, but competent to make others.

10. What should my living will contain?

The answer to this question is supplemented to state the following: A health care provider and its agent may not sign a living will on your behalf and at your direction if the health care provider or agent provides health care services to you.

11. What if I already have a living will?

The answer to this question is revised to state the following: Act 169 went into effect on January 29, 2007. The Act does not limit the validity of a living will executed prior to the effective date of the Act. You should consult with your legal counsel to determine if your living will is valid under Pennsylvania law.

16. What is a durable power of attorney for health care?

The answer to this question is revised to read as follows: A durable power of attorney for health care is a document which allows you (the principal) to name another person (the health care agent) to make certain medical decisions for you if you are unable to make them for yourself. The person you choose as your health care agent does not have to be a lawyer. The health care agent can make health care decisions on your behalf, including, but not limited to, the following: i) Selection and discharge of a health care provider; ii) Approval or disapproval of a diagnostic test, surgical procedure or program of medication; and iii) Directions to initiate, continue, withhold or withdraw all forms of life-sustaining treatment, including instructions not to resuscitate where you have an end-stage medical condition or you are permanently unconscious. The health care agent may also object on your behalf to health care that is necessary to preserve life even if you are not in an end-stage medical condition or permanently unconscious BUT ONLY if you expressly authorize the health care agent to do so pursuant to an operative health care power of attorney or living will.

18. What are some of the major differences between a living will and a durable power of attorney?

The answer to this question is revised to read as follows: "Unlike a health care power of attorney, a living will only takes effect when you have an end-stage medical condition or you are permanently unconscious. A health care power of attorney, however, unless otherwise specified, takes effect when you are deemed incompetent by your attending physician. A health care power of attorney designates an individual (i.e. health care agent) to make health care decisions for you and may or may not specify your preferences or wishes regarding health care. A living will, on

the other hand, expresses your wishes and instructions for health care and health care decisions, but may or may not designate another individual to make health care decisions for you."

23. What if I don't leave instructions or name a person who will make a decision for me?

The answer to this question is revised to read as follows: "If you become unable to express your wishes about your medical care or treatment and do not leave instructions regarding your wishes or name a person who will make decisions for you and no guardian has been appointed for you, then in that event, a health care representative may make health care decisions on your behalf. Any member of the following classes, in descending order of priority, who is reasonably available, may act as your health care representative:

a. A spouse, (unless a divorce action is pending), & any adult children who are not children of the spouse.
b. An adult child.
c. A parent.
d. An adult sibling.
e. An adult grandchild.
f. An adult with knowledge of your preferences and values, including, but not limited to, religious and moral beliefs, to assess how you would make health care decisions.

If a dispute arises amongst the members of the same class of health care representatives regarding a health care decision to be made on your behalf, the health care provider may rely on the decision of a majority of the members of that class. If the members of the class are evenly divided, an individual having a lower priority may not act as your health care representative. If the class remains evenly divided, no decision shall be made until such time as the parties resolve their disagreement. If a disagreement cannot be resolved by members of the class, the parties may need to seek judicial intervention. Notwithstanding such disagreement, the health care provider shall administer health care treatment to you in accordance with accepted standards of medical practice."

25. Do I have to write a living will or durable power of attorney for health care?

The answer to this question is supplemented as follows: Not only is a health care provider or insurer prohibited from charging a different fee or rate on the basis of whether you have executed a living will, but a health care provider or insurer is also prohibited from charging a different fee or rate based on whether you have executed a health care power of attorney.

26. Are living wills and durable powers of attorney which were written in other states recognized in Pennsylvania?

The answer to this question is revised as follows: A living will or health care power of attorney executed in another state or jurisdiction and in conformity with the laws of that state or jurisdiction shall be considered valid in Pennsylvania, except to the extent that the living will or health care power of attorney executed in another state or jurisdiction would allow an individual to direct procedures or allow a health care agent to make health care decisions inconsistent with Pennsylvania law.

27. Who should I contact if I have more questions about living wills or durable powers of attorney for health care?

This section is revised to update the addresses and contact numbers for the following entities:

a. Office of the State Long Term Care Ombudsman
PA Department of Aging
555 Walnut St., 5th Floor
Harrisburg, PA 17101
(717) 783-7247

b. Pennsylvania Council on Aging
555 Walnut St. 5th Floor
Harrisburg, PA 17101
(717) 783-1924

c. American Association of Retired Persons (AARP)
30 N. 3rd St., Ste. 750
Harrisburg, PA 17101
1-866-389-5654

OTHER REVISIONS:

Pursuant to the changes in the law as a result of Act 169, the Bulletin is further revised to state the statutory requirements that a health care agent or health care representative must comply with prior to making a health care decision on your behalf:

a. The health care agent or health care representative shall gather information regarding your prognosis and acceptable medical alternatives regarding diagnosis, treatments and supportive care.
b. The information gathered shall be sufficient to make any medical treatment decisions requiring an informed consent.
c. If you have an end-stage medical condition, the information gathered by the health care agent or health care representative shall distinguish between curative alternatives, palliative alternatives and those alternatives which merely serve to prolong the process of dying. The information shall also distinguish between your end-stage medical condition and any other concurrent disease, illness or physical, mental, cognitive or intellectual condition that predated your end-stage medical condition.
d. After the health care agent or health care representative has consulted with the applicable health care providers and considered the information gathered, the health care agent or health care representative shall make health care decisions in accordance with the agent's or representative's understanding and interpretation of the instructions given by you, at a time when you had capacity to understand, make and communicate health care decisions. (NOTE: The term "instructions" include an advance health care directive executed by you and any clear written or verbal directions that cover the situation presented.)
e. In the absence of any instruction, the health care agent or health care representative shall make health care decisions that conform to the agent's or representative's assessment of your preferences and values, including religious and moral beliefs. If the health care agent or health care representative does not know enough about your instructions, preferences and values to decide accordingly, the health care agent or health care representative shall take into account what the agent or representative knows of your instructions, preferences and values, including religious and moral beliefs, as well as the agent's or representative's assessment of your best interests, taking into account the following goals and considerations: i) preservation of life; ii) relief from suffering; iii) the preservation or restoration of functioning, taking into account any concurrent disease, illness or physical, mental, cognitive or intellectual condition that may have predated your end-stage medical condition.

f. In the absence of a specific, written authorization or direction by you to withhold or withdraw nutrition and hydration administered by gastric tube or intravenously or by other artificial or invasive means, a health care agent or health care representative shall presume that you would want nutrition and hydration. This presumption, however, may be overcome by your previously expressed wishes to the contrary. In the absence of such clearly expressed wishes, the presumption may be over-come if the health care agent or health care representative considers your values and preferences and assesses the factors set forth in sub-paragraph "e" above AND the agent or representative determines that it is clear that you would not want artificial nutrition or hydration to be initiated or continued.

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1 This Addendum has been prepared by the law firm of Latsha, Davis, Yohe & McKenna to comply with changes in the law as a result of Act 169 of 2006 and has not been reviewed or approved by the Department of Public Welfare. The information herein should be construed as general guidelines of current law and not interpreted as legal advice. This Addendum should serve as general reference to facilitate more thorough research and analysis with the assistance of a competent professional who would have an opportunity to consider the facts of any particular situation. If you have questions regarding this document, you should seek legal advice.