

# State of Ohio Living Will Declaration Notice to Declarant

The purpose of this Living Will Declaration is to document your wish that life-sustaining treatment, including artificially or technologically supplied nutrition and hydration, be withheld or withdrawn if you are unable to make informed medical decisions and are in a terminal condition or in a permanently unconscious state. This Living Will Declaration does not affect the responsibility of health care personnel to provide comfort care to you. Comfort care means any measure taken to diminish pain or discomfort, but not to postpone death.

If you would not choose to limit any or all forms of life-sustaining treatment, including CPR, you have the legal right to so choose and may wish to state your medical treatment preferences in writing in a different document.

Under Ohio law, a Living Will Declaration is applicable **only to individuals in a terminal condition or a permanently unconscious state**. If you wish to direct medical treatment in other circumstances, you should prepare a Health Care Power of Attorney. If you are in a terminal condition or a permanently unconscious state, this Living Will Declaration takes precedence over a Health Care Power of Attorney.

*[You should consider completing a new Living Will Declaration if your medical condition changes or if you later decide to complete a Health Care Power of Attorney. If you have both a Living Will Declaration and a Health Care Power of Attorney, you should keep copies of these documents together. Bring your document(s) with you whenever you are a patient in a health care facility or when you update your medical records with your physician.]*



# Ohio Living Will Declaration

[R.C. §2133]

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(Print Full Name)

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(Birth Date)

This is my Living Will Declaration. I revoke all prior Living Will Declarations signed by me. I understand the nature and purpose of this document. If any provision is found to be invalid or unenforceable, it will not affect the rest of this document.

I am of sound mind and not under or subject to duress, fraud or undue influence. I am a competent adult who understands and accepts the consequences of this action. I voluntarily declare my direction that my dying not be artificially prolonged. [R.C. §2133.02 (A)(1)]

I intend that this Living Will Declaration will be honored by my family and physicians as the final expression of my legal right to refuse certain health care. [R.C. §2133.03(B)(2)]

## Definitions

**Adult** means a person who is 18 years of age or older.

**Agent or attorney-in-fact** means a competent adult who a person (the “principal”) can name in a Health Care Power of Attorney to make health care decisions for the principal.

**Anatomical gift** means a donation of part or all of a human body to take effect after the donor’s death for the purpose of transplantation, therapy, research or education.

**Artificially or technologically supplied nutrition or hydration** means food and fluids provided through intravenous or tube feedings. *[You can refuse or discontinue a feeding tube, or authorize your Health Care Power of Attorney agent to refuse or discontinue artificial nutrition or hydration.]*

**Comfort care** means any measure, medical or nursing procedure, treatment or intervention, including nutrition and or hydration, that is taken to diminish a patient’s pain or discomfort, but not to postpone death.

**CPR** means cardiopulmonary resuscitation, one of several ways to start a person’s breathing or heartbeat once either has stopped. It does not include clearing a person’s airway for a reason other than resuscitation.

**Declarant** means the person signing the Living Will Declaration.

**Do Not Resuscitate or DNR Order** means a physician’s medical order that is written into a patient’s record to indicate that the patient should not receive cardiopulmonary resuscitation.

**Health care** means any care, treatment, service or procedure to maintain, diagnose or treat an individual’s physical or mental health.

**Health care decision** means giving informed consent, refusing to give informed consent, or withdrawing informed consent to health care.

**Health Care Power of Attorney** means a legal document that lets the principal authorize an agent to make health care decisions for the principal in most health care situations when the principal can no longer make such decisions. Also, the principal can authorize the agent to gather protected health information for and on behalf of the principal immediately or at any other time. A Health Care Power of Attorney is NOT a financial power of attorney.

The Health Care Power of Attorney document also can be used to nominate person(s) to act as guardian of the principal's person or estate. Even if a court appoints a guardian for the principal, the Health Care Power of Attorney remains in effect unless the court rules otherwise.

**Life-sustaining treatment** means any medical procedure, treatment, intervention or other measure that, when administered to a patient, mainly prolongs the process of dying.

**Living Will Declaration** means a legal document that lets a competent adult (“declarant”) specify what health care the declarant wants or does not want when he or she becomes terminally ill or permanently unconscious and can no longer make his or her wishes known. It is NOT and does not replace a will, which is used to appoint an executor to manage a person’s estate after death.

**Permanently unconscious state** means an irreversible condition in which the patient is permanently unaware of himself or herself and surroundings. At least two physicians must examine the patient and agree that the patient has totally lost higher brain function and is unable to suffer or feel pain.

**Principal** means a competent adult who signs a Health Care Power of Attorney.

**Terminal condition** means an irreversible, incurable, and untreatable condition caused by disease, illness, or injury from which, to a reasonable degree of medical certainty as determined in accordance with reasonable medical standards by a declarant's attending physician and one other physician who has examined the declarant, both of the following apply: (1) there can be no recovery and (2) death is likely to occur within a relatively short time if life-sustaining treatment is not administered.

**No Expiration Date.** This Living Will Declaration will have no expiration date. However, I may revoke it at any time. [R.C. §2133.04(A)]

**Copies the Same as Original.** Any person may rely on a copy of this document. [R.C. §2133.02(C)]

**Out of State Application.** I intend that this document be honored in any jurisdiction to the extent allowed by law. [R.C. §2133.14]

I have completed a **Health Care Power of Attorney:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Notifications.** *[Note: You do not need to name anyone. If no one is named, the law requires your attending physician to make a reasonable effort to notify one of the following persons in the order named: your guardian, your spouse, your adult children who are available, your parents, or a majority of your adult siblings who are available.]*

In the event my attending physician determines that life-sustaining treatment should be withheld or withdrawn, my physician shall make a reasonable effort to notify one of the persons named below, in the following order of priority *[cross out any unused lines]*: [R.C. §2133.05(2)(a)]

X out area if not used	First contact's name and relationship: _____
	Address: _____
	Telephone number(s): _____
	Second contact's name and relationship: _____
	Address: _____
	Telephone number(s): _____
	Third contact's name and relationship: _____
	Address: _____
	Telephone number(s): _____

If I am in a **TERMINAL CONDITION** and unable to make my own health care decisions, OR if I am in a **PERMANENTLY UNCONSCIOUS STATE** and there is no reasonable possibility that I will regain the capacity to make informed decisions, then I direct my physician to let me die naturally, providing me only with **comfort care**.

For the purpose of providing comfort care, I authorize my physician to:

1. Administer no life-sustaining treatment, including CPR;
2. Withhold or withdraw artificially or technologically supplied nutrition or hydration, provided that, if I am in a permanently unconscious state, I have authorized such withholding or withdrawal under **Special Instructions** below and the other conditions have been met;
3. Issue a DNR Order; and
4. Take no action to postpone my death, providing me with only the care necessary to make me comfortable and to relieve pain.

***Special Instructions.***

**By placing my initials, signature, check or other mark in this box, I specifically authorize my physician to withhold, or if treatment has commenced, to withdraw, consent to the provision of artificially or technologically supplied nutrition or hydration if I am in a permanently unconscious state AND my physician and at least one other physician who has examined me have determined, to a reasonable degree of medical certainty, that artificially or technologically supplied nutrition and hydration will not provide comfort to me or relieve my pain. [R.C. §2133.02(A)(3) and R.C. §2133.08]**

***Additional instructions or limitations.***

*[If the space below is not sufficient, you may attach additional pages.  
If you do not have any additional instructions or limitations, write "None" below.]*

*[The "anatomical gift" language provided below is required by ORC §2133.07(C). Donate Life Ohio recommends that you indicate your authorization to be an organ, tissue or cornea donor at the Ohio Bureau of Motor Vehicles when receiving a driver license or, if you wish to place restrictions on your donation, on a Donor Registry Enrollment Form (attached) sent to the Ohio Bureau of Motor Vehicles.]*

*[If you use this living will to declare your authorization, indicate the organs and/or tissues you wish to donate and cross out any purposes for which you do not authorize your donation to be used. Please see the attached Donor Registry Enrollment Form for help in this regard. In all cases, let your family know your declared wishes for donation.]*

**ANATOMICAL GIFT (optional)**

Upon my death, the following are my directions regarding donation of all or part of my body: In the hope that I may help others upon my death, I hereby give the following body parts: *[Check all that apply.]*

All organs, tissue and eyes for any purposes authorized by law.

OR

The following selected items:

- |                                       |                                     |   |   |
|---------------------------------------|-------------------------------------|---|---|
| <input type="checkbox"/> Heart        | <input type="checkbox"/> Lungs      | <input type="checkbox"/> Liver (and associated vessels)   | <input type="checkbox"/> Pancreas/Islet Cells |
| <input type="checkbox"/> Small Bowel  | <input type="checkbox"/> Intestines | <input type="checkbox"/> Kidneys (and associated vessels) | <input type="checkbox"/> Eyes/Corneas         |
| <input type="checkbox"/> Heart Valves | <input type="checkbox"/> Bone       | <input type="checkbox"/> Tendons                          | <input type="checkbox"/> Ligaments            |
| <input type="checkbox"/> Veins        | <input type="checkbox"/> Fascia     | <input type="checkbox"/> Skin                             | <input type="checkbox"/> Nerves               |

For the following purposes authorized by law:

- All purposes   Transplantation   Therapy   Research   Education

If I do not indicate a desire to donate all or part of my body by filling in the lines above, no presumption is created about my desire to make or refuse to make an anatomical gift.

**SIGNATURE of DECLARANT**

I understand that I am responsible for telling members of my family, the agent named in my Health Care Power of Attorney (if I have one), my physician, my lawyer, my religious advisor and others about this Living Will Declaration. I understand I may give copies of this Living Will Declaration to any person.

I understand that I must sign (or direct an individual to sign for me) this Living Will Declaration and state the date of the signing, and that the signing either must be witnessed by two adults who are eligible to witness the signing OR the signing must be acknowledged before a notary public. [R.C. §2133.02]

I sign my name to this Living Will Declaration

on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, Ohio.

\_\_\_\_\_  
Declarant

**[Choose Witnesses OR a Notary Acknowledgment.]**

**WITNESSES** [R.C. §2133.02(B)(1)]

*[The following persons CANNOT serve as a witness to this Living Will Declaration:*

- *Your agent in your Health Care Power of Attorney, if any;*
- *The guardian of your person or estate, if any;*



- Any alternate agent or guardian, if any;
- Anyone related to you by blood, marriage or adoption (for example, your spouse and children);
- Your attending physician; and
- The administrator of the nursing home where you are receiving care.]

***I attest that the Declarant signed or acknowledged this Living Will Declaration in my presence, and that the Declarant appears to be of sound mind and not under or subject to duress, fraud or undue influence.***

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Witness One's Signature                      Witness One's Printed Name                      Date

\_\_\_\_\_  
 Witness One's Address

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Witness Two's Signature                      Witness Two's Printed Name                      Date

\_\_\_\_\_  
 Witness Two's Address

**OR, if there are no witnesses,**

**NOTARY ACKNOWLEDGMENT [R.C. §2133.02(B)(2)]**

State of Ohio

County of \_\_\_\_\_ ss.

On \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, declarant of the above Living Will Declaration, and who has acknowledged that (s)he executed the same for the purposes expressed therein. I attest that the declarant appears to be of sound mind and not under or subject to duress, fraud or undue influence.

\_\_\_\_\_  
 Notary Public

My Commission Expires: \_\_\_\_\_

My Commission is Permanent: \_\_\_\_\_

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# State of Ohio

## Donor Registry Enrollment Form

### Notice to Declarant

The purpose of the Donor Registry Enrollment Form is to document your wish to donate organs, tissues and/or corneas at the time of your death.

This form should be completed only if you have **NOT** already registered as a donor with the Ohio Bureau of Motor Vehicles (BMV) when renewing a driver license or state identification card; online through the BMV website; or previously through a paper form. If you wish to make an anatomical gift or modify an existing registration this form must be sent to the BMV to ensure your wishes for organ, tissue and/or cornea donation will be honored. This document will serve as your authorization to recover the organs, tissue and/or corneas indicated at the time of your death, if medically possible.

In submitting this form your wishes will be recorded in the Ohio Donor Registry maintained by the BMV and will be accessible only to the appropriate organ, tissue and cornea recovery agencies at the time of death. You are encouraged to share your wishes with your next of kin so they are aware of your intentions to be a donor.

This form can also be used to amend or revoke your wishes for donation. The completed form should be mailed to:

Ohio Bureau of Motor Vehicles  
Attn: Records Request  
P. O. Box 16583  
Columbus, OH 43216-6583

Frequently asked questions about organ, tissue and cornea donation are addressed on page three of this section. If you have more specific questions, contact information for the state's organ and tissue recovery agencies is also listed, and you are encouraged to contact them or visit their websites.



### Ohio Donor Registry Enrollment Form

If you have NOT already registered as a donor with the Ohio Bureau of Motor Vehicles (BMV) when renewing a driver license or state ID, the Ohio Donor Registry Form must be filed with the BMV to ensure your wishes concerning organ and tissue donation will be honored. This document will serve as your authorization to recover the organs and/or tissues indicated at the time of your death, if medically possible. In submitting this form, your wishes will be recorded in the Ohio Donor Registry maintained by the BMV and will be accessible only to the appropriate organ and tissue recovery agencies at the time of death. Be sure to share your wishes with loved ones so they are aware of your intentions. This form can also be used to amend or revoke your wishes for donation.

To register, please complete and mail this enrollment form to:

Ohio Bureau of Motor Vehicles  
Attn: Records Request  
P.O. Box 16583  
Columbus, OH 43216-6583

**PLEASE PRINT**

LAST NAME	FIRST	MIDDLE
MAILING ADDRESS		
CITY	STATE	ZIP
PHONE (    )        -	DATE OF BIRTH /        /        /	STATE OF OHIO DL/ID CARD # <b>OR</b> SOCIAL SECURITY #

**DONOR REGISTRY ENROLLMENT OPTIONS**

**OPTION 1**

Upon my death, I make an anatomical gift of my organs, tissues, and eyes for any purpose authorized by law.

**OPTION 2**

Upon my death, I make an anatomical gift of the following organs, tissues, and/or eyes selected below:

All organs, tissues and eyes

**ORGANS**

**TISSUES**

- |   |                                      |                                       |                                 |
|---|--------------------------------------|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Heart                            | <input type="checkbox"/> Intestines  | <input type="checkbox"/> Eyes/Corneas | <input type="checkbox"/> Veins  |
| <input type="checkbox"/> Lungs                            | <input type="checkbox"/> Small Bowel | <input type="checkbox"/> Heart Valves | <input type="checkbox"/> Fascia |
| <input type="checkbox"/> Liver (and associated vessels)   |                                      | <input type="checkbox"/> Bone         | <input type="checkbox"/> Skin   |
| <input type="checkbox"/> Kidneys (and associated vessels) |                                      | <input type="checkbox"/> Tendons      | <input type="checkbox"/> Nerves |
| <input type="checkbox"/> Pancreas/Islet Cells             |                                      | <input type="checkbox"/> Ligaments    |                                 |

For the following purposes authorized by law:

- All purposes     Transplantation     Therapy     Research     Education

**OPTION 3**

Please take me out of the Ohio Donor Registry.

SIGNATURE OF DONOR REGISTRANT  X	DATE
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## Organ and Tissue Donation in Ohio

One individual can save or improve the quality of life for people who suffer from organ failure, congenital defects, bone cancer, orthopedic injuries, burns, blindness and more. One organ donor can save up to 8 lives by donating heart, lungs, kidneys, pancreas, small intestine and liver. More than 123,000 Americans are on the national waiting list for a life-saving organ transplant; 3,400 in Ohio. Statistically, 18 people in the U.S. die every day while waiting for transplants. If you register as a donor, be sure to share the decision with your family members.

**Who can become a donor?** All individuals over the age of 15½ can register and give advance authorization for donation. Medical suitability for donation is determined at the time of death. If a minor dies before the age of 18, a parent can amend or revoke the donation decision.

**Are there age limits for donors?** People of all ages and medical histories should consider themselves potential donors. Newborns as well as senior citizens have been organ donors. Medical condition at the time of death will determine what organs and tissues can be donated.

**If I join the Donor Registry, will it affect the quality of medical care I receive at the hospital?** No, doctors at hospitals are concerned with caring for the patient in front of them and are not involved with donation and transplantation. Every effort is made to save your life before donation is considered.

**Will donation disfigure my body? Can there be an open casket funeral?** Donation does not disfigure the body and does not interfere with or delay a funeral, including open casket services.

**Are there any costs to my family for donation?** The donor's family does NOT pay for the cost of the donation. All costs related to donation of organs, eyes and tissues are paid by the designated recovery agency.

**Does my religion approve of donation?** All major religions support organ, eye and tissue donation as an unselfish act of charity.

**Can I sell my organs?** No. The National Organ Transplant Act makes it illegal to sell human organs and tissue. Violators are subject to fines and imprisonment. Among the reasons for this rule is the concern of Congress that buying and selling of organs might lead to inequitable access to donor organs, with the wealthy having an unfair advantage.

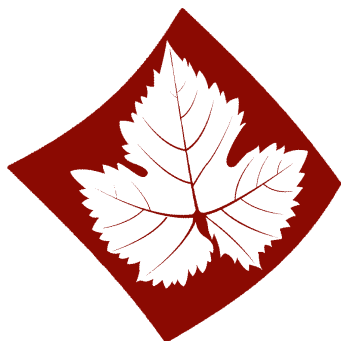
**How are organs distributed?** Donor organs are matched to recipients through a federally-regulated system based on a number of factors including blood type, body size, medical urgency, time on waiting list and geographical location.

**Can I be an organ and tissue donor and also donate my body to science?** Total body donation takes precedence over organ and tissue donation. If you wish to donate your entire body, you must make arrangements with a medical school or research facility prior to your death. Medical schools, research facilities and other agencies study bodies to gain greater understanding of anatomy and disease mechanisms in humans. This research is also vital to saving and improving lives.

**Does the registry authorize living donation?** No, living donation is not authorized by the registry. It is possible to donate a kidney, or part of a liver or lung while alive, but that is arranged on an individual basis through specific transplant centers.

**For more information on donation, contact one of the state's four federally designated organ procurement organizations:**

Northeastern Ohio LifeBanc <a href="http://www.lifebanc.org">www.lifebanc.org</a> 216.752.5433	Western Ohio Life Connection of Ohio <a href="http://www.lifeconnectionofohio.org">www.lifeconnectionofohio.org</a> 937.223.8223	Central and Southeastern Ohio Lifeline of Ohio <a href="http://www.lifelineofohio.org">www.lifelineofohio.org</a> 800.525.5667	Southwestern Ohio LifeCenter <a href="http://www.lifepassiton.org">www.lifepassiton.org</a> 513.558.5555
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# Ohio's Do-Not-Resuscitate Law

## What You Should Know About Do-Not-Resuscitate (DNR) Laws in Ohio

Ohio's Do-Not-Resuscitate (DNR) Law gives individuals the opportunity to exercise their right to limit care received in emergency situations in special circumstances. "Special circumstances" include care received from emergency personnel when 911 is dialed. The law authorizes a physician to write an order letting health care personnel know that a patient does not wish to be resuscitated in the event of a cardiac arrest (no palpable pulse) or respiratory arrest (no spontaneous respirations or the presence of labored breathing).

The following information is included as a brief overview of some of the more common questions, issues and concerns regarding Ohio's Do-Not-Resuscitate law. It is not meant to provide all information needed to make the decision to have a Do-Not-Resuscitate order written. An individual may have a DNR order written after **consultation** with his or her physician regarding end-of-life issues.

The DNR order may be honored in multiple settings, including but not limited to: nursing facilities, residential care facilities, hospitals, outpatient areas, home, and public places. For a DNR order to be useful in multiple settings, it must be recognizable by health care workers. The Ohio Department of Health has developed a standard order form that is generally recognized. You may choose to display the form in your residence to be easily visible to healthcare personnel and transport it with you when you are away from home. Other DNR identifications, including a wallet identification card, may be used but must include the Ohio DNR logo to be valid.

Unlike a Living Will and Health Care Power of Attorney which can be executed without the input of a healthcare professional, a DNR Order must be written and signed by a physician, an advanced-practice nurse, certified nurse practitioner or physician assistant after consultation with the patient.

DNR order on the state approved document is legally-sanctioned and implemented according to Ohio Law. The DNR order is implemented at different points, depending upon the patient's wishes and must be consistent with reasonable medical standards.

Care that eases pain and suffering will always be implemented regardless of a DNR order. Other related care will be provided depending on the specific order that your physician prescribes. You should check with your prescriber regarding the right type of DNR order needed when considering your specific medical needs.



## **DNR/CPR Care: The Facts**

Ohio first adopted a law concerning DNR orders in 1998. DNR stands for “do not resuscitate.” A person who does not wish to have cardiopulmonary resuscitation (CPR) performed may make this wish known through a physician’s order called a DNR order. A DNR order addresses the various methods used to revive people whose hearts have stopped functioning or who have stopped breathing.

**Cardiopulmonary Resuscitation (CPR) has a broad meaning. It includes any or all of the following:**

- ◆ Administration of chest compressions;
- ◆ Insertion of an artificial airway;
- ◆ Administration of resuscitation drugs;
- ◆ Defibrillation or cardioversion;
- ◆ Provision of respiratory assistance;
- ◆ Initiation of a resuscitative intravenous line; or
- ◆ Initiation of cardiac monitoring.

**CPR can be life-saving but some people may not want it administered in certain cases.**

In some cases, CPR saves lives. In many cases, it is not effective. Many people overestimate the success of CPR. A person who is revived may be left with permanent or painful injury. Resuscitation also may include other treatment, such as drugs, tubes and electric shock. People with terminal illnesses or other serious medical conditions may prefer to focus on comfort care at the end of life rather than receiving CPR when the time comes. For more information about the pros and cons of CPR and whether it is right for you, ask your physician.

**It is easy to make your wishes about CPR known.**

If you want to receive CPR when appropriate, you do not need to do anything. Health care providers are required to perform CPR when necessary. If you do not want CPR, you need to discuss your wishes with your physician and ask your physician to write a DNR Order. If your physician agrees that you should not get CPR, he or she can fill out the required form to make your wishes known in case of an emergency.

**There are different DNR orders that you can choose and discuss with your physician.**

Under Ohio’s DNR Law, the Ohio Department of Health has established a standardized DNR form. When completed by a physician (certified nurse practitioner or advance practice nurse, as appropriate), these standardized DNR orders allow patients to choose the extent of the treatment they wish to receive or not receive at the end of life. Your physician can further explain the differences in DNR orders.

**Even if you are healthy now, you may want to state that you do not want to receive CPR if you ever become terminally ill.**

Ohio has a standard Living Will Declaration form. This form specifically allows you to direct your physician not to administer life-sustaining treatments, including CPR, and to issue a DNR Order if two physicians have agreed that you are either terminally ill or permanently unconscious.



**DNR Comfort Care does NOT mean “Do Not Treat.”**

The DNR Comfort Care Protocol is very specific in terms of what treatment is to be given and what treatment is to be withheld. Only those items listed on the “will not” list are to be withheld. The items listed on the “will” list, along with any other treatment that may be needed for the patient’s condition, may be provided as appropriate.

**DNR Orders may be revoked.**

You always have the right to change your mind and request CPR. If you do change your mind, you should speak with your physician right away about revoking your DNR Order. You also should tell your family and caregivers about your decision and throw away any DNR identification items you might have.

**If you have a DNR Order or identification, your family cannot demand that CPR be provided.**

You have the right to make your own decisions about your health care. You should make sure your family knows your desires about CPR. In certain medical situations, your physician and agent may make decisions regarding your care based upon new medical information. This could include decisions related to CPR. You should make sure these individuals know your desires about CPR.

**Since a DNR is a medical order, you need a physician to write and sign it for you.**

Unlike Living Wills and Health Care Powers of Attorney, DNR Orders must be written and signed by a physician, advanced practice nurse or certified nurse practitioner after consultation with the patient.

**Copies of these forms should be kept in easily accessible places where others can find them.**

You also should give copies of your Living Will, Health Care Power of Attorney and/or DNR Order to your physician, family members and any close friends who might serve as caretakers. **At home, a DNR order should be displayed prominently either on the refrigerator or elsewhere so that an emergency responder will see it.**





# The Hospice Choice

## **When choices seem few and unpleasant...**

... there is hospice. Life is full of choices. We all want to be in control, capable of making our own decisions, and determine how we live our lives. When cure is no longer possible, we experience fear, frustration and confusion. We can feel as if we have lost control of our lives. Hospice helps to restore our ability to make decisions, to put life back on track by offering positive choices as we confront life's end.

## **What does hospice offer?**

Hospice provides care for a patient by an interdisciplinary team comprised of physicians, nurses, social workers, counselors, home health aides, chaplains, therapists and volunteers as needed. In addition, hospices help provide medications, durable medical equipment, supplies and inpatient care. The hospice provides care on a 24-hour, 7-day a week basis, always there to assist with crises or concerns that may arise.

Moreover, hospice is a philosophy of care which wraps around patient wishes: your wishes will be respected and that you will be allowed to die, as pain free as possible, surrounded by those who love you, and with the utmost respect and dignity. Hospice focuses on improving the quality of life that remains, rather than just increasing the quantity.

## **When can I choose hospice?**

People who choose hospice have medical conditions that no longer can be cured, and who are approaching the last phase of life. Hospice, with more than four decades of experience in caring for the terminally ill, offers tremendous advances in pain management that dramatically improve quality of life.

## **Where is hospice care provided?**

Hospice services generally are provided in the soothing, familiar surroundings of your home where you are most comfortable and where loved ones can be involved more easily. If you live in a nursing home or assisted living facility, hospice care is provided in those locations as well. On occasion, an individual may choose to go to an inpatient facility to receive intensive hospice care focused on treating pain or other symptoms that cannot be treated in their home environment. Once these symptoms are under control, an individual will usually return home.

## **If I choose hospice care, how will I pay for the services?**

Medicare, Medicaid and most private insurance companies cover the costs of hospice care. Local hospices will work closely with you to identify possible sources of payment. Hospice, the ultimate expression of caring, support and love, has served millions of people of all income levels, races, creeds, ages and medical circumstances. Hospice is here to help you when needed.



**Can a hospice patient who shows signs of recovery be returned to regular medical treatment?**

Yes. If the individual's condition seems to improve, the patient can be discharged from hospice and return to aggressive therapy or go on about his or her daily life. If a discharged patient should later need to return to hospice care, Medicare and most private insurance policies allow additional coverage for this purpose.

**What does the hospice admission process involve?**

One of the first things hospice will do is to contact the patient's physician to make sure he or she agrees that hospice care is appropriate for this patient at this time. If an individual does not have a physician, hospices may have medical staff available to help determine eligibility. Once a patient is identified as appropriate for hospice care, he or she will be asked to sign consent and insurance forms. These are similar to the forms patients sign when they enter a hospital.

**Isn't hospice care just for people who have cancer?**

No. Hospice care is available for patients with many terminal illnesses such as amyotrophic lateral sclerosis (ALS), dementia, heart disease, HIV/AIDS, liver disease, pulmonary disease, stroke, coma and other conditions. Inquire at your local hospice to learn more.

**How do I make the hospice choice?**

Speak to your physician, clergy, hospital discharge planner, social worker, nurse or local/state hospice organization. When you and your family realize that care, instead of cure, is most important to you, that is when to ask for hospice.

**If I want to make the hospice choice and need more information about Ohio's hospices, who can help me?**

The Midwest Care Alliance, whose mission is to promote the development and delivery of highest quality, end of life care through advocacy of hospice philosophy and standards, can provide this information. Call 800-776-9513 or visit [www.midwestcarealliance.org](http://www.midwestcarealliance.org)

