

What steps must I take to become an organ donor?

A donor card is a legal document that is signed by the donor in the presence of a witness. This card enables you to express your intentions to give, upon death, either all or some of your organs, or to donate your body to science. Please discuss your decision with your family, as their consent will still be requested.

For your convenience, a card is available with this brochure. More information can be obtained by contacting the New Jersey Organ and Tissue Sharing Network at 800-SHARE-NJ or visiting the network's Web site at: www.sharenj.org.

You can also include a provision for organ donation in your advance directive.

What Is a Bioethics Committee?

Meridian Health created our Bioethics Case Consultation Committee to assist staff and the community at large in making informed decisions when confronted with medical/moral choices.

The Bioethics Case Consultation Committee guides, educates, and counsels members of the hospital family as they confront difficult, often painful, decisions. The committee is considered a resource for information and advice and a foundation for the Medical Center's ethical policies.

The committee is comprised of ethicists, physicians, nurses, administrators, and representatives from the divisions of Social Work, Hospice, Pastoral Care, Risk Management, and the Patient Representative program.

The Bioethics Case Consultation Committee can be consulted 24-hours a day when families and care givers feel the need for clarification on ethical issues. To reach the committee, ask your nurse to contact Case Consultation or your patient representative.

Checklist

- I have read about and understand the purpose of writing an advance directive.
- I have thoroughly discussed my wishes with my physician and family.
- I have clearly stated my instructions in my advance directive regarding my treatment wishes.
- I have had the signing of my directive properly witnessed.
- I have given a copy of my directive to my physician, family member, and hospital or nursing home.

Definitions

Advance directive — written directions prepared in advance to state what kind of medical care you want in the event that you become unable to make decisions. This document can also designate another person to make decisions for you if you lose decision-making capacity. Durable powers of attorney for health care and living wills are two types of advance directives.

Competent patient — a patient who can understand the nature, alternatives, and consequences of proposed medical treatment and can make informed decisions based on the information.

DNR (Do Not Resuscitate) — a medical order to refrain from cardiopulmonary resuscitation if the heart stops beating or the patient ceases breathing. Also called "No Code" order.

Durable power of attorney for health care — a document that names another person to make medical decisions for you if you are unable to make them for yourself. It can include instructions about any treatment you would not want, such as a respirator, feeding tubes, chemotherapy, or radiation.

Feeding tubes — tubes inserted through the nose, throat, etc., to provide nutrition when the patient can no longer eat normally.

Legal guardian — a person, usually appointed by the court, to take care of and manage the property and rights of another who is considered incapable of attending to his or her own affairs.

Life-sustaining treatments — medical intervention administered to prolong life and delay death.

Living will — a document in which you stipulate the kind of life-sustaining care you would want if you become unable to make your own decisions.

Proxy — a person (also called an "agent" or "surrogate") appointed to make decisions for you if you become unable to make decisions. A proxy is designated through the execution of a durable power of attorney for health care.

Respirator — a machine (also called a "ventilator") used to keep a patient breathing when she or he can no longer breathe naturally.

Terminal condition — an irreversible condition in which death will occur within a short time, generally defined as less than one year.

IMPORTANT DECISIONS

Understanding Advance Directives and how to make sound choices now for your future.



What is Meridian Health’s policy regarding advance directives?

All hospitals are required by law to inform patients of their rights to make choices about their medical care.

It is the policy of Meridian Health to respect the wishes of adults to receive or refuse medical and surgical treatments.

Although our ultimate commitment is to protect, preserve, and prolong life, we honor the legal right of any patient to reject care that sustains life artificially or in vain.

It is the intention of this brochure not to influence action, but to educate and inform you about the availability and significance of advance directives.

All patients, regardless of their views on life and death, are treated with the same professional excellence, concern, and respect.

Making Difficult Decisions

Conflicts between the natural course of death and our ability to artificially sustain life have created a very sensitive area for the health care community. Ethical and legal dilemmas continue to emerge, challenging the heart and soul of medicine:

- How aggressively should a dying patient be treated?
- When and how long should life be artificially sustained?
- Should death be allowed to run its natural course?
- At what point does medical technology stop prolonging life?
- Do you have the right to refuse medical treatment, even if this decision leads to your death?

These are not black-and-white issues, and they continue to be argued in our courtrooms, discussed in our churches and synagogues, and debated by our political representatives.

Our health care system has an unconditional responsibility to provide the best possible care — to heal and to restore health and vigor to the living. In recent decades, however, we have grown increasingly sensitive to our responsibility to the dying and to their families and friends.

We have prepared this brochure to acquaint you with some of the choices available to you.

We encourage you to:

- Give careful, reflective thought to these subjects while you are still healthy and able to make informed decisions.
- Talk with your family. Discuss how you would feel, what you would do, if you were confronted with a critical life-or-death situation.
- Make your intentions known, in writing, to those who love you so that if it ever becomes necessary for them to make decisions on your behalf, they will feel confident that they have fulfilled your wishes.
- Find out about the laws and legal documents that apply in New Jersey and take the legal steps necessary to make sure your wishes are fulfilled.

What Are Advance Directives?

Advance directives are legal documents that honor and ensure your right to participate in your own health care.

Advance directives, like “living wills” or “proxy directives for health care,” provide important written statements concerning your wishes to receive or refuse medical treatment in case you become unable to choose or communicate your wishes when such decisions must be made.

Completing a directive will make your wishes clear to those who care for you. Directives also lend you comfort in assuring that your wishes will be respected. They allow you to express at what point and under what conditions you would not want further medical treatment.

Do I need a doctor or lawyer to complete an advance directive?

You do not need a lawyer or doctor to complete a directive; however, you may wish to speak with one to be fully informed of all the ramifications of the document. There are two ways to complete a directive:

- Have the signing of the document witnessed by two adults, other than the person or persons you legally designate to make decisions for you.
or
- Have the signing acknowledged before a notary public, lawyer, or other person authorized to administer oaths.

When does an advance directive go into effect?

You will always have the right to make decisions about your care as long as you are capable. In order for an advance directive to go into effect, two physicians must first verify that you are incapable of making personal medical choices.

For how long is an advance directive valid?

Although an advance directive remains valid indefinitely, it is advisable to review this document at least every two years to verify that your wishes have not changed. Living wills should be reviewed annually.

Is anyone from the hospital available to discuss advance directives with me?

Patient representatives are prepared to discuss the legal and ethical aspects of advance directives. You may also seek guidance from a Pastoral Care representative, social workers, or Senior Services coordinators.

Living Will and/or Proxy Directive for Health Care

In July of 1991, New Jersey became the 48th state to give legal recognition to living wills. The law now allows competent adults over the age of 18 to indicate their wishes for future health care decisions or to appoint a family member or friend (also known as a “durable power of attorney for health care”) to make future decisions for them should they become incapable.

Unlike less formal documents in other states, a New Jersey living will allows you more flexibility in specifying the kinds and degree of care you desire. You can state your choice to receive or refuse feeding tubes, respirators, electric shock, surgery, medications, and procedures such as chemotherapy, dialysis, and radiation treatment.

A proxy directive for health care is also a legal document that allows you to name a person, called a “proxy,” to make decisions for you if you are unable to make them for yourself.

Are advance directives recognized in all states?

The law on recognizing advance directives from different states is still unclear. While New Jersey will honor validly executed living wills from other states, other states may follow different guidelines. If you spend a lot of time in more than one state, you should consider executing an advance directive in each one.

Where can I get samples?

A sample can be provided by a patient representative for your convenience. Meridian Health does not legally endorse any specific format.

Additional forms may be obtained from the New Jersey Division on Aging at 800-792-8820 or the Monmouth County Office on Aging at 732-431-7450.

Who makes critical health care decisions for an infant, child, or severely retarded patient?

Since these patients clearly lack the capacity to fully participate in their care or make an informed decision, choices with regard to their treatment should be made by their parents or legal guardian with guidance from physicians. The diagnosis, prognosis, and treatment options should be weighed to determine what course is in the patient’s best interest. In some cases, it may be necessary for the legal system to make the final decision on the care of a minor.

What Is a Do Not Resuscitate (DNR) Order?

A “Do Not Resuscitate” order specifies to physicians and other health care workers that you do not wish to have your life prolonged should you stop breathing or should your heart stop beating.

Medical professionals are equipped with methods and means to successfully revive a person who has stopped breathing or whose heart has stopped. These techniques include the insertion of breathing tubes into the lungs, the assistance of a ventilator, or the application of electrical shock. Depending on the situation, these measures are not always effective. Some patients suffer permanent, irreversible damage due to the lack of oxygen to the brain.

You do have the right to request that these means not be used in your treatment.

DNR orders, also referred to by some physicians as “No Code” orders, are more common among terminally ill patients such as those with end-stage cancer or AIDS. It is a choice some people make when they feel that care has become futile — when the continuous efforts of doctors and nurses can no longer cure the condition, ease the pain, or make them more comfortable.

How can I obtain a “Do Not Resuscitate” order?

You should express your wishes to your physician at any time during your hospitalization. Please understand that a DNR order in no way affects or compromises your medical care. Its purpose is simply to let your wishes be known to the medical and nursing staff should an emergency arise.

What if I change my mind?

A DNR order can be reversed at any time by you or by your health care proxy. Just advise your doctor, nurse, and family.

What Is Organ and Tissue Donation?

Each year, organ and tissue transplants save and improve the quality of life for thousands of people. Many view organ and tissue donation as an opportunity to create something positive out of the tragedy of death. Improved surgical techniques now permit successful transplantations of the heart, lungs, kidneys, liver, pancreas, bone marrow, skin, and other tissues.

If you die in the hospital and you are deemed medically suitable, your family will be asked about donating your organs. A federal and state law, called Required Request/Assured Option, compels hospital representatives to approach families of potential donors about the option of organ or tissue donation. Families of patients considered to be brain-dead are the most likely candidates to be asked.

Unlike a coma, which may be reversible, brain death is absolutely irreversible. Usually the result of a stroke, a brain aneurysm, or head trauma, brain death occurs when brain activity totally ceases and breathing and heart function can no longer continue independently.

When and where does organ donation take place?

Organ and tissue donation occur only after all efforts to save the patient’s life have been exhausted and the person is declared legally dead. Donation takes place in an operating room.

What cost is involved?

There is no cost to the donor family once a patient has been declared brain-dead and the next of kin has consented to the organ gift.

Will organ donation interfere with funeral arrangements?

Donation does not affect the appearance of the body and will not interfere with funeral arrangements.

Is age important?

Most people can be a donor at the time of their death.