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## What is the Advance Directive for Healthcare?

If you become sick and unable to make your own health care decisions, someone else will be appointed to make those decisions for you. If you do not have the appropriate legal tool in place, it may be necessary for a court to appoint someone (a guardian) to make health care and medical decisions for you.

The Oregon Advance Directive form allows you to choose someone to make health care and medical decisions for you when you are unable to make those decisions for yourself. You designate a spouse, partner, family member, or friend (called 'health care representative') to act legally on your behalf to make health care decisions. This document has no effect until you are incapable of making health care decisions for yourself.

Your health care representative will be authorized to make most health care decisions you could have made. This can include the authority to withdraw life support procedures, such as respirators or artificial nutrition and hydration. The Advance Directive is your statement to your family and your doctor regarding your wishes about life support. You direct that if your death is imminent because of a terminal disease or injury, you do or do not want artificial life support procedures used to postpone your natural moment of death.

The content of the Advance Directive is dictated by Oregon statute. In 2018, the statute was modified with the goal of simplifying both the language and the execution of the legal document.

### **The new Advance Directive form now has four main parts.**

Under Section 1, you may complete your name, birth date, telephone number, address and email address.

Under Section 2, you may appoint your health care representative, as well as two alternatives, and provide the contact information for each person. Your health care representative will have the authority to make health care decisions for you in the event you are temporarily or permanently unable to do so. Your health care representative must act in accordance with your desires, to the extent those desires are known.



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## What is the Advance Directive for Healthcare? (continued)

Under Section 3, you may provide instructions to your health care representative regarding your health care decision preferences.

Under Section 4, you may provide directions regarding your end of life care. You may express your wishes regarding tube feeding and life support by placing your initials next to the desired response for each of the specific instances provided in the subsections.

You will need to sign and date the document, as well as fill in your name at the bottom of each page. You must sign the document in front of a Notary Public OR you must sign in front of two qualifying witnesses. Your health care representatives must sign accepting their appointment.

If you have questions about the form or how to sign it, we would be glad to help.

To download a free copy of the Advance Directive Form, [click here](#).

**DISCLAIMER:** The information contained in this document is based on Oregon law and is subject to change. It should be used for general purposes only and should not be construed as specific legal advice by Fitzwater Meyer Hollis & Marmion, LLP or its attorneys. Neither this website nor use of its information creates an attorney-client relationship. If you have specific legal questions, consult with your own attorney or call us for an appointment.

