

DEPARTMENT OF THE ARMY
US ARMY MEDICAL DEPARTMENT ACTIVITY
FORT HUACHUCA ARIZONA 85613-7079

MEDDAC Memorandum
NO. 40-140

13 August 2006

Medical Services
ADVANCE MEDICAL DIRECTIVES AND
ADVANCE CONSENT FOR ORGAN DONATIONS

	PARA	PAGE
HISTORY-----	1	1
PURPOSE-----	2	1
SCOPE-----	3	1
REFERENCES-----	4	1
DEFINITIONS-----	5	2
RESPONSIBILITIES-----	6	2
POLICIES AND PROCEDURES-----	7	5
APPENDIX A (AMD and Organ Donor Lab)-----		A-1
APPENDIX B (INFORMATION PAPER)-----		B-1
APPENDIX C (RWBAHC OP 171)-----		C-1

1. **HISTORY:** This issue publishes a revision of this publication.

2. **PURPOSE:** This policy establishes procedures for the effective administration and implementation of Advance Medical Directives (AMDs) and Advanced Directives for Organ Donations.

3. **SCOPE:** This policy applies to all health care providers and administrative support personnel at Raymond W. Bliss Army Health Center, Fort Huachuca, Arizona. It applies to all categories of patients, with some exceptions noted for active duty personnel.

4. **REFERENCES:**
 - 4.1 Patient Self-Determination Act of 1990 (PL 101-508).
 - 4.2 Joint Commission on Accreditation of Health Care Organizations, Current Edition.
 - 4.3 AR 40-3, dated 11/12/2002, Medical, Dental and Veterinary Care, Chapter 19.
 - 4.4 AR 600-20, Army Command Policy, dated, 5/13/2002.
 - 4.5 MEDDAC Memo 40-42, Consent for Medical Treatment.
 - 4.6 Arizona Revised Statutes.

*This memorandum supersedes MEDDAC Memo 40-140 dtd 18 Nov 98

5. DEFINITIONS:

5.1 Adult. A person 18 years or older, emancipated minors, and members of the Armed Forces.

5.2 Advance Medical Directive (AMD). A written document which sets forth a person's desires concerning medical care they will receive should the person become incapable of making health care decisions on their own and/or which gives another person the legal authority to make health care decisions on behalf of a person who has become mentally incapacitated or physically handicapped. Often, the AMD is simply referred to as an advance directive. Included are both living wills and durable health care powers of attorney.

5.3 Agent, Proxy, or Surrogate Decision Maker. A person designated to make medical decisions on behalf of a person who has become mentally incapacitated or physically handicapped.

5.4 Durable Health Care Power of Attorney. A written document which gives another person legal authority to make health care decisions on behalf of a person who has become mentally incapacitated or physically handicapped. This document is valid during any period(s) of mental incapacitation or physical handicap. A signed and dated POA is required in order to be enforceable.

5.5 Living Will. A written document which sets forth a person's desires concerning medical care they will receive should the person become terminally ill or death is imminent. A living will may specify both medical treatments, which should be provided as well as that which should not. A signed and dated Living Will is required in order to be enforceable.

5.6 Perioperative period. The time when an anesthesia provider accepts responsibility for the patient's care until responsibility is relinquished back to another service or practitioner. This period is usually in the preoperative holding area, operating room, and post anesthesia recovery unit.

6. RESPONSIBILITIES:

6.1 Patient Administration Division (PAD).

6.1.1 During an Ambulatory Procedure Visit (APV) all adult patients will be given an information sheet on AMD and Organ Donations, (See Appendix B) and advised to read it, and encouraged to discuss it with their physician, nursing personnel, legal advisor, or Patient Accountability staff if they are interested in preparing an AMD or making organ donations.

6.1.2 All patients processed for an APV will read the information sheet, indicate their choices on RWBAHC OP Form 171 and sign it. This is to certify that they have been informed of their right to formulate advance directives for health care, make organ donations, (See Appendix C) and have indicated their choices.

6.1.3 In all cases, the RWBAHC OP Form 171 will be made part of the patient's Ambulatory Surgery Record (ASR). The form will be filed on the left hand side of the folder which is the Administrative Section of the record.

6.1.4 If the adult patient has an AMD, a copy of the original agreement will be included in the APV packet along with the AMD label (See Appendix A) and the original agreement returned to the patient.

6.1.5 If the adult patient has a written agreement or donor card regarding organ and tissue donation, (it may be a driver's license), a copy of the original agreement (driver's license) along with the organ donor label at Appendix A, will be included in the APV packet and the original agreement returned to the patient.

6.1.6 If the patient wishes to initiate either an AMD and/or to authorize his/her organs to be donated, the Patient Accountability staff will assist the patient to include witnessing. If the patient has any questions the Patient Accountability staff can not answer, refer patient to Fort Huachuca's Staff Judge Advocate (SJA).

6.1.7 If the patient does not wish either, no further action will be required.

6.1.8 A copy of the AMD and/or organ donation authorization will be retained in the ASR for permanent filing. They will be filed in the Administrative Section with other administrative documents.

6.1.9 During non-duty hours the same procedure as number 6.

6.1.10 Upon closing the ASR, the Ambulatory Records Section staff will forward a copy of the AMD and/or consent for organ donation to Outpatient Medical Records Branch for inclusion in the Outpatient Treatment or Health Record of the patient in accordance with AR 40-66, Figures 5-2 and 6-2. The Outpatient Medical Records staff will then affix the appropriate tag(s) on the jacket of the Outpatient Medical Record or Health Record, (See Appendix A).

6.2 Department of Anesthesia and Perioperative Services

6.2.1 During the Preadmission visit, the nurse will document the status of the patient's AMD on MECOM FORM 684-R (Medical Record-Patient Past medical/Social History). If the patient does not and would like to have a current AMD prior to surgery, the opportunity to do so is offered at that time.

6.2.2 If the patient has an AMD or authorization of organ donation, it will be filed in the "Administrative" section of the ASR. An AMD or organ donor label should be placed on the record jacket alerting both physicians and nursing staff that the patient has an AMD or is an organ donor (See Appendix A).

6.2.3 Anesthesia Services' Scope of Services limits the RWBAHC surgical population to Physical Status I, II, and selected IIIs. A patient's right to accept or refuse medical treatments is fundamental, particularly when faced with terminal illness. It must be stated, however, that interventions, which are part of routine anesthetic management to maintain function under anesthesia, may be considered to be resuscitation measures in other settings like the Department of Primary Care or Military Medicine. It should be noted that when a cardiac arrest occurs perioperatively, if promptly recognized and deemed reversible, resuscitation is usually successful. Therefore, resuscitation efforts in the operating room may help patients achieve their original treatment objectives.

6.2.4 It is the general policy of Anesthesia Services that all patients are to be granted the benefit of resuscitative efforts in the event of a cardiac arrest regardless of the underlying disease and circumstances.

6.2.5 Nurses will read their patients' AMDs and take them into consideration when planning nursing care. Patients with AMDs must be given an opportunity to discuss them with their physicians.

6.3 Mobilization, Education, and Training (MET): MET will coordinate and provide annual training to staff on the medical, legal, and ethical implications of AMDs and organ donations.

6.4 Office of the Staff Judge Advocate.

6.4.1 The Legal Assistance Office will provide legal advice to patients and staff concerning AMDs and Organ Donations upon request. The Legal Assistance Office is in Building No. 51102, hours are from 0830-1615, Monday thru Friday. You may call 533-2009/3208 to make an appointment for legal advice concerning these matters.

6.4.2 AMDs and written agreements for organ donations can be obtained from the Legal Assistance Office. In emergency cases, Legal Assistance personnel may provide services at the clinic/service to assist nonambulatory patients. Legal assistance personnel are not available after duty hours to prepare AMDs. If circumstances warrant it, the on-call Judge Advocate may be contacted through the Post Staff Officer-of-the-day to give advice and prepare AMDs.

6.5 Patient Advocate Office: The Patient Advocate Office will provide basic information on AMDs and organ donations to families and patients. When required the Patient Advocate will assist patients in obtaining information from the Legal Assistance Office.

7. POLICIES AND PROCEDURES:

7.1 With certain exceptions applicable to active duty soldiers and beneficiaries, all competent adult patients have the moral and legal right to participate in their medical care treatment decisions and to refuse medical treatment even in lifesaving or life-sustaining situations.

7.2 All adult patients will be informed in writing by the use of an Information Paper (See Appendix B) of their right to participate in decisions made about their health care, including the right to accept or refuse medical or surgical treatment, and of their right to prepare AMDs concerning their medical care. Questions concerning mandatory medical or surgical procedures involving active duty soldiers should be referred to the Office of the Staff Judge Advocate for resolution IAW AR 600-20, (Army Command Policy) and MEDDAC Memo 40-42, (Consent for Medical Treatment).

7.4 A patient may revoke an AMD verbally or in writing at any time. A revocation is effective when communicated to any health care provider (e.g., Physician, Nurse). This change will be annotated on the SF 510, (Clinical Record-Nurse Notes) by nursing personnel.

7.5 Failure of a physician to comply with an AMD or to transfer care to another physician, when appropriate, constitutes professional misconduct and must be reported to the Credentials Committee.

The proponent of this publication is Patient Administration Division. Users are invited to send comments and suggested improvements on DA Form 2028 directly to Patient Administration Division, RWBAHC, ATTN: MCXJ-PA, Fort Huachuca, AZ 85613-7079.

FOR THE COMMANDER:

OFFICIAL:

GREGORY A. SWANSON
LTC, MS
Deputy Commander for
Administration

ROBERT D. LAKE
Information Management Officer

DISTRIBUTION:

A

APPENDIX A

ORGAN DONOR

**LIVING WILL
ON FILE
(Last Document on the Left Side)**

**AMD
ADVANCE MEDICAL
DIRECTIVE ON FILE**

APPENDIX B
RAYMOND W. BLISS
ARMY HEALTH CENTER
Advance Directives and Organ Donations:
What You Need to Know

What is an Advance Directive?

An advance directive informs your physician of what type and kind of care you would like to receive if you become unable to make medical decisions. Advance directives include living wills and durable powers of attorney for health care. At the time you are admitted to the Health Center, Health Center staff must inform you about your right to complete advance medical directives.

If you have an advance directive, you need to let your physician know. You also need to provide the original of it to Patient Administration staff members as soon as possible.

Living Wills

Living wills address the issue of terminal illness, usually with no hope of recovery. Terminal illness may take a variety of forms from complete mental and physical incapacitation for long or short periods of duration. A living will enables you to dictate such treatment before incapacitation occurs. Only you can make these decisions.

Durable Power of Attorney for Health Care (DPOA)

A durable power of attorney is a written document which gives another person (the person you designate as your agent to act on your behalf for your health care decisions) the legal authority to make health care decisions on your behalf, should you become mentally unconscious or incapacitated. You may desire to select a family member, spouse, or close friend to be your decision-maker for this purpose.

In a DPOA you may stipulate under what conditions you want this legal power of attorney to be activated and the powers your representative should have, under specific circumstances. It is suggested that the person also have the power to help enforce your living will.

Patient's Rights and Responsibilities

All competent adult patients have the moral and legal right to participate in their medical care treatment decisions and to refuse medical treatment even in lifesaving or life-sustaining situations. This includes the right to prepare Advanced Medical Directives concerning their medical care.

In general, active duty patients have the same rights as any other non-active duty patients. However, under certain circumstances, active duty soldiers may not refuse certain life threatening medical or surgical procedures. When an active duty soldier refuses such treatment, the matter is referred to the Office of the Staff Judge Advocate for resolution. Guidance concerning this is covered in AR 600-20, (Army Command Policy and Procedures).

A medical directive is voluntary in nature. You are not required to have one to be admitted or treated. Your care will not be compromised if you do not have one.

Organ Donations

You may make a gift of all or part of your body to a donor bank storage facility; hospital; medical or dental school for transplantation or evaluation; research facility for the advancement of medical or dental services. Such agreement is voluntary in nature and only takes effect when all efforts to save your life have been exhausted and death has been declared. Persons may wish to make such agreements to advance the lives of others or even save lives.

Such a donor agreement is always voluntary in nature. You are not required to have an agreement to be admitted or treated. The same care will be given to you regardless of such agreement.

Where to go for Advance Directives and Organ Donor Agreements

If you do not currently have an advance directive or donor agreement and would like one, the Legal Assistance Office (building 51102) is available to provide legal advice and assist individuals in preparing medico-legal documents. Legal Assistance Office hours for preparing these documents are: Mondays, Tuesdays, Thursday and Fridays from 1300-1500. You may call the Legal Assistance Office at 533-2009/3208 for further information. Organ Donor Hotline is 1-800-447-9477.

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-86; the proponent agency is the Office of The Surgeon General.

JRT TITLE Advance Medical Directive and Organ Donation Certificate

OTSG APPROVED (Date) April 1990

**CERTIFICATION THAT PATIENT
HAS BEEN INFORMED OF THE RIGHT TO FORMULATE
ADVANCE DIRECTIVES FOR HEALTH CARE
AND TO MAKE ORGAN DONATIONS**

PATIENT: _____ DATE: _____ TIME: _____ A.M./P.M.

I certify that Raymond W. Bliss Army Health Center has provided me with information about the laws of Arizona and this clinic's policies regarding my rights to accept or refuse medical or surgical treatment and my right to formulate advance directives for health care such as a living will or a health care power of attorney and my rights concerning organ donations.

I (check one) have have not executed a written advance directive for health care.

I (check one) have have not executed a release to permit the donation of my organs.

Signature of Patient (or legal representative): _____

Relationship to patient: _____

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

DATE

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)

- HISTORY/PHYSICAL
- OTHER EXAMINATION OR EVALUATION
- DIAGNOSTIC STUDIES
- TREATMENT
- FLOW CHART
- OTHER (Specify)

DA FORM 4700
1 MAY 78

RWBAHC OP 171, 1 Oct 97