

**Information & Instructions: Advance Directives Act**

# PREVIEW

1. Senate Bill 1260 from the 1999 legislative session, created a new law entitled the “Texas Advance Directives Act.” This new law consolidates health care, living wills and out of hospital do not resuscitate provisions under one statute. The new form handles health care decisions, living will concerns and out of hospital do not resuscitate concerns in one document.
2. The prior law, the Texas Natural Death law authorized an individual to sign a form known as a “Directive to Physicians”. This form allows an individual to instruct their health care provider to not prolong their life by the use of artificial life support when the support would only delay but not prevent death.
3. The Texas Advance Directives Act provides for a new form entitled “Directive to Physicians, Family or Surrogates.” The new form expands the list of health care providers and decision makers to include persons other than an individual’s physicians. This way other persons can make medical decisions for you, not just your doctor.
4. The Texas Advance Directives Act expands the scope of the Directive to Physicians. Under the new statute life support can be withheld if the individual has a terminal condition that is expected to cause death within six months. The prior law required death to be “imminent.” Consequently the individual can now avoid life support in more situations and earlier than under the prior “imminent” test. Life support can be withdrawn if an individual has an “irreversible condition” that is expected to cause the individual’s death.
5. The new code designations are as follows:

Subtitle H, Title 2, Health and Safety Code, is amended by adding a chapter heading for Chapter 166

Durable Power of Attorney for Health Care, formerly Chapter 135 Civil Practice and Remedies Code has been transferred to Subtitle H, Title 2, Health and Safety Code and is now re-designated as a Medical Power of Attorney per Chapter 166 of the Texas Health and Safety Code.

Disclosure statement formerly under Civil Practice and Remedies Code 135.014 has been transferred Sec. 166.162 of the Texas Health and Safety Code.

Directive to Physicians formerly Sec 672.002 is now re-designated as a Directive To Physicians And Family Or Surrogates per Section 166.051 of the Texas Health and Safety Code.

Out of-Hospital Do-Not-Resuscitate Orders formerly Sec 674 is now redesigned by Section 166.081

Per Sec 166.011 a “Medical power of attorney” means a document delegating to an agent authority to make health care decisions.

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The changes to Subsection (b), Section 166.045, and Subsection (b), Section 166.095, Health and Safety Code, as re-designated by this Act, apply only to conduct that occurs on or after January 1, 2000. Conduct that occurs before January 1, 2000, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.

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Form: Directive to physicians and family or surrogates

# PREVIEW

## DIRECTIVE TO PHYSICIANS AND FAMILY OR SURROGATES

Pursuant to Sec. 166.033 the Texas Health and Safety Code

### INSTRUCTIONS FOR COMPLETING THIS DOCUMENT:

This is an important legal document known as an Advance Directive. It is designed to help you communicate your wishes about medical treatment at some time in the future when you are unable to make your wishes known because of illness or injury. These wishes are usually based on personal values. In particular, you may want to consider what burdens or hardships of treatment you would be willing to accept for a particular amount of benefit obtained if you were seriously ill.

You are encouraged to discuss your values and wishes with your family or chosen spokesperson, as well as your physician. Your physician, other health care provider, or medical institution may provide you with various resources to assist you in completing your advance directive. Brief definitions are listed below and may aid you in your discussions and advance planning. Initial the treatment choices that best reflect your personal preferences. Provide a copy of your directive to your physician, usual hospital, and family or spokesperson. Consider a periodic review of this document. By periodic review, you can best assure that the directive reflects your preferences.

In addition to this advance directive, Texas law provides for two other types of directives that can be important during a serious illness. These are the Medical Power of Attorney and the Out-of-Hospital Do-Not-Resuscitate Order. You may wish to discuss these with your physician, family, hospital representative, or other advisers. You may also wish to complete a directive related to the donation of organs and tissues.

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DIRECTIVE  
**PREVIEW**

I, \_\_\_\_\_, recognize that the best health care is based upon a partnership of trust and communication with my physician. My physician and I will make health care decisions together as long as I am of sound mind and able to make my wishes known. If there comes a time that I am unable to make medical decisions about myself because of illness or injury, I direct that the following treatment preferences be honored:

If, in the judgment of my physician, I am suffering with a terminal condition from which I am expected to die within six months, even with available life-sustaining treatment provided in accordance with prevailing standards of medical care:

\_\_\_ I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible;

OR

\_\_\_ I request that I be kept alive in this terminal condition using available life-sustaining treatment. (THIS SELECTION DOES NOT APPLY TO HOSPICE CARE)

If, in the judgment of my physician, I am suffering with an irreversible condition so that I cannot care for myself or make decisions for myself and am expected to die without life-sustaining treatment provided in accordance with prevailing standards of care:

\_\_\_ I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible;

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\_\_\_ I request that I be kept alive in this irreversible condition using available life-sustaining treatment. (THIS SELECTION DOES NOT APPLY TO HOSPICE CARE.)

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Additional requests: (After discussion with your physician, you may wish to consider listing particular treatments in this space that you do or do not want in specific circumstances, such as artificial nutrition and fluids, intravenous antibiotics, etc. Be sure to state whether you do or do not want the particular treatment.)

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After signing this directive, if my representative or I elect hospice care, I understand and agree that only those treatments needed to keep me comfortable would be provided and I would not be given available life-sustaining treatments.

If I do not have a Medical Power of Attorney, and I am unable to make my wishes known, I designate the following person(s) to make treatment decisions with my physician compatible with my personal values:

- THIS DOCUMENT**
1. \_\_\_\_\_
  2. \_\_\_\_\_

(If a Medical Power of Attorney has been executed, then an agent already has been named and you should not list additional names in this document.)

If the above persons are not available, or if I have not designated a spokesperson, I understand that a spokesperson will be chosen for me following standards specified in the laws of Texas. If, in the judgment of my physician, my death is imminent within minutes to hours, even with the use of all available medical treatment provided within the prevailing standard of care, I acknowledge that all treatments may be withheld or removed except those needed to maintain my comfort. I understand that under Texas law this directive has no effect if I am

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been diagnosed as pregnant. This directive will remain in effect until I revoke it. No other person may do so.

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Signed on \_\_\_\_\_.

\_\_\_\_\_  
[Your signature]

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\_\_\_\_\_  
[City, County, and State of Residence]

**ATTESTATION:**

Two competent adult witnesses must sign below, acknowledging the signature of the declarant. The witness designated as Witness 1 may not be a person designated to make a treatment decision for the patient, and may not be related to the patient by blood or marriage.

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This witness may not be entitled to any part of the estate and may not have a claim against the estate of the patient. This witness may not be the attending physician or an employee of the attending physician. If this witness is an employee of a health care facility in which the patient is being cared for, this witness may not be involved in providing direct patient care to the patient. This witness may not be an officer, director, partner, or business office employee of a health care facility in which the patient is being cared for or of any parent organization of the health care facility.

**THANK YOU**

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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Address: \_\_\_\_\_

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Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

**DEFINITIONS:**

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Artificial nutrition and hydration means the provision of nutrients or fluids by a tube inserted in a vein, under the skin in the subcutaneous tissues, or in the stomach (gastrointestinal tract).

"Irreversible condition" means a condition, injury, or illness:

- (1) that may be treated, but is never cured or eliminated;
- (2) that leaves a person unable to care for or make decisions for the person's own self; and
- (3) that, without life-sustaining treatment provided in accordance with the

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prevailing standard of medical care, is fatal.

**Explanation:** Many serious illnesses such as cancer, failure of major organs (kidney, heart, liver, or lung), and serious brain disease such as Alzheimer's dementia may be considered irreversible early on. There is no cure, but the patient may be kept alive for prolonged periods of time if the patient receives life-sustaining treatments. Late in the course of the same illness, the disease may be considered terminal when, even with treatment, the patient is expected to die.

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You may wish to consider which burdens of treatment you would be willing to accept in an effort to achieve a particular outcome. This is a very personal decision that you may wish to discuss with your physician, family, or other important persons in your life.

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"Life-sustaining treatment" means treatment that, based on reasonable medical judgment, sustains the life of a patient and without which the patient will die. The term includes both life-sustaining medications and artificial life support such as mechanical breathing machines, kidney dialysis treatment, and artificial hydration and nutrition. The term does not include the administration of pain management medication, the performance of a medical procedure necessary to provide comfort care, or any other medical care provided to alleviate a patient's pain.

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"Terminal condition" means an incurable condition caused by injury, disease, or illness that according to reasonable medical judgment will produce death within six months, even with available life-sustaining treatment provided in accordance with the prevailing standard of medical care.

**Explanation:** Many serious illnesses may be considered irreversible early in the course of the illness, but they may not be considered terminal until the disease is fairly advanced. In thinking about terminal illness and its treatment, you again may wish to consider the relative benefits and burdens of treatment and discuss your wishes with your physician, family, or other important persons in your life.

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#### OPTIONAL NOTARIZATION

Per Sec. 166.036 of the Texas Health and Safety Code, a written directive executed under Section 166.033 or 166.035 is effective without regard to whether the document has been notarized.

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A physician, health care facility, or health care professional may not require that:

- (1) a directive be notarized; or

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(2) a person use a form provided by the physician, health care facility, or health care professional.

**PREVIEW**

State of Texas  
County of \_\_\_\_\_

This instrument was acknowledged before me on [Date]\_\_\_\_\_ by [Name]

\_\_\_\_\_.

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\_\_\_\_\_  
Signature of officer

\_\_\_\_\_  
Notary's typed or printed name

My commission expires:

\_\_\_\_\_

[or Notary's Stamp]

**THIS DOCUMENT**

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