

# LOUISIANA Advance Directive Planning for Important Healthcare Decisions

*Caring Connections*  
1731 King St., Suite 100, Alexandria, VA 22314  
[www.caringinfo.org](http://www.caringinfo.org)  
800/658-8898

Caring Connections, a program of the National Hospice and Palliative Care Organization (NHPCO), is a national consumer engagement initiative to improve care at the end of life.

## **It's About How You LIVE**

*It's About How You LIVE* is a national community engagement campaign encouraging individuals to make informed decisions about end-of-life care and services. The campaign encourages people to:

- L**earn about options for end-of-life services and care
- I**mplement plans to ensure wishes are honored
- V**oice decisions to family, friends and health care providers
- E**ngage in personal or community efforts to improve end-of-life care

**Note:** The following is not a substitute for legal advice. While Caring Connections updates the following information and form to keep them up-to-date, changes in the underlying law can affect how the form will operate in the event you lose the ability to make decisions for yourself. If you have any questions about how the form will help ensure your wishes are carried out, or if your wishes do not seem to fit with the form, you may wish to talk to your health care provider or an attorney with experience in drafting advance directives.

Copyright © 2005 National Hospice and Palliative Care Organization. All rights reserved. Revised 2014. Reproduction and distribution by an organization or organized group without the written permission of the National Hospice and Palliative Care Organization is expressly forbidden.

## Using these Materials

### BEFORE YOU BEGIN

1. Check to be sure that you have the materials for each state in which you may receive healthcare.
2. These materials include:
  - Instructions for preparing your advance directive, please read all the instructions.
  - Your state-specific advance directive forms, which are the pages with the gray instruction bar on the left side.

### ACTION STEPS

1. You may want to photocopy or print a second set of these forms before you start so you will have a clean copy if you need to start over.
2. When you begin to fill out the forms, refer to the gray instruction bars — they will guide you through the process.
3. Talk with your family, friends, and physicians about your advance directive. Be sure the person you appoint to make decisions on your behalf understands your wishes.
4. Once the form is completed and signed, photocopy the form and give it to the person you have appointed to make decisions on your behalf, your family, friends, health care providers and/or faith leaders so that the form is available in the event of an emergency.
5. Louisiana maintains a Living Will Declaration Registry. By filing your advance directive with the registry, your health care provider and loved ones may be able to find a copy of your directive in the event you are unable to provide one. You can read more about the registry, including instructions on how to file your advance directive, at <http://www.sos.la.gov/OurOffice/EndOfLifeRegistries/Pages/default.aspx>.
6. You may also want to save a copy of your form in an online personal health records application, program, or service that allows you to share your medical documents with your physicians, family, and others who you want to take an active role in your advance care planning.

## INTRODUCTION TO YOUR LOUISIANA DECLARATION

This packet contains a legal document that protects your right to refuse medical treatment you do not want, or to request treatment you do want, in the event you lose the ability to make decisions yourself.

The **Louisiana Declaration** is your state's living will. It lets you state your wishes about medical care in the event that you become terminally and irreversibly ill and can no longer make your own medical decisions.

In addition, this Declaration lets you designate another person, called an agent, to make health care decisions for you in the event you become terminally and irreversibly ill and can no longer make your own medical decisions.

Your Louisiana Declaration goes into effect when your doctor determines that you are terminally and irreversibly ill and can no longer make your own medical decisions.

This form also includes an optional section that allows you to make decisions about organ donation.

This form does not expressly address mental illness. If you would like to make advance care plans involving mental illness, you should talk to your physician and an attorney about a durable power of attorney.

*Note: This document will be legally binding only if the person completing it is a competent adult (at least eighteen years old).*

## COMPLETING YOUR LOUISIANA DECLARATION

### **How do I make my Louisiana Declaration legal?**

The law requires that you sign your Declaration in the presence of two competent adult witnesses, who must also sign the document to show that they personally know you and believe you to be of sound mind. These witnesses **cannot** be:

- related to you by blood or marriage; or
- entitled to any portion of your estate.

*Note: You do not need to notarize your Louisiana Declaration.*

### **Whom should I designate as my agent?**

Your agent is the person you appoint to make decisions about your medical care if you become unable to make those decisions yourself. Your agent may be a family member or a close friend whom you trust to make serious decisions. The person you name as your agent should clearly understand your wishes and be willing to accept the responsibility of making medical decisions for you.

You can appoint a second person as your alternate agent. The alternate will step in if the first person you name as an agent is unable, unwilling, or unavailable to act for you.

### **Can I add personal instructions to my Declaration?**

One of the strongest reasons for naming an agent is to have someone who can respond flexibly as your medical situation changes and deal with situations that you did not foresee. If you add instructions to this document it may help your agent carry out your wishes, but be careful that you do not unintentionally restrict your agent's power to act in your best interest. In any event, be sure to talk with your agent about your future medical care and describe what you consider to be an acceptable "quality of life."

### **What if I change my mind?**

You may revoke your Louisiana Declaration at any time, regardless of your mental condition, by:

- Canceling, defacing, obliterating, burning, tearing, or otherwise destroying the document, or directing another to do so in your presence;
- Signing and dating a written revocation; or
- By orally expressing your intent to revoke your Declaration.

Your revocation becomes effective once you notify your doctor.

**LOUISIANA DECLARATION – PAGE 1 OF 5**

---

INSTRUCTIONS

PRINT THE DATE

Declaration made this \_\_\_\_\_ day of \_\_\_\_\_.  
(day) (month, year)

PRINT YOUR NAME

I \_\_\_\_\_  
(name)

being of sound mind, willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below and do hereby declare:

If at any time I should have an incurable injury, disease, or illness, or be in a continual profound comatose state with no reasonable chance of recovery, certified to be a terminal and irreversible condition by two physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined that my death will occur whether or not life-sustaining procedures are utilized and where the application of life-sustaining procedures would serve only to prolong artificially the dying process, I direct:

Initial only one

\_\_\_\_\_ That all life-sustaining procedures, including nutrition and hydration, be withheld or withdrawn so that food and water will not be administered invasively.

\_\_\_\_\_ That life-sustaining procedures, except nutrition and hydration, be withheld or withdrawn so that food and water can be administered invasively.

I further direct that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care.

In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this declaration shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

© 2005 National  
Hospice and  
Palliative Care  
Organization  
2014 Revised.

LOUISIANA DECLARATION — PAGE 2 OF 5

Designation Clause

I ,

\_\_\_\_\_  
(name)

authorize

\_\_\_\_\_  
(name of agent)

residing at

\_\_\_\_\_  
(address of agent)

as my agent, to make all medical treatment decisions for me, including decisions to withhold or withdraw any form of life-sustaining procedure on my behalf should I be (1) diagnosed as suffering from a terminal and irreversible condition and (2) comatose, incompetent or otherwise mentally or physically incapable of communication. I have discussed my desires concerning terminal care with my agent named above, and I trust his/her judgment on my behalf. I understand that if I have not filled in any name in this clause or if the agent I have chosen is unavailable or unwilling to act on my behalf, my declaration will nevertheless be given effect should the above-discussed circumstance arise.

In the event that the agent I have named is unable, unwilling, or unavailable to act as my agent, I authorize

\_\_\_\_\_  
(name of agent)

residing at

\_\_\_\_\_  
(address of agent)

as my alternate agent.

PRINT YOUR NAME

PRINT THE NAME  
AND ADDRESS OF  
YOUR AGENT

PRINT THE NAME  
AND ADDRESS OF  
YOUR ALTERNATE  
AGENT

© 2005 National  
Hospice and  
Palliative Care  
Organization  
2014 Revised.



**LOUISIANA DECLARATION — PAGE 4 OF 5**

---

ORGAN DONATION  
(OPTIONAL)

Organ Donation (Optional)

Initial the line next to the statement below that best reflects your wishes. You do not have to initial any of the statements. If you do not initial any of the statements, your guardian, agent, or family may have the authority to make a gift of all or part of your body under Louisiana law.

INITIAL THE  
OPTION THAT  
REFLECTS YOUR  
WISHES

\_\_\_\_\_ I do not want to make an organ or tissue donation and I do not want my guardian, agent, or family to do so.

\_\_\_\_\_ I have already signed a written agreement or donor card regarding organ and tissue donation with the following individual or institution:

ADD NAME OR  
INSTITUTION (IF  
ANY)

Name of individual/institution: \_\_\_\_\_

\_\_\_\_\_ Pursuant to Louisiana law, I hereby give, effective on my death:

\_\_\_\_\_ Any needed organ or parts.

\_\_\_\_\_ The following part or organs listed below:

\_\_\_\_\_  
For (initial one):

\_\_\_\_\_ Any legally authorized purpose.

\_\_\_\_\_ Transplant or therapeutic purposes only.

ADD ADDITIONAL  
INSTRUCTIONS, IF  
ANY

Add any additional instructions:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



LOUISIANA DECLARATION — PAGE 5 OF 5

---

Execution

I understand the full meaning and significance of this declaration and I am emotionally and mentally competent to make this declaration.

Signed \_\_\_\_\_

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

City, Parish and State of Residence  
\_\_\_\_\_  
\_\_\_\_\_

The declarant has been personally known to me and I believe him or her to be of sound mind. I am not related by blood or marriage to the declarant. I am not entitled to any portion of the declarant's estate.

Witness 1

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

Print name: \_\_\_\_\_

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

Witness 2

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

Print name: \_\_\_\_\_

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

SIGN AND DATE  
THE DOCUMENT  
AND  
PRINT YOUR PLACE  
OF RESIDENCE

WITNESSING  
PROCEDURES

WITNESSES MUST  
SIGN AND DATE  
HERE

## **You Have Filled Out Your Health Care Directive, Now What?**

1. Your Louisiana Declaration is an important legal document. Keep the original signed document in a secure but accessible place. Do not put the original document in a safe deposit box or any other security box that would keep others from having access to it.
2. Give photocopies of the signed original to your agent and alternate agent, doctor(s), family, close friends, clergy and anyone else who might become involved in your healthcare. If you enter a nursing home or hospital, have photocopies of your document placed in your medical records.
3. Be sure to talk to your agent(s), doctor(s), clergy, family and friends about your wishes concerning medical treatment. Discuss your wishes with them often, particularly if your medical condition changes.
4. Louisiana maintains a Living Will Declaration Registry. By filing your advance directive with the registry, your health care provider and loved ones may be able to find a copy of your directive in the event you are unable to provide one. You can read more about the registry, including instructions on how to file your advance directive, at <http://www.sos.la.gov/OurOffice/EndOfLifeRegistries/Pages/default.aspx>.
5. You may also want to save a copy of your form in an online personal health records application, program, or service that allows you to share your medical documents with your physicians, family, and others who you want to take an active role in your advance care planning.
6. If you want to make changes to your documents after they have been signed and witnessed, you must complete a new document.
7. Remember, you can always revoke your Louisiana document.
8. Be aware that your Louisiana document will not be effective in the event of a medical emergency. Ambulance and hospital emergency department personnel are required to provide cardiopulmonary resuscitation (CPR) unless they are given a separate directive that states otherwise. These directives called "prehospital medical care directives" or "do not resuscitate orders" are designed for people whose poor health gives them little chance of benefiting from CPR. These directives instruct ambulance and hospital emergency personnel not to attempt CPR if your heart or breathing should stop.

We suggest you speak to your physician if you are interested in obtaining this form.

**Caring Connections does not distribute these forms.**