

Advance Directives for Health Care (Power of Attorney for Health Care and Declaration to Physicians)

(Revised 9/7/2022)

Overview:

The Power of Attorney for Health Care (POA-HC) Form (DHS Form F-00085) makes it possible for adults in Wisconsin to authorize other individuals (called health care agents) to make health care decisions on their behalf should they become incapacitated. The Declaration to Physicians or Living Will Form (DHS Form F-00060) makes it possible for adults in Wisconsin to state their preferences for life-sustaining procedures and feeding tubes in the event the person is in a terminal condition or persistent vegetative state.

For the POA-HC, an inmate may not designate a DOC staff member, unless otherwise noted in policy, or other inmate as their healthcare agent. The POA-HC is only activated when the inmate is found to be "unable to receive and evaluate information effectively or to communicate decisions to an extent that person lacks the capacity to manage his or her health care decision." An inmate may revoke or invalidate a POA-HC at any time through verbally expressing the desire in front of two witnesses, creating another POA-HC, written statement, canceling, defacing, obliterating, or otherwise destroying the POA-HC, or completing a Patient Revocation of Power of Attorney for Health Care (DOC-3618) form.

The Living Will is only activated when the inmate is found to have a terminal condition or is in a persistent vegetative state. An inmate may revoke the living will at any time by verbally expressing the desire, creating a subsequent living will, written statement, canceling, defacing, obliterating, or otherwise destroying the living will, or completing a Patient Revocation of Declaration to Physicians (DOC-3618) form. **Staff shall communicate the revocation to any community facility or individual that has a copy.** New forms shall be provided to an inmate any time they request to make changes to their living will.

Social Worker/Treatment Specialist Responsibilities:

The Power of Attorney for Health Care and Living Will documents are available through the social worker or Health Services Unit (HSU) as requested. Social workers can educate and provide sufficient information including the meaning and consequences of signing Advance

Directives to interested inmates. The social worker shall review the documents for completion with the inmate to ensure all of the information is adequately completed on the form. Two witnesses are required for the POA-HC and Living Will. Witnesses cannot be a health care provider who is providing health care services at the time of the document being signed or an employee of the health care provider unless the employee is a chaplain or certified social worker. DOC security staff are considered health care provider(s). Once the forms are signed by the inmate and two witnesses, a copy shall be submitted to the inmate's primary and alternate healthcare agent(s) and your institution's Health Services Unit.

An inmate executing a POA-HC and/or Living Will should be of sound mind. Therefore, if the witnessing social worker or chaplain does not believe the inmate is of sound mind, then the social worker or chaplain shall refer the inmate to psychological services for a competency evaluation using the Referral for On-Site Health Services (DOC-3813) form

Resources/References

DHS F-00085 Power of Attorney for Health Care

DHS F-00060 Living Will

DOC-3618 – Patient Revocation of Power of Attorney for Health Care

DOC-3618 – Patient Revocation of Declaration to Physicians

DOC-3813 - Referral for On-Site Health Services

DAI 500.00.01 Advanced Directives for Health Care

<https://www.dhs.wisconsin.gov/forms/advdirectives/index.htm>