

*For more information or to
receive copies of the documents
discussed, please contact:
Memorial Medical Center
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*Choose
or Refuse
Medical
Treatment*

The Documents

Advance Medical Directive documents are designed to enable a person to direct, or authorize, other individuals to make certain health care decisions on their behalf in the event they become incapable of doing so.

In Wisconsin there are two types of legal advance directive documents. The Declaration to Physicians (Living Will) and The Power of Attorney for Health Care (POA-HC). To complete either document the person must be of sound mind and at least 18 years of age. An attorney is not required to complete either document.

Declaration to Physicians (Living Will)

This document is a statement directly from you to your physician. The purpose of this document is to provide your physician with your treatment preferences should you have a terminal condition or are in a persistent vegetative state as determined by physicians who have personally examined you. It allows you to indicate whether or not you would wish feeding tubes or life-sustaining procedures. This document is limited to use in two situations only (1) terminal conditions and (2) persistent vegetative states.

If you wish to identify more specific desires regarding life sustaining procedures, feeding tubes, pain medication, other treatment issues or select someone to make your decisions when you are not able, this document would not meet your needs.

Power of Attorney for Health Care

This document allows you to designate a person (health care agent) and an alternate, to make

decisions on your behalf when you are no longer able to make health care decisions due to incapacity as determined by two physicians or a physician and psychologist. You are able to address your preferences regarding nursing home and community based residential facility placements, feeding tubes, health decisions for pregnant women and it allows for a statement of desires, special provisions or limitations. There is also an optional section which you may complete regarding anatomical gifts (organ and body donation).

Make Your Wishes Legal

Both documents require the individual's signature witnessed by two persons who are: 18 years of age, not related to the principal by blood, marriage, or adoption; are not directly financially responsible for the principal's health care and are not an employee of the health care facility with the exception of the Social Worker or Chaplain.

Either document can be revoked at any time as long as you are still capable of making decisions.

Copies of these documents should become a permanent part of your medical record at each medical facility where you receive care and treatment. It is recommended that copies of your advance directives also be given to the individual's family members as this would ensure that your wishes are known. The health care agents who you listed in your Power of Attorney for Health Care should also receive copies of your document.

It is usually recommended that you do not complete both documents as the provisions may be contradicting. In the event that both documents are completed and conflicting provisions occur, the Power of Attorney for Health Care supersedes any conflicting provisions in the Living Will.