

COMPARISON OF WISCONSIN'S LIVING WILL AND POWER OF ATTORNEY FOR HEALTH CARE

03/2011, updated 12/2014

LIVING WILL (DECLARATION TO PHYSICIANS) *Ch. 154, Wis. Stats.*

POWER OF ATTORNEY FOR HEALTH CARE *Ch. 155, Wis. Stats.*

What it is	Document signed by a patient giving instructions to physicians under certain circumstances.	Document signed by a "principal" appointing another individual as "agent" to make health care decisions for principal.
When it becomes effective	When two physicians personally examine patient and sign statement that he or she is "terminal" and death is imminent, <u>or</u> is in a "persistent vegetative state."	When two physicians (or one physician and one psychologist) personally examine patient and sign statement that he or she is incapacitated (not able to make health care decisions).
Conditions under which document is effective	<ul style="list-style-type: none"> • "Terminal" and death imminent; or • "Persistent vegetative state." 	Anytime incapacitated. A Power of Attorney is more comprehensive than a Living Will because it covers more situations.
Procedures covered	<ul style="list-style-type: none"> • "Life-sustaining" procedures to be used or withheld/withdrawn if in "persistent vegetative state." • Feeding tubes to be used or withheld/withdrawn if "terminal" or in "persistent vegetative state." 	Almost anything. Agent may consent to or decline procedure. <i>Authority must be specifically authorized for:</i> <ul style="list-style-type: none"> • Long-term nursing home/CBRF admissions; • Tube feeding withholding/withdrawal; and • Continued effect during pregnancy.
Does not apply	<ul style="list-style-type: none"> • Neither "terminal" nor in "persistent vegetative state;" or • Terminal but death not imminent; or • Pregnant. 	<ul style="list-style-type: none"> • Electroshock therapy; • Experimental mental health, drugs and treatment; and • Admission to mental facilities, certain treatment facilities, or intermediate care facilities for person with intellectual disabilities.
Use of alternative forms	Permitted, but no immunities for health care providers apply.	Permitted, and immunities for health care provider apply.
Individuals who may be agent or alternate agent	NOT APPLICABLE	Anyone, other than health care provider, employee of a provider or facility where patient or resident, or spouse of provider/employee, unless also a relative. Usually a family member or close friend.
Witnessing requirements	Two disinterested persons. May <u>not</u> be: relative, person who will inherit or has claim on estate, directly financially responsible for patient's health care, or health care provider/facility employee (except social worker or chaplain).	Two disinterested persons. May <u>not</u> be: relative, person who will inherit or has claim on estate, directly financially responsible for patient's health care, or health care provider/facility employees (except social worker or chaplain).
Distribution and storage	Sign one original and make several copies. Copies to doctor/clinic, hospital, a family member. Original at safe place at home; may file with Register in Probate for small fee. Complete wallet card.	Sign one original and make several copies. Copies to doctor/clinic, hospital, agent, alternate agent, family member. Original at safe place at home; may file with Register in Probate for small fee. Complete wallet card.
Procedures to revoke document	<ol style="list-style-type: none"> 1) Destroy all copies; 2) Signed & dated written revocation; 3) Oral Revocation with notice to doctor; 4) Execute new Declaration; or 5) Revoke with POAHC. 	<ol style="list-style-type: none"> 1) Destroy all copies; 2) Signed & dated written revocation; 3) Oral revocation in presence of 2 witnesses; or 4) Execute new POAHC.
Where to obtain	http://www.dhs.wisconsin.gov/forms/AdvDirectives/index.htm or for forms with instructions and informational materials, go to www.gwaar.org or call (855) 409-9410.	