



## COMPARISON of WISCONSIN'S LIVING WILL and POWER OF ATTORNEY FOR HEALTH CARE

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

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

*Securing the present  
 and protecting  
 the future.*

<b>What it is</b>	<b>Document signed by a patient giving instructions to physicians under certain circumstances.</b>	<b>Document signed by a "principal" appointing another individual as "agent" to make health care decisions for principal.</b>
<b>When it becomes effective</b>	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).
<b>Conditions under which document is effective</b>	<ul style="list-style-type: none"> <li>• "Terminal" and death imminent; or</li> <li>• "Persistent vegetative state."</li> </ul>	Anytime incapacitated. <b>A Power of Attorney is more comprehensive than a Living Will because it covers more situations.</b>
<b>Procedures covered</b>	<ul style="list-style-type: none"> <li>• "Life-sustaining" procedures to be used or withheld/withdrawn if in "persistent vegetative state."</li> <li>• Feeding tubes to be used or withheld/withdrawn if "terminal" or in "persistent vegetative state."</li> </ul>	Almost anything. Agent may consent to or decline procedure. <i>Authority must be specifically authorized for:</i> <ul style="list-style-type: none"> <li>• Long-term nursing home/CBRF admissions;</li> <li>• Tube feeding withholding/withdrawal; and</li> <li>• Continued effect during pregnancy.</li> </ul>
<b>Does not apply</b>	<ul style="list-style-type: none"> <li>• Neither "terminal" nor in "persistent vegetative state;" or</li> <li>• Terminal but death not imminent; or</li> <li>• Pregnant.</li> </ul>	<ul style="list-style-type: none"> <li>• Electroshock therapy;</li> <li>• Experimental mental health, drugs and treatment; and</li> <li>• Admission to mental facilities.</li> </ul>
<b>Use of alternative forms</b>	Permitted, but no immunities for health care providers apply.	Permitted, and immunities for health care provider apply.
<b>Individuals who may be agent or alternate agent</b>	NOT APPLICABLE	Anyone, other than health care provider, employee of provider or facility where patient or resident, or spouse of provider/employee, unless also a relative. Usually a family member or close friend.
<b>Witnessing requirements</b>	Two disinterested persons. May <u>not</u> be: relative, person who will inherit or has claim on estate, directly 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 responsible for patient's health care, or health care provider/facility employees (except social worker or chaplain).
<b>Distribution and storage</b>	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.
<b>Procedures to revoke document</b>	<ol style="list-style-type: none"> <li>1) Destroy all copies;</li> <li>2) Signed &amp; dated written revocation;</li> <li>3) Oral Revocation with notice to doctor;</li> <li>4) Execute new Declaration; or</li> <li>5) Revoke with POAHC.</li> </ol>	<ol style="list-style-type: none"> <li>1) Destroy all copies;</li> <li>2) Signed &amp; dated written revocation;</li> <li>3) Oral revocation in presence of 2 witnesses; or</li> <li>4) Execute new POAHC.</li> </ol>
<b>Where to Obtain</b>	www.dhfs.state.wi.us/forms or <i>Division of Health, P.O. Box 309, Madison, WI 53701-0309 or for forms with instructions and informational materials, send \$2 cash or check to: CWAG/POA, 2850 Dairy Drive, Suite 100, Madison, WI 53718-6751</i>	

