Do Not Resuscitate Directives in Kansas

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Understanding the Do Not Resuscitate (DNR) Directive

DNR stands for “Do Not Resuscitate.” A DNR is a type of advance directive that you complete in advance of a medical emergency. Typically, only terminally ill patients have a DNR directive or order. If a healthy person has a DNR directive, it may prevent him from receiving medical care needed to save his life.

Some people have the idea that the DNR directive allows another person to remove life support technology. This is not what the DNR directive does. The DNR directive is a legal document that allows adults to communicate, in advance, their desire to not be revived, should they stop breathing or their heart stops beating. Having a DNR directive means that you do not want to have cardiopulmonary resuscitation (CPR) performed by medical personnel. If you are found without a heartbeat or are not breathing, and you have a DNR directive, then health care providers will not attempt to “bring you back.” Therefore, when a DNR directive is in place, no steps can be taken to restart the heart or breathing.

A DNR directive is usually put into place by individuals who are ill or injured, or by frail elderly, not by those who are in reasonably good health. You may be given an insignia by your physician (bracelet or medallion) that identifies you and your wish to not be resuscitated.

Talking to Others about the DNR Directive

Completing the DNR directive is a serious decision. You should talk with your physician at length to ensure that you completely understand the options and ramifications. Consulting an attorney whenever you are contemplating end-of-life decisions may be helpful as well. Your individual situation may make some decisions more complicated than it seems at first.

Some people find that talking to their family, a trusted friend, or spiritual advisor can be helpful in thinking through these types of decisions. Because a DNR directive is linked to illness, injury, and death, discussing these choices can make some people uncomfortable. However, receiving the care that you want at the end of your life is too important to be ignored just because the conversation may be a difficult one.

How to Complete a DNR Directive

A DNR directive is a legal document. In Kansas, you do not need a lawyer to complete the form. State laws vary, though, so you want to be sure that you know other states’ requirements if you plan on moving or if you are caring for someone out-of-state. A good place to find more information about a state’s policies on advance directives such as the DNR directive is the health department or the state office on aging. You can also ask a
A DNR directive is a dated and witnessed document that is put into writing. The document must be signed by you and your physician or for you by someone else based upon your expressed direction. The witness must be: 1) at least 18 years of age, 2) not related to you by blood or marriage, 3) not entitled to your estate, 4) not financially responsible for your medical care, and 5) not the same person who signed the document for you at your direction if you are unable to sign for yourself.

The DNR directive provides coverage for you when living at home. For example, if you are receiving hospice services or other end-of-life care at home and do not want to be resuscitated if your heart or breathing stops, then you may find this form helpful.

Your physician could also write a DNR order as part of your medical record during an admission to a hospital or care facility. A durable power of attorney for health care may ask for a DNR order on your behalf if those were your wishes prior to the illness or injury.

A health care provider who in good faith honors a DNR directive, order, or insignia is not civilly liable, or guilty of a crime or of unprofessional conduct.

After Completing a DNR Directive

Once you have completed a DNR directive, it is especially important to inform your family about your wishes. Give copies to your loved ones, doctors, hospital, and lawyer, if you have one. Keep a copy on hand. You may want to consider carrying a copy with you, or placing a note in your wallet or purse stating that you have a DNR directive and where it can be found. There are some private companies that can electronically store your advance directives via the Internet. Others provide bracelets to wear that indicate your wishes. There are typically fees for these services. You may want to consider placing copies of your DNR directive in your automobile’s glove box.

Taking these steps might eliminate possible confusion in case of an emergency. Although medical professionals do want to honor your end-of-life decisions, they are likely to err on the side of caution if your wishes about resuscitation are not clear. The DNR directive or insignia must be given or shown to the person responding to the emergency before resuscitation is started. Therefore, you want to store the DNR directive someplace that is easily accessible to your family members or loved ones so that it may be given to the emergency response team when they arrive or to hospital personnel when you are admitted.

Summary

Thinking about what you desire at the end of life is an important task. Communicate with your family and health care providers. Keep copies of your advance directives available in case of emergency. If you would like more information about this subject, please see additional K-State Research and Extension publications on advance directives, durable power of attorney for health care, and living wills. Also see the list of Kansas Resources for more information.
References


Kansas Resources

Elder Law Hotline
(800) 353-5337
www.kansaslegalservices.org/Home/PublicWeb/GetHelp

Kansas Department on Aging
(800) 432-3535
www.agingkansas.org

Kansas Health Ethics
(316) 684-1991
www.kansashealthethics.org

Kansas Legal Services
(888) 353-5337
www.kansaslegalservices.org

Life Project
Helpline: (888) 202-5433
www.lifeproject.org

Kansas Resources with Downloadable Forms

Kansas Bar Association
(785) 234-5696
www.ksbar.org or ksbar.lawinfo.com (the page with forms)

The University of Kansas Hospital (offers forms in Spanish) www.kumed.com/bodyside.cfm?id=2120

National Resources

Caring Connections
Helpline: (800) 658-8898
Spanish Helpline: (877) 658-8896
www.caringinfo.org

National Library of Medicine and the National Institutes of Health: MedlinePlus

LawHelp.org
www.lawhelp.org
Pre-Hospital DNR Request Form
An advanced request to Limit the Scope of Emergency Medical Care
K.S.A. 65-4942

I, _____________________________, request limited emergency care as herein described.

I understand DNR means that if my heart stops beating or if I stop breathing, no medical procedure to restart breathing or heart functioning will be instituted.

I understand this decision will *not* prevent me from obtaining other emergency medical care by pre-hospital care providers or medical care directed by a physician prior to my death.

I understand I may revoke this directive at any time.

I give permission for this information to be given to the pre-hospital care providers, doctors, nurses or other health care personnel as necessary to implement this directive.

I hereby agree to the “Do Not Resuscitate” (DNR) directive.

________________________________________  _________________________________________
Signature     Date   Witness     Date

I AFFIRM THIS DIRECTIVE IS THE EXPRESSED WISH OF THE PATIENT, IS MEDICALLY APPROPRIATE, AND IS DOCUMENTED IN THE PATIENT’S PERMANENT MEDICAL RECORD.

In the event of an acute cardiac or respiratory arrest, no cardiopulmonary resuscitation will be initiated.

_____________________________________________________________________________________
Attending Physician’s Signature*     Date

_____________________________________________________________________________________
Address        Facility or Agency Name

*Signature of physician not required if the above-named is a member of a church or religion which, in lieu of medical care and treatment, provides treatment by spiritual means through prayer alone and care consistent therewith in accordance with the tenets and practices of such church or religion.

**REVOCATION PROVISION**
I hereby revoke the above declaration.

_____________________________________________________________________________________
Signature        Date