

You Decide Advance Directives are Your Medical Voice

By Eugene M Hoyt, JD, MD, FCLM

(Editors.Note) Dr. Gene Hoyt is a well known physician and Trustee of the Oklahoma States Medical Society. Few people know he is also an attorney. A former Oklahoma Assistant Attorney General, U.S. Air Force Judge Advocate and Trial Judge, he continues to write and lecture about topics in Law and Medicine.

Who wants to make a Will? No one! It is not pleasant to sit down and think of End of Life issues. But, it should be done by each of us. Like the Will that passes property, your Living Will allows you the opportunity to voice your desires for medical treatment at the end of life. Many think that Living Wills, also called Advance Directives, are only for the old folks. Not true! Illness and trauma can occur at anytime and at any age. Your voice needs to guide your caregivers through an emotional time. If you have a Living Will, you decide on what care you want and spare your family of the grief of decision making. Many people complete Living Wills at the time they devise real and personal property with a traditional Will. The State of Oklahoma provides us with simple and concise forms for Living Wills and Durable Powers of Attorney which I will discuss.

A Living Will is your expression of medical care you want or don't want if you have a terminal illness. The Living Will is a relatively new document. In the past your spouse or other family members spoke for you. But, now you must speak for yourself. If you do not have a Living Will, the state presumes you want all appropriate medical care to include cardiopulmonary resuscitation which may include chest compression, ventilator care to breathe for you, and tube feeding to maintain nutrition. Your family can overcome this presumption only by obtaining a costly Legal Guardianship over you. You can spare your family of

this time consuming and costly legal proceeding by having a Living Will. If you have a Living Will and have appointed a Healthcare Proxy (someone who acts for you) there can be little doubt of your intentions and you save the family much emotion and grief. Your cultural and religious beliefs can also be expressed in your Living Will.

Just as with a property will the maker of a Living Will must be 18 and of sound mind. A Living Will must be witnessed by two disinterested people. As long as you are competent you make your own decisions for yourself and your decisions for ongoing care must be followed regardless of your illness or condition. A Living Will becomes effective only if you are unable to make informed decisions and have a Terminal Condition. A Terminal Condition is defined as an incurable condition from which a person will die within 6 months, even if treatment is administered. Two physicians must certify a Terminal Condition and document it in the medical record before a Living Will becomes effective. Your medical decision maker, someone you know and trust, is called your Proxy. The Proxy will make health care decisions in your place. The Proxy must follow all of the instructions you have given in your Living Will. The Proxy speaks with your voice, Always, Always talk to your Proxy and tell them what you want or don't want as part of your medical care. You should also appoint an Alternate Proxy to act if the primary is unable.

The Oklahoma statute allows you to Will your body or organs for transplant or research and education.

A unique feature of the Oklahoma Living Will statute allows a pregnant woman, who is in a Terminal Condition, through her Proxy, to decline and refuse all life sustaining treatment including respiratory support and nutrition. Through

a Living Will a pregnant woman can specifically provide for treatments to be withheld or withdrawn.

Another document you should know of is a Durable Power of Attorney. The term durable means the Power of Attorney will be valid if you can no longer make decisions for yourself. A Power of Attorney may be general or specific. A Durable Medical Power allows your chosen representative to authorize your medical care in other than Terminal Conditions. If you are unconscious from illness or trauma, the Durable Power of Attorney for Healthcare allows your delegate to make decisions on your behalf until you are able to make medical decisions for yourself.

These documents are important to you and to your family. Talk to your family. Talk to your physician and to your attorney. Let your voice be heard through your Living Will and Durable Power of Attorney for Healthcare.

Many articles have been written concerning Advanced Directives. One of the best articles and the article which is the basis of this article is "Your Right to Decide". It is much more complete than my summary and provides you with Oklahoma forms and virtually line by line instructions to complete Living Wills and Durable Powers by yourself. The article is found at www.senior-law.org

Gene Hoyt JD, MD

When it hurts: Choosing the right pain reliever

OKLAHOMA CITY, Jan. 21, 2016

Choosing a pain reliever can almost be enough to give you a headache. But making the best choice doesn't have to be complicated.

According to Oklahoma Medical Research Foundation physician-researcher Eliza Chakravarty, M.D., not all over-the-counter pain relievers are interchangeable. "It starts with knowing what each one works best for," she said.

The three most popular over-the-counter types of painkillers are: acetaminophen (Tylenol), naproxen (Aleve) and ibuprofen (Advil, Motrin). Aspirin was once the most common pain reliever, but it has been largely supplanted by naproxen and ibuprofen, which target similar issues with fewer side effects.

If you have a headache, fever or minor pain, Chakravarty says that acetaminophen is likely the place to start. "It's purely a pain reliever and fever reducer," she said.

"It's also good for people with stomach problems, kidney disease or other chronic health problems, because it has a lower risk of side effects," she said. "But it doesn't help relieve inflammation, and that's its major drawback." High doses or long-term use of acetaminophen also can cause liver damage, so that can be an issue for those who have liver problems or drink alcohol regularly.

Ibuprofen and naproxen fall into a broad category called nonsteroidal anti-inflammatory drugs or NSAIDs, a category that also includes aspirin. These drugs are also effective fever reducers and pain relievers and, unlike acetaminophen, can also relieve inflammation. Aspirin is still taken in low doses to reduce the risks of

heart attack and stroke or act as a blood thinner. Chakravarty said, in general, she does not recommend taking higher doses of aspirin for pain, siding with ibuprofen and naproxen instead.

NSAIDs work by inhibiting the production of chemicals released in the body by injured cells, which trigger pain and inflammation. They are more common for short-term usage in dealing with menstrual cramps, dental pain, muscle aches, arthritis and minor injuries. While acetaminophen can be taken alone, all NSAIDs need to be taken with food.

"NSAIDs actually have more helpful properties than acetaminophen alone," said OMRF's Chakravarty. "The problem with NSAIDs is they can make existing kidney problems worse, and they can cause stomach ulcers, even in doses you take over the counter. So if you need to take aspirin, ibuprofen or naproxen for more than three or four days, talk to a doctor to make sure that you don't need another medicine to protect yourself from complications or side effects."

While all of these pain-control medications are largely regarded as safe, as with any drug, they can be dangerous if misused or overused. That's why Chakravarty urges everyone to take time to learn the pluses and minuses of these drugs—and any drugs you take. Some products may contain more than one pain reliever, so she recommends checking ingredients before taking a new pain reliever.

"The best thing you can do is educate yourself about these products," said Chakravarty. "If you have questions about which is best for you or need to use them for more than a few days, always check with your physician."

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February 2016 Black Hawk Health Center Activities				
Monday	Tuesday	Wednesday	Thursday	Friday
1 Exercise Room open 7AM-6PM 11:15 Circuit Training 12:15 Circuit Training 5 PM Cardio/core training	2 Exercise Room open 8AM-4:30PM Anthony in Shawnee	3 Exercise Room open 7AM-6PM 11:15 Circuit Training 12:15 Circuit Training 5 PM Lower Body Focus Training Class	4 Exercise Room open 8AM-6PM 11:15 Circuit Training 12:15 Circuit Training 5 PM Upper Body Focus	5 Exercise Room open 7AM-4:30PM 11:15 Circuit Training 12:15 Circuit Training
8 Exercise Room open 7AM-6PM 11:15 Circuit Training 12:15 Circuit Training 5 PM Cardio/core training	9 Exercise Room open 8AM-4:30PM	10 Exercise Room open 7AM-6PM 11:15 Circuit Training 12:15 Circuit Training 5 PM Lower Body Focus Training Class	11 Exercise Room open 8AM-6PM 11:15 Circuit Training 12:15 Circuit Training 5 PM Upper Body Focus	12 Exercise Room open 7AM-4:30PM 11:15 Circuit Training 12:15 Circuit Training
15 Closed for observance of President's Day	16 Exercise Room open 8AM-4:30PM	17 Exercise Room open 7AM-6PM 11:15 Circuit Training 12:15 Circuit Training 5 PM Lower Body Focus Training Class	18 Exercise Room open 8AM-6PM 11:15 Circuit Training 12:15 Circuit Training 5 PM Upper Body Focus	19 Exercise Room open 7AM-4:30PM 11:15 Circuit Training 12:15 Circuit Training
22 Exercise Room open 7AM-6PM 11:15 Circuit Training 12:15 Circuit Training 5 PM Cardio/core training	23 Exercise Room open 8AM-4:30PM	24 Exercise Room open 7AM-6PM 11:15 Circuit Training 12:15 Circuit Training 5 PM Lower Body Focus Training Class	25 Exercise Room open 8AM-6PM 11:15 Circuit Training 12:15 Circuit Training	26 Exercise Room open 7AM-4:30PM 11:15 Circuit Training 12:15 Circuit Training
29 Exercise Room open 7AM-6PM 11:15 Circuit Training 12:15 Circuit Training 5 PM Cardio/core training				

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