

Compassion & Choices of Oregon

Advance Directive for Health Care

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Not included

- Oregon Death with Dignity
 - For information about physician aid-in-dying, call 503-525-1956
- Physician’s Order for Life Sustaining Treatment
 - See – OHSU’s POLST Registry <http://www.ohsu.edu/polst/>
- Information about Oregon hospices
 - See – Oregon Hospice Association <http://www.oregonhospice.org/>

Download additional copies from Compassion & Choices of Oregon
<http://www.compassionoforegon.org/services/your-advance-directive>

Introduction

Congratulations on taking the first step in protecting your right to freedom and choice at the end of life. These documents will help ensure that you continue to make your own health care decisions. They offer not only personal autonomy – they also give you and your loved ones peace of mind, knowing that your wishes are firm and clear.

We'll be here when you need us! Providing advance directive documents is just one of the many services we offer.

Our Client Support Team serves individuals, families, and others who face the end of life.

Our services include:

- Support and counsel for persons with a terminal illness and their families on a range of end-of-life issues, including hastening imminent death.
- Medical and legal consultation for physicians and pharmacists who's patients have asked them to write a life-ending prescription.
- Technical assistance for Oregon hospices, medical clinics and hospitals about the Oregon Death with Dignity Act.
- Advocacy for persons who are receiving inadequate end-of-life care.
- Presentations for church groups, college and university classes, medical in-service trainings, civic and medical associations.

If you desire to use Oregon's aid-in-dying law and are eligible, we can guide you and your family through the process. However, we neither provide nor administer the means for aid-in-dying.

Your dues and donations to Compassion & Choices of Oregon assure the continuation of our programs and services. Our Client Support Program is unsurpassed in offering comprehensive service and support for individuals and families as they contemplate life's end. Our education program provides literature and speakers in communities across the nation. And our advocacy team defends your right to a peaceful death on legal and legislative fronts.

Join today to enlist Compassion & Choices of Oregon as your lifelong advocate! Count on us to help you protect yourself from government intrusion into health care, and to protect your family from disputes over your end-of-life care.

Please join us in our effort to ensure care, choice, dignity and control at life's end!

About your Advance Directive for Health Care

Every adult needs an advance directive for health care. Regardless of age, regardless of health, none of us knows when a future event might leave us unable to speak for ourselves. If you were not able to make or communicate decisions about your medical treatment, a written record of your health care wishes would prove invaluable.

What is an Advance Directive for Health Care?

Advance directive is a generic term used for documents that traditionally include a living will and the appointment of a health care agent. These documents allow you to provide instructions relating to your future health care, such as when you wish to receive medical treatment or when you wish to stop or refuse life-sustaining medical treatments.

The living will portion of an advance directive is a place for you to specify what kinds of treatment and care you would or would not want if you were unable to speak for yourself. The living will is also called the **Healthcare Instructions**. The second part, often referred to as the **Appointment of Healthcare Representative**, allows you to appoint someone to act on your behalf in matters concerning your health care when you are unable to speak for yourself due to illness or incapacitation. Please note that the person you appoint to speak on your behalf may be called your health care agent, proxy, or representative.

Why is it useful?

Whereas traditional living wills are limited to cases of terminal illness, health care advance directives are not. Rather, they help you to maintain control over health care decisions that are important to you when you are unable to make or communicate decisions due to temporary or permanent injury or illness. An advance directive for health care allows you to express your wishes about any aspect of your health care, including decisions about life-sustaining treatment. It also allows you to choose a person to speak on your behalf and communicate your decisions when you are not able to do so.

Appointing an agent and making sure your agent is aware of and understands your wishes is one of the most important things you can do. If the time comes for a decision to be made, your agent can participate in relevant discussions, weighing the pros and cons of treatment decisions based upon your wishes. Your agent can make health care decisions on your behalf whenever you cannot do so for yourself, even if your decision-making capacity is only temporarily affected. If you choose not to appoint an agent, many health care providers and institutions will make decisions for you. As they tend to err on the side of prolonging life, their decisions may not be based on your wishes. In some cases, if you do not have an advance directive, a court may have to appoint a guardian.

Another important consideration is your family. Advance directives help relieve the stress and duress associated with having to make important health care decisions on behalf of someone you care about. By making your wishes known in advance, you help your family and friends, who may otherwise struggle to decide on their own, know what you would want done.

Are Advance Directives for Health Care legally valid in every state?

Yes, advance directives are legally valid in every state. Each state and the District of Columbia have laws that permit individuals to sign documents stating their wishes about health care decisions when they cannot speak for themselves. The specifics of these laws vary, but the basic principle of listening to the patient's wishes is the same everywhere. The law gives great weight to any form of written directive. If the courts become involved, they usually try to follow the patient's stated values and preferences, especially if they are in written form.

An advance directive for health care may be the most convincing evidence of your wishes you can create. It is important to note that while it is legal to have an advance directive in every state, no current law requires that they be strictly honored by health care professionals.

What does an Advance Directive for Health Care say?

There are two parts to this advance directive for health care. The first, and most important, portion allows you to appoint someone (your agent) to make health care decisions on your behalf, should you be unable to decide for yourself. You can define the degree of authority (how much or how little) you want your agent to have. Also, you can name those you wish to be your alternate agents, should your primary agent be unwilling or unable to act on your behalf. Additionally, you can state individuals you do not want to make decisions for you.

If there is no one whom you trust to serve as your agent, then you should not name an agent. The second part of the advance directive can be used as a guideline for your health care providers. If this is your case, contact Compassion & Choices of Oregon at 503-525-1956 for help with finding an agent.

In the second part of the advance directive, you specify your health care treatment wishes. Remember, you can include treatments and procedures you *do or do not* want. You can also include statements regarding organ and tissue donation. The instructions you provide in this portion of the form provides evidence of your wishes. Your agent and anyone providing you with medical care should follow them. Although you are not required to complete either or both parts of an advance directive, Compassion & Choices of Oregon encourages you to do both.

How do I make an Advance Directive for Health Care?

The procedure for creating an advance directive for health care varies, depending on where you live. Most states have laws that provide specific forms and signing procedures. Most states also have witnessing requirements and restrictions on who you can appoint as your agent (such as prohibiting your physician from being your appointed agent). Make sure to follow these rules closely.

Most states require two witnesses and many either require or allow a notarized signature.

Some even have special witnessing requirements if you reside in a care facility (nursing home, assisted living facility, etc.). Even if witnesses are not required, we encourage you to consider using them anyway. Doing so reinforces the deliberate nature of your act and may help increase the likelihood that health care providers in other states will honor the document. If you use the attached form, you should be able to meet most states' advance directive requirements.

In Oregon, you *cannot* appoint any of the following to serve as your health care representative unless they are related to you by blood, marriage, or adoption: *your attending physician, an employee of your attending physician, or the owner, operator, or an employee of a health care facility in which you reside or receive treatment, unless they are your health care agent prior to your admission to their facility.*

Oregon law requires that you sign your advance directive in the presence of two witnesses, who must also sign your advance directive. This is done to show that they know you and believe you to be of sound mind. Your witnesses *can not be your health care agent, any alternate agents you may have appointed, or your attending physician. At least one of your witnesses can not be related to you by blood, marriage, or adoption, entitled to any portion of your estate through your last will and testament or by operation of law, or the owner, operator, or an employee of your treating health care facility.* At this time, you are not required to have your Oregon advance directive notarized.

If I change my mind, can I change or cancel my Advance Directive for Health Care?

Yes, you can change or cancel your advance directive at any time. You can do this by notifying your agent and/or health care provider in writing of your decision to do so. It is best to destroy all copies of your old advance directive and create a new one. Make sure to provide copies of your new form to the appropriate individuals. Compassion & Choices of Oregon recommends that you review your advance directive every year and re-sign and date it to indicate that this document continues to reflect your wishes.

Before you begin: What do I need to consider before completing my Advance Directive for Health Care? What are my goals for medical treatment?

When thinking about goals of medical treatment, it is important to consider two main conditions, an extended period of disability and terminal illness. While it is impossible to anticipate all of the different situations that could arise, you can make your wishes known by clearly stating your treatment goals. Consider what you want medical treatments to accomplish. Do you want treatments to prolong your life, regardless of its quality? Or would you prefer to stop (or not start) life-sustaining treatments if your consciousness and ability to communicate could not be restored?

By stating your medical treatment goals, you help your family and health care provider make decisions on your behalf. If a particular treatment would help achieve one of your goals, it would be provided. But if it would not help achieve a treatment goal, it would not be provided.

In creating your treatment goals, it is helpful to consider how you feel about a particular treatment after you decide what your wishes are. For example, if you do not want to be kept alive on a ventilator (a machine that helps you breathe), why don't you want this? Do you not like that it inhibits your mobility or independence? Or is there another factor? Would it make any difference if you needed a ventilator for only a few days as opposed to many months?

Answers to these types of questions reflect what you value and will shape your medical treatment goals. To help you in determining these goals, you may wish to complete the **Values Statement** below and consider the following questions:

- *How do you feel about your current health?*
- *How important is independence and self-sufficiency?*
- *How do you envision handling disability, illness, dying, and death?*
- *How might your personal relationships affect medical decision-making near the end of life? Is there anyone you do not want involved in your health care decisions (e.g., specific family members, friends, or professionals)?*
- *What role should physicians and other health care providers play in your medical decision-making processes? Is there a particular doctor you want to help your family make decisions about your care?*
- *If you become seriously ill or disabled, what type of living environment is important to you?*
- *Are there any financial aspects you wish to be considered during any decision-making process?*
- *What are your general thoughts on life and its end – hopes, fears, joys, sorrows?*
- *Are there basic functions you believe you must have in order to feel that you would want to continue to live? Do you feel you must be able to recognize loved ones and respond to others?*
- *Do your spiritual or religious beliefs affect your attitudes about a terminal illness, treatment decisions, or death and dying? Do you believe life-sustaining treatments should never be withheld or withdrawn? Or do you believe that when there is no hope of recovery, death should be allowed?*
- *Are there specific life-sustaining treatments you would want to have if you were diagnosed with a terminal condition? If you could not eat or drink, would you want a feeding tube?*

Who should be my agent?

One of the most important things you can do is to appoint an agent to speak for you if and when you are ever unable to do so for yourself. An agent has great power over your health care and should be carefully chosen. In normal circumstances, no one will be monitoring your agent and their decisions.

To help avoid disagreements, we recommend selecting one primary agent and at least one alternate agent. Your alternate agent would speak on your behalf if your primary agent were unwilling or unable to speak for you. Your agent must agree to serve this role. It might be

important to mention that your health care agent bears no financial burden or liability if they agree.

Before deciding on an agent (and alternatives), ask yourself: “*Are they assertive? Will they be able to make difficult and possibly emotional decisions? Do they live nearby? Are they comfortable talking about death? Will they respect my values and wishes?*” Then, talk to them. Share your wishes and make sure they clearly understand what is important to you. Confirm their willingness to speak on your behalf.

If you cannot think of anyone you trust to serve as your agent, do not appoint anyone. Make sure to complete the living will portion of the advance directive to express your wishes. This will act as a guideline for your treating physicians. If this is your situation, contact Compassion & Choices of Oregon at 503-525-1956 for help in locating an agent.

Can I include personal instructions? If so, how specific should I be?

If you have any preferences or specific wishes, it is important to put them down on paper and to discuss them with your agent and health care providers. Since it would be nearly impossible to predict every situation you may face, note those that are important to you.

Consider ventilator support, artificial nutrition and hydration, kidney dialysis, and the use of antibiotics. You may feel differently about enduring a treatment for a few weeks as opposed to several months or years; it is important to note such things. Use statements such as, “If I am terminally ill and nearing the end of my life, I do not want to be put on a ventilator if doing so would only prolong my life,” instead of, “I never want to be put on a ventilator.” The purpose of an advance directive is to provide guidance. Express your beliefs and be as specific as you are comfortable being.

How can I make sure health care providers will follow my advance directive?

Currently, there are no state laws that oblige medical personnel to honor your advance directive. Some health care providers have values and opinions that do not agree with the wishes you have expressed. Because of this, they may not want to follow the directions you provide in your advance directive. Most state laws allow doctors to refuse to honor your advance directive on conscience grounds. However, they must help you find another physician willing to honor your wishes. While this is rare, it is important to be aware of its potential.

To help avoid this situation, talk to your health care providers ahead of time. Make sure they understand your wishes and are familiar with your advance directive documents. And make sure they are willing to honor them. If they object, work out the issues or find another health care provider.

Once your advance directive is completed and signed, provide your agent, all health care providers, close friends and relatives, and anyone else who may be involved with your care with a copy.

What happens if I do not have an Advance Directive for Health Care?

If you do not have a health care advance directive and you are unable to make health care decisions for yourself, some state laws allow surrogates, default decision-makers, to make treatment decisions on your behalf. Typically, surrogates are family members (by order of kinship). Some states authorize close friends to make medical decisions for you, but usually only in rare instances when family is not available.

Even without such statutes, many physicians and health care facilities routinely consult family, as long as close family members are available and do not disagree. Be aware that problems can arise if family members do not know what a patient would want in a given situation. There is also the potential for disagreement regarding the best course of action to take. Disagreement can easily undermine family consent. If this is the case, a physician or other specialist who does not know you well may become your decision-maker. In rare instances, a court may become involved in order to resolve disagreements. In these situations, decisions regarding your health care may not reflect your wishes. And decisions may be made by individuals you would not want doing so. If left without guidance, your family and friends may suffer needless agony in making life and death decisions on your behalf. We recommend appointing a health care agent and making your wishes known by completing an advance directive.

Who can help me create my Advance Directive for Health Care?

You do not need a lawyer to create your health care advance directive. A lawyer may be helpful if your family situation is complex or if you expect problems to arise. Compassion & Choices of Oregon recommends you start by talking to someone you trust, who knows you well, and who you feel can help you to state your values and wishes.

Your primary health care providers are important participants to include in the creation of your advance directive. Based on your medical history and your current health, discuss the types of medical problems you may face. Your provider can help you to better understand potential treatment options. Make sure your provider clearly understands your treatment wishes and goals. Compassion & Choices of Oregon provides up-to-date state-specific information about advance directives.

Take the time to consider what is important to you and seek advice so that your advance directive reflects your beliefs. If you would like help completing your advance directive for health care, contact Compassion & Choices of Oregon at 503-525-1956.

After you have completed your forms:**What do I do once I have completed my Advance Directive for Health Care?**

Once you have completed your advance directive, review it with your agent and any alternate agents you may have appointed. We recommend doing this to make sure those that may have to act on your behalf clearly understand what your wishes are. Completing the advance directive form is not enough. Conversations with agents, family, and health care providers are critical.

Next, you want to make photocopies of your original signed documents. Provide copies to your agent, alternate agent, close family and friends, health care providers, clergy, and anyone else you feel may become involved in your health care or would like to share it with. When distributing these copies, make sure to review your wishes and expectations with them.

While you can keep a copy of your advance directive in a safe deposit box, the original should not be stored there. Rather, keep your documents in an accessible place and let others know where they are, in case they are ever needed.

And remember, you can change or revoke your advance directive at any time.

Other important information:

It is important to note that your advance directive may not be honored in the event of an emergency, such as when someone calls 911. Emergency medical personnel are legally obligated to treat you and require a separate order that states not to do so. These orders are commonly called “out-of-hospital-do-not-resuscitate orders (DNR),” “out-of-hospital DNRs,” and “non-hospital DNRs.”

In addition to these forms, some states allow Physician Order for Life-Sustaining Treatment (POLST) forms. In these forms, a physician is able to turn your wishes into specific written medical orders that reflect your medical situation. This is a form signed by your physician and is usually provided to those with a terminal prognosis or illness. Currently not all states have laws authorizing nonhospital DNRs and POLSTs. If you would like further information on this, call Compassion & Choices of Oregon at 503-525-1956.

Oregon Advance Directive for Health Care

IMPORTANT INFORMATION ABOUT THIS ADVANCE DIRECTIVE

This is an important legal document. It can control critical decisions about your healthcare.

Before signing, consider these important facts:

Facts about Part A (Appointing a Healthcare Representative)

You have the right to name a person to direct your healthcare when you cannot do so. This person is called your “healthcare representative.” You can do this by using Part A of this form. Your representative must accept on Part D of this form.

You can write in this document any restrictions you want on how your representative will make decisions for you. Your representative must follow your desires as stated in this document or otherwise made known. If your desires are unknown, your representative must try to act in your best interest. Your representative can resign at any time.

Facts about Part B (Giving Healthcare Instructions)

You also have the right to give instructions for healthcare providers to follow if you become unable to direct your care. You can do this by using Part B of this form.

Facts about completing this form

This form is valid only if you sign it voluntarily and when you are of sound mind. If you do not want an advance directive, you do not have to sign this form.

Unless you have limited the duration of this advance directive, it will not expire. If you have set an expiration date, and you become unable to direct your healthcare before that date, this advance directive will not expire until you are able to make those decisions again.

You may revoke this document at any time. To do so, notify your representative and your healthcare provider of the revocation.

Despite this document, you have the right to decide your own healthcare as long as you are able to do so. If there is anything in this document that you do not understand, ask a lawyer to explain it to you.

You may sign PART A, PART B, or both parts. You may cross out words that don't express your wishes. Witnesses must sign PART C.

Oregon Advance Directive for Health Care – page one of seven

Print your NAME, BIRTHDATE AND ADDRESS here:

Name _____ Birthdate _____

Address _____

Unless revoked or suspended, this advance directive will continue for:

INITIAL ONE: _____ My entire life _____ Other period (_____ Years)

PART A: appointment of a healthcare representative

I appoint _____
Name of healthcare representative

as my healthcare representative. My representative’s address is

and telephone number is _____

I appoint _____
Name of alternative healthcare representative

as my alternative healthcare representative. My representative’s address is

and telephone number is _____

I authorize my representative (or alternate) to direct my healthcare when I can’t do so.

NOTE: You may not appoint your doctor, an employee of your doctor, or an owner, operator or employee of your healthcare facility, unless that person is related to you by blood, marriage or adoption or that person was appointed before your admission into the healthcare facility.

Oregon Advance Directive for Health Care – page two of seven

LIMITS

Special Conditions or Instructions for my healthcare representative:

INITIAL IF THIS APPLIES

_____ I have executed an Advance Directive for Health Care. My representative is to honor it.

LIFE SUPPORT

“Life support” refers to any medical means for maintaining life, including procedures, devices and medications. If you refuse life support, you will still get routine measures to keep you clean and comfortable.

INITIAL IF THIS APPLIES

_____ My representative MAY decide about life support for me. (If you don’t initial this space, then your representative MAY NOT decide about life support.)

TUBE FEEDING

One sort of life support is food and water supplied artificially by medical device, known as tube feeding.

INITIAL IF THIS APPLIES:

_____ My representative MAY decide about tube feeding for me. (If you don’t initial this space, then your representative MAY NOT decide about tube feeding.)

Date: _____

SIGN HERE TO APPOINT A HEALTHCARE REPRESENTATIVE

Signature of person making appointment

Oregon Advance Directive for Health Care – page three of seven**PART B: healthcare instructions**

NOTE: In filling out these instructions, keep the following in mind:

- The term “as my physician recommends” means that you want your physician to try life support and then discontinue it if it is not helping your health condition or symptoms.
- “Life support” and “tube feeding” are defined in Part A above.
- If you refuse tube feeding, you should understand that malnutrition, dehydration and death will probably result.
- You will get care for your comfort and cleanliness, no matter what choices you make.
- You may either give specific instructions by filling out Items 1 to 4 below, or you may use the general instruction provided by Item 5.

Here are my desires about my healthcare if my doctor and another knowledgeable doctor confirm that I am in a medical condition described below:

CLOSE TO DEATH

If I am close to death and life support would only postpone the moment of my death:

INITIAL ONE

- I want to receive tube feeding.
 I want tube feeding only as my physician recommends.
 I DO NOT WANT tube feeding.

INITIAL ONE

- I want any other life support that may apply.
 I want life support only as my physician recommends.
 I want NO life support.

PERMANENTLY UNCONSCIOUS

If I am unconscious and it is very unlikely that I will ever become conscious again

Oregon Advance Directive for Health Care – page four of seven**INITIAL ONE**

- I want to receive tube feeding.
 I want tube feeding only as my physician recommends.
 I DO NOT WANT tube feeding.

INITIAL ONE

- I want any other life support that may apply.
 I want life support only as my physician recommends.
 I want NO life support.

ADVANCED PROGRESSIVE ILLNESS

If I have a progressive illness that will be fatal and the illness is in an advanced stage, and I am consistently and permanently unable to communicate, swallow food and water safely, care for myself and recognize my family and other people, and it is very unlikely that my condition will substantially improve:

INITIAL ONE

- I want to receive tube feeding.
 I want tube feeding only as my physician recommends.
 I DO NOT WANT tube feeding.

INITIAL ONE

- I want any other life support that may apply.
 I want life support only as my physician recommends.
 I want NO life support.

EXTRAORDINARY SUFFERING

If life support would not help my medical condition and would make me suffer permanent and severe pain:

INITIAL ONE:

- I want to receive tube feeding.
 I want tube feeding only as my physician recommends.
 I DO NOT WANT tube feeding.

INITIAL ONE:

- I want any other life support that may apply.
 I want life support only as my physician recommends.
 I want NO life support.

GENERAL INSTRUCTION

INITIAL IF THIS APPLIES:

_____ I do not want my life to be prolonged by life support. I also do not want tube feeding as life support. I want my doctors to allow me to die naturally if my doctor and another knowledgeable doctor confirm I am in any of the medical conditions listed in Items 1 to 4 above.

ADDITIONAL CONDITIONS OR INSTRUCTIONS

(Insert description of what you want done.)

Other Documents

A “healthcare power of attorney” is any document you may have signed to appoint a representative to make healthcare decisions for you.

INITIAL ONE

_____ I have previously signed a healthcare power of attorney. I want it to remain in effect.

_____ I have a healthcare power of attorney, and I REVOKE IT.

_____ I DO NOT have a healthcare power of attorney.

Date: _____

SIGN HERE TO GIVE INSTRUCTIONS

Signature date

PART C: declaration of witnesses

We declare that the person signing this advance directive:

- (a) Is personally known to us or has provided proof of identity;
- (b) Signed or acknowledged that person’s signature on this advance directive in our presence;
- (c) Appears to be of sound mind and not under duress, fraud or undue influence;
- (d) Has not appointed either of us as healthcare representative or alternative representative; and
- (e) Is not a patient for whom either of us is attending physician.

Witnessed by:

Signature of witness date

Printed name of witness

Signature of witness date

Printed name of witness

NOTE: One witness must not be a relative (by blood, marriage or adoption) of the person signing this advance directive. That witness must also not be entitled to any portion of the person’s estate upon death. That witness must also not own, operate or be employed at a healthcare facility where the person is a patient or resident.

PART D: acceptance by a healthcare representative

I accept this appointment and agree to serve as healthcare representative. I understand I must act consistently with the desires of the person I represent, as expressed in this advance directive or otherwise made known to me.

I understand that this document allows me to decide about that person's healthcare only while that person cannot do so.

I understand that the person who appointed me may revoke this appointment. If I learn that this document has been suspended or revoked, I will inform the person's current healthcare provider if known to me.

If I do not know the desires of the person I represent, I have a duty to act in what I believe in good faith to be that person's best interest.

Name of the person represented by this document

Signature of healthcare representative

date

Printed name

Signature of alternate healthcare representative

date

Printed name

The Dementia Provision

Most Advance Directives become operative only when a person is unable to make health care decisions and is either “permanently unconscious” or “terminally ill.” There is usually no provision that applies to the situation in which a person suffers from severe dementia but is neither unconscious nor dying.

The following language can be added to any Advance Directive or Living Will. There it will serve to advise physicians and family of the wishes of a patient with Alzheimer’s Disease or other forms of dementia. You may simply sign and date this form and include it with the form *My Particular Wishes* in your Advance Directive.

If I am unconscious and it is unlikely that I will ever become conscious again, I would like my wishes regarding specific life-sustaining treatments, as indicated on the attached document entitled *My Particular Wishes* to be followed.

If I remain conscious but have a progressive illness that will be fatal and the illness is in an advanced stage, and I am consistently and permanently unable to communicate, swallow food and water safely, care for myself and recognize my family and other people, and it is very unlikely that my condition will substantially improve, I would like my wishes regarding specific life-sustaining treatments, as indicated on the attached document entitled *My Particular Wishes* to be followed.

If I am unable to feed myself while in this condition I do / do not (circle one) want to be fed.

I hereby incorporate this provision into my durable power of attorney for health care, living will and any other previously executed advance directive for health care decisions.

Signature

Date

My Values Statement

When I am dying, the following are important to me (e.g., physical comfort, pain management, family, friends, or pets present, special objects I want near, etc.):

I do not want the following around me when I am dying: (e.g., particular people, things, places I do not want to be, etc.):

In the case of a terminal illness, permanent coma, or irreversible chronic disease (such as Alzheimer’s disease), I feel that life-sustaining treatments should:

I would like the following financial aspects to be considered when treatment decisions are being made (such as expenses not to exceed health insurance coverage, self-pay, etc.):

Additional thoughts on death and dying (place of death – die at home, hospital, etc., burial, cremation, funeral, memorial service, etc.):

Not everyone that participates in my end-of-life health care will agree with the values and choices that are involved in my decision-making processes. However, the above values are thoughtfully held by me and represent what I feel is important as I near my death. They reflect the choices and decisions I want made on my behalf if and when I am unable to speak and decide for myself.

Signature

Date

Values Statement to accompany Advance Directive

	1 = Not Important 5 = Very Important				
I want to know the truth about my condition.	1	2	3	4	5
I want to take part in decision-making involving my health care.	1	2	3	4	5
I want my health care agent to participate in my health care decision-making if I am unable to decide for myself.	1	2	3	4	5
Letting nature "take its course".	1	2	3	4	5
Maintaining my quality of life.	1	2	3	4	5
Maintaining my dignity.	1	2	3	4	5
Maintaining my privacy.	1	2	3	4	5
Living as long as possible, regardless of quality of life.	1	2	3	4	5
Having physical mobility.	1	2	3	4	5
Having good eyesight.	1	2	3	4	5
Having good hearing.	1	2	3	4	5
Having reasonable mental capacity.	1	2	3	4	5
Being able to speak.	1	2	3	4	5
Being able to communicate with others nonverbally – writing, touch, blinking, etc.	1	2	3	4	5
Having independence and control in my life.	1	2	3	4	5
Avoiding being a burden on others.	1	2	3	4	5
Being comfortable and pain-free, even if it may hasten my death.	1	2	3	4	5
Leaving good memories for friends and family.	1	2	3	4	5
Leaving assets for family, friends, charities, etc.	1	2	3	4	5
Dying in a short while, as opposed to a lingering process.	1	2	3	4	5
Financial aspects.	1	2	3	4	5

Other thoughts and feelings regarding medical treatments:

Signature

Date

My Particular Wishes

Therapies that Could Sustain Life

In addition to the information on other Advance Directive forms I have completed, I wish to make my instructions known with respect to specific therapies that could save or prolong my life.

This form is meant to inform my physician, nurse or other care provider of my consent or refusal of certain specific therapies. It is also meant to guide my family or any other person I name to make health care decisions for me if I cannot make these decisions myself.

I understand it is impossible to know what a person would want in a particular circumstance, unless that person has previously stated his or her wishes. I hope this document helps those who must make difficult decisions to proceed with comfort and confidence. By following these instructions they know they are acting in my best interests and are consenting or refusing certain therapies just as I would if I could hear, understand and speak.

Decisions While I am Capable

So long as I am able to understand my condition, the nature of any proposed therapy and the consequences of accepting or refusing the therapy; I want to make these decisions myself. I will consult my doctor, family and those close to me, spiritual advisors and others as I choose. But the final decision is mine. If I am unable to make decisions only because I am being kept sedated, I would like the sedation lifted so I can rationally consider my situation and decide to accept or refuse a particular therapy.

Comfort Care

I want any and all therapies to maintain my comfort and dignity. If following my instructions in this document causes uncomfortable symptoms such as pain or breathlessness, I want those symptoms relieved. I desire vigorous treatment of my discomfort, even if the treatment unintentionally causes or hastens my death.

Continued...

Decisions for Specific Therapies

If my mental or physical state has deteriorated, the prognosis is grave and there is little chance that I will ever regain mental or physical function, I would like the treatments below:

 Signature Date

	Yes	Trial Period*	No
Antibiotics, if I develop a life-threatening infection of any kind.			
Dialysis, if my kidneys cease to function, either temporarily or permanently			
Artificial ventilation, if I stop breathing			
Electroshock, if my heart stops beating.			
Heart regulating drugs including electrolyte replacement, if my heartbeat becomes irregular.			
Cortisone or other steroid therapy, if tissue swelling threatens vital centers in my brain.			
Stimulants, diuretics or any other treatment for heart failure, if the strength and function of my heart is impaired.			
Blood, plasma or replacement fluids, if I bleed or lose fluid circulating in my body.			

** This means doctors may see if the therapy quickly reverses my condition. If it does not, I want it discontinued.*

Sectarian Healthcare Directive

My Directive Regarding Health Care Institutions Refusing to Honor my Health Care Choices

I understand that circumstances beyond my control may cause me to be admitted to a health care institution whose policy is to decline to follow advance directive instructions that conflict with certain religious or moral teaching.

If I am an inpatient in such a religious-affiliated health care institution when this advance directive comes into effect, I direct that my consent to admission shall not constitute implied consent to procedures or courses of treatment mandated by ethical, religious or other policies of the institution, if those procedures or courses of treatment conflict with this advance directive.

Furthermore, if the health care institution in which I am a patient declines to follow my wishes as set out in this advance directive, I direct that I be transferred in a timely manner to a hospital, nursing home or other institution, which will agree to honor the instructions set forth in this advance directive.

I hereby incorporate this provision into my durable power of attorney for health care, living will, and any other previously executed advance directive for health care decisions.

Signature

Date

Print Name