

ADVANCE DIRECTIVE FORM:

My Medical Directive: This Medical Directive expresses, and shall stand for, my wishes regarding medical treatments in the event that illness should make me unable to communicate them directly. I make this Directive, being 18 years or more of age, of sound mind, and appreciating the consequences on my decisions.

Situation A

If I am in a coma or persistent vegetative state, and in the opinion of my physician and several consultants, have no known hope of regaining awareness and higher mental functions no matter what is done, then my wishes regarding use of the following, if considered medically reasonable, would be:

(Check one box)	I want	I want treatment tried. If no clear improvement, Stop.	Undecided	Definitely NOT
Cardiopulmonary Resuscitation: If at the point of death, using drugs And electric shock to keep the heart beating; artificial breathing.	_____	N/A	_____	_____
Mechanical Breathing: Breathing by machine	_____	_____	_____	_____
Artificial Nutrition and Hydration: Giving nutrition and fluid through a Tube in the veins, nose, stomach.	_____	_____	_____	_____
Major Surgery: Such as removing the gall bladder or Part of the intestines.	_____	N/A	_____	_____
Kidney Dialysis: Cleaning the blood by machine or by Fluid passed through the belly.	_____	_____	_____	_____
Chemotherapy: Using drugs to fight cancer.	_____	_____	_____	_____
Minor Surgery: Such as removing some tissue from An infected toe.	_____	N/A	_____	_____
Invasive diagnostic tests. Such as using a flexible tube to look Into the stomach.	_____	N/A	_____	_____
Blood or blood products: Such as giving transfusions	_____	_____	_____	_____
Antibiotics: Using drugs to fight infection.	_____	_____	_____	_____
Simple diagnostic tests: Such as performing blood tests or xrays.	_____	N/A	_____	_____
Pain Medications, even if they dull consciousness and indirectly shorten life.	_____	N/A	_____	_____

SIGN + DATE EVERY PAGE AND HAVE WITNESSES / INITIAL + DATE EVERY PAGE

Situation B

If I am in a coma and, in the opinion of my physician and several consultants, I have a small likelihood of recovering fully, a slightly larger likelihood of surviving with permanent brain damage, and a much larger likelihood of dying, then my wishes regarding use of the following, if considered medically reasonable, would be:

(Check one box)	I want	I want treatment tried. If no clear improvement, Stop.	Undecided	Definitely NOT
Cardiopulmonary Resuscitation: If at the point of death, using drugs And electric shock to keep the heart beating; artificial breathing.	_____	N/A	_____	_____
Mechanical Breathing: Breathing by machine	_____	_____	_____	_____
Artificial Nutrition and Hydration: Giving nutrition and fluid through a Tube in the veins, nose, stomach.	_____	_____	_____	_____
Major Surgery: Such as removing the gall bladder or Part of the intestines.	_____	N/A	_____	_____
Kidney Dialysis: Cleaning the blood by machine or by Fluid passed through the belly.	_____	_____	_____	_____
Chemotherapy: Using drugs to fight cancer.	_____	_____	_____	_____
Minor Surgery: Such as removing some tissue from An infected toe.	_____	N/A	_____	_____
Invasive diagnostic tests. Such as using a flexible tube to look Into the stomach.	_____	N/A	_____	_____
Blood or blood products: Such as giving transfusions	_____	_____	_____	_____
Antibiotics: Using drugs to fight infection.	_____	_____	_____	_____
Simple diagnostic tests: Such as performing blood tests or xrays.	_____	N/A	_____	_____
Pain Medications, even if they dull consciousness and indirectly shorten life.	_____	N/A	_____	_____

Situation C

If I have brain damage or some brain disease that in the opinion of my physician and several consultants cannot be reversed and that makes me unable to recognize people or to speak understandably, and I also have a terminal illness, such as incurable cancer, that will likely be the cause of my death, then my wishes regarding use of the following, if considered medically reasonable, would be:

(Check one box)	I want	I want treatment tried. If no clear Improvement, Stop.	Undecided	Definitely NOT
Cardiopulmonary Resuscitation: If at the point of death, using drugs And electric shock to keep the heart beating; artificial breathing.	_____	N/A	_____	_____
Mechanical Breathing: Breathing by machine	_____	_____	_____	_____
Artificial Nutrition and Hydration: Giving nutrition and fluid through a Tube in the veins, nose, stomach.	_____	_____	_____	_____
Major Surgery: Such as removing the gall bladder or Part of the intestines.	_____	N/A	_____	_____
Kidney Dialysis: Cleaning the blood by machine or by Fluid passed through the belly.	_____	_____	_____	_____
Chemotherapy: Using drugs to fight cancer.	_____	_____	_____	_____
Minor Surgery: Such as removing some tissue from An infected toe.	_____	N/A	_____	_____
Invasive diagnostic tests. Such as using a flexible tube to look Into the stomach.	_____	N/A	_____	_____
Blood or blood products: Such as giving transfusions	_____	_____	_____	_____
Antibiotics: Using drugs to fight infection.	_____	_____	_____	_____
Simple diagnostic tests: Such as performing blood tests or xrays.	_____	N/A	_____	_____
Pain Medications, even if they dull consciousness and indirectly shorten life.	_____	N/A	_____	_____

Situation D

If I have brain damage or some brain disease that in the opinion of my physician and several consultants cannot be reversed and that makes me unable to recognize people or to speak understandably, *but I have no terminal illness*, and I can live in this condition for a long time, then my wishes regarding use of the following, if considered medically reasonable, would be:

(Check one box)	I want	I want treatment tried. If no clear Improvement, Stop.	Undecided	Definitely NOT
Cardiopulmonary Resuscitation: If at the point of death, using drugs And electric shock to keep the heart beating; artificial breathing.	_____	N/A	_____	_____
Mechanical Breathing: Breathing by machine	_____	_____	_____	_____
Artificial Nutrition and Hydration: Giving nutrition and fluid through a Tube in the veins, nose, stomach.	_____	_____	_____	_____
Major Surgery: Such as removing the gall bladder or Part of the intestines.	_____	N/A	_____	_____
Kidney Dialysis: Cleaning the blood by machine or by Fluid passed through the belly.	_____	_____	_____	_____
Chemotherapy: Using drugs to fight cancer.	_____	_____	_____	_____
Minor Surgery: Such as removing some tissue from An infected toe.	_____	N/A	_____	_____
Invasive diagnostic tests. Such as using a flexible tube to look into the stomach.	_____	N/A	_____	_____
Blood or blood products: Such as giving transfusions	_____	_____	_____	_____
Antibiotics: Using drugs to fight infection.	_____	_____	_____	_____
Simple diagnostic tests: Such as performing blood tests or xrays.	_____	N/A	_____	_____
Pain Medications, even if they dull consciousness and indirectly shorten life.	_____	N/A	_____	_____

DURABLE POWER OF ATTORNEY

I understand that my wishes expressed in the previous four cases may not cover all possible aspects of my care if I become incompetent. I also may be undecided about whether I want a particular treatment or not. Consequently, there may be a need for someone to accept or refuse medical interventions for me in consultation with my physicians. I authorize

As my proxy(s) to make the decision for me whenever my wishes expressed in this document are insufficient or undecided.

Should there be any disagreement between the wishes expressed in this document and the decision favored by my above-named proxy(s),

(Please delete one of the following two lines.)

I wish my proxy(s) to have authority over my medical directive.

I wish my medical directive to have authority over my proxy(s).

Should there be any disagreement between the wishes of my proxies,

_____ shall have the final authority.

I hereby make this anatomical gift to take effect upon my death:

I give

- ☐ My body; _____ any needed organs or parts;
- ☐ The following organs or parts _____

to

- ☐ the following person or institution: _____
- ☐ the physician in attendance at my death;
- ☐ the hospital in which I die;
- ☐ the following named physician, hospital, storage bank, or other medical institution: _____

for the following purposes:

- ☐ any purpose authorized by law;
- ☐ therapy of another person;
- ☐ medical education;
- ☐ transplantation;
- ☐ research.

My personal statement:

Signed: _____ (printed) _____ Date: _____

Witness: _____ (printed) _____ Date: _____

Witness: _____ (printed) _____ Date: _____
