

_____’s Health Care and Advance Directive
Decisions to be Considered (Please initial or sign beside your choices)

1. Life Sustaining Treatment- Part 1. If I am near death and lack the capacity to make health care decisions, I authorize my agent to direct that (Initial beside your choice of (a) or (b).)

_____ (a) Life-sustaining treatment not be started, or if started, be discontinued.

-OR-

_____ (b) Life-sustaining treatment continue to be given to me.

2. Life Sustaining Treatment- Part 2. Whether near death or not, if I become permanently unconscious, I authorize my agent to direct that: (Initial beside your choice of (a) or (b).)

_____ (a) Life-sustaining treatment not be started, or if started, be discontinued.

-OR-

_____ (b) Life-sustaining treatment continue to be given to me.

3. Medically Administered Nutrition and Hydration. I realize that situations could arise in which the only way to allow me to die would be to not start or to discontinue medically administered nutrition and hydration. In carrying out instructions given in this document, I authorize my agent to direct that: (Initial beside your choice of (a) or (b).)

_____ (a) Medically administered nutrition and hydration not be started, or if started, be discontinued.

-OR-

_____ (b) Even if all other forms of life-sustaining treatment are withdrawn, medically administered nutrition and hydration are to continue to be given to me.

4. Agent’s Authority To Act Over My Objections. When there are situations, such as in advanced cases of dementia or other mental disorders, in which I vocalize an objection to my agent’s decision(s), I affirmatively authorize the following instruction: (Initial beside your choice of (a) or (b).)

_____ (a) Even if I am incapacitated and I object to treatment, treatment may be given to me over my objections. It is my specific intent that my agent has full and complete authority to make decisions regarding my health care and treatment when I am incapacitated, even if I may object to any decision reached by my agent at that time.

_____ (b) Treatment may not be given to me against my objection, even if I am incapacitated

5. Additional Instructions. I include the following specific desires or limitations that I deem appropriate, such as when or what life sustaining treatment I want used or withheld, or instructions about refusing specific types of treatment that are inconsistent with my religious beliefs or are unacceptable to me for another reason. If left blank, I do not leave any additional instructions. *(Initial beside the provisions you want to apply. If not initialed, the provision will have no effect.)*

_____ (1) **Care Arrangements.** I authorize my health care agent to make any and all necessary arrangements for me at any hospital, hospice, nursing home, convalescent home or similar facility, and to assure that all of my essential medical, dental, mental health, physical therapy and other needs are provided for at any such facility in accordance with any instructions I may give in my estate plan.

_____ (2) **Authorize Agent to Consent to DNR order.** I authorize my agent, in his or her sole and absolute discretion, to consent to a "do not resuscitate order" (DNR) on my behalf.

_____ (3) **Palliative Sedation.** In an end-of-life situation, I authorize my agent in his or her sole and absolute discretion, to approve the administration of sedation to the point of my unconsciousness, where I am suffering from severe, unremitting symptoms (pain, delirium, agitation, dyspnea, seizures) that are untractable and unrelieved despite aggressive symptom-specific treatment.

_____ (4) **Broad Authority of Agent.** It is my intent to grant to my agent the broadest and most complete power and authority to act in making all health care decisions on my behalf, as I would if I had capacity to do so, including all decisions to both consent and to withhold treatment in addition to that specifically set forth in this advance directive, In complying with this grant, no then existing statutory authority or other presumption in law is to in any way limit my agent's granted authority. If any provisions of this advance directive or its application to any person or circumstance is held invalid or otherwise deemed unenforceable by virtue of my desire to give my agent the broadest powers possible, it is my intention that such invalidity will not in any way effect any

other provisions or applications of this advance directive, which can be given effect without the invalid provisions or applications.

_____ (5) **Limit Release of Medical Information to Agent.** I restrict my authorization of my agent's access to my medical information to only that which can reasonably be considered relevant to the treatment decisions that my agent must make.

_____ (6) **Specific Desires or Limitations.** I elect to include specific desires or limitations listed below and include ___ pages signed and dated by me to be included herewith and incorporated by reference into this document.

TERMS

The Following definitions are offered to clarify the meanings of words used above in the Health Care and Advance Directive Decisions to be Considered. This glossary is provided for reference only and is not to be considered part of either your Health Care Proxy or or a Living Will.

Advance directive – directive allowing a person to give directions about future medical care or to designate another person to make medical decisions if he or she loses the capacity to make health care decisions if he or she loses the capacity to make health care decisions. The term “advance directive” includes living wills and durable powers of attorney for health care.

Agent- an adult to whom authority to make health care decisions is delegated under an advance directive.

Attending physician - physician selected by or assigned to a patient, who has primary responsibility for the patient’s treatment and care. If more than one physician shares that responsibility, any one of those physicians may act as the attending physician.

Capacity to make health care decisions - ability to understand and appreciate generally the nature and consequences of a health care decision, including the significant benefits and harms of and reasonable alternatives to any proposed health care.

Do not resuscitate order or **DNR order** (also known as "Do not attempt resuscitation order" or ""DNAR order") - an order that, in the event of an actual or imminent cardiac or respiratory arrest, chest compression and ventricular defibrillation will not be performed, the patient will not be intubated or manually ventilated, and there will be no administration of resuscitation drugs.

Durable power of attorney for health care - document delegating the authority to make health care decisions to an agent.

Life-sustaining treatment - medical procedures or interventions which utilize mechanical or other medically administered means to sustain, restore, or supplant a vital function which, in the written judgment of the attending physician, serve only to artificially postpone the moment of death, and where the person is near death or permanently unconscious.

- Life-sustaining treatment includes, but is not limited to mechanical respiration, kidney dialysis, use of other external mechanical or technological devices, drugs to maintain blood pressure, blood transfusions, and antibiotics.
- Life-sustaining treatment does not include administration of medication, natural ingestion of food or fluids by eating and drinking, or the performance of any medical procedure deemed necessary to provide comfort or to alleviate pain.

Living will - a directive which, when duly executed, contains the express direction that no life-sustaining treatment be given when the person executing said directive has been diagnosed and certified in writing by the attending physician to be near death or permanently unconscious, without hope of recovery from such condition and is unable to actively participate in the decision-making process.

Medically administered nutrition and hydration - invasive procedures such as, but not limited to Nasogastric tubes; gastrostomy tubes; intravenous feeding or hydration; and hyperalimentation. This term does not include the natural ingestion of food or fluids by eating and drinking.

Near death – when an incurable condition caused by injury, disease, or illness is such that death is imminent and the application of life-sustaining treatment would, to a reasonable degree of medical certainty, as determined by two physicians, only postpone the moment of death.

Permanently unconscious - a condition lasting indefinitely without improvement, in which thought, awareness of self and environment, and other indicators of consciousness are absent as determined by an appropriate neurological assessment by a physician in consultation with the attending physician.

Physician - medical doctor licensed in good standing to practice in his/her jurisdiction.

Principal - a person 18 years of age or older who has executed an advance directive.

Residential care – provided by a nursing home, any individual or facility licensed, certified, or otherwise authorized or permitted by law to operate a residential care facility for adults.

Revocation – advance directive may be revoked by (a) written revocation delivered to agent, health care provider or residential care provider expressing principal's intent to revoke, signed and dated by principal; (b) oral revocation in the presence of two or more witnesses, none of whom is principal's spouse or heir at law; (c) any act evidencing a specific intent to revoke the power, such as burning, tearing, or obliterating directive or by principal directing someone else to do so in principal's presence; (d) execution by principal of a subsequent advance directive; (e) filing an action for divorce, legal separation, annulment or protective order, where both agent and principal are parties to such action, except when there is an alternate agent designated, in which case the designation of the primary agent is revoked and the alternate designation becomes effective. Re-execution or written re-affirmation of the advance directive following a filing of an action for divorce, legal separation, annulment, or protective order makes effective the original designation of the primary agent under the advance directive; or (f) determination by a court that the agent's authority has been revoked.

Witness - competent person 18 years or older who is present when the principal signs an advance directive.

<< Matter.Relationships.Client'sSpouse.CustomField.FullName >>'s Health Care and Advance Directive Decisions to be Considered (Please initial or sign beside your choices)

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