

ABOUT THE LIVING WILL

In recent years, the courts, at times make decisions that were previously decided by patients, doctors and the patients' nearest relatives. These court decisions are taking too long in being decided, and create a great strain on all concerned. The use of a living will and the execution of a health care proxy may be of help in having the patient's wishes carried out regarding the use or omission of various types of care during those stages of our lives when we may not be able to express our desires. These stages may not occur for many of us; however, like insurance it may be preferable to have contingency plans.

Giving our feelings verbally and in writing to our family, friends, attorneys, and health care workers will help to ensure that they be carried out. The subject should be considered and action or inaction, taken according to our best judgments. Some sample forms are being provided for your use if desired. These should be completed by you if you desire and then copies given to the family members, friends, clergy, and attorney for proper use and discussion as desired.

GUIDELINES FOR THE APPROPRIATE USE OF "DO NOT RESUSCITATE ORDERS"

Cardiopulmonary resuscitation (CPR) is routinely performed on hospitalized patients who suffer cardiac or respiratory arrest. Consent to administer CPR is presumed, since the patient is incapable of consent at the moment of cardiopulmonary arrest. This should not influence other therapeutic measures that may be appropriate for the patient and failure to act immediately is certain to result in the patient's death.

Two exceptions to the presumption favoring CPR have been recognized. First, a patient may express in advance his or her preference that CPR be withheld. If the patient is incapable of expressing a preference, the decision to forgo resuscitation may be made by the patient's family or other surrogate decision maker. Second, CPR may be withheld if, in the judgment of the treating physician, an attempt to resuscitate the patient would be futile.

Patient's wishes regarding resuscitation should be discussed with their physician. Resuscitative efforts should be considered futile if they cannot be expected either to restore cardiac or respiratory function to the patient or to achieve the expressed goals of the informed patient. DNR (do not resuscitate) orders only preclude resuscitative efforts in the event of cardiopulmonary arrest and should not influence other therapeutic measures which may be appropriate for the patient.

1. I consent to release information about my medical treatment in accord with the HIPPA guidelines and in accord with any future restrictions that HIPPA may initiate."

2. I hereby revoke any advanced directives written or verbal, made prior to this date.

3. I may revoke this advanced directive at any time without regard to my physical or mental capacity and my physician should make my revocation part of the hospital chart. I will then expect my alternate to change the advanced directive that she or he may have in their records to comply with my changed wishes concerning the particular items being revoked or the entire directive. I reserve the right to re-instate the original advanced directive without notice regardless of my mental or physical functioning.

4. I intend that this directive remain effective until revoked by me by or by my destruction of this document. I further intend that this document be effective even if not having been made a part of my medical records or delivery to my physician or any similar restriction on effectiveness as may be provided in any applicable statute.

5. In the event any question arises as to whether a certain procedure or intervention should or should not be instituted or continued or withdrawn, and should I then be unable or incompetent to make or express a decision,

I designate _____ as my surrogate
(and _____ the alternate surrogate)

to make such decision for me.

6. If my physician's judgment is that my condition is "permanent and irreversible" and would result in death within a few weeks or months, and that to put me in a hospital for treatment would probably mean the utilization of "ethically extraordinary measures" to prolong my life, I request that, if possible, I be kept at home to die.

7. To assist in the guidance of my family, health care proxies and physicians I offer the following Medical Directive to indicate the kind of "ethically extraordinary measures" that I would wish or not wish, in various situations, to have employed in order to prolong my life:

(Attach Medical Directive with situations A, B, C, and D.)

8. It is my intention that this directive shall be honored by my family, health care proxies and physicians and others responsible for my care. I further direct that anyone acting in good faith reliance on these instructions (my physicians, health care proxy family or next of kin) shall not be subject to either civil or criminal liability.

Witness Statement

We the undersigned each witnessed the signing of this document by the principal or at the direction of the principal and state that the principal appears to be at least 18 years of age, of sound mind, and under no constraint or undue influence. Neither of us is named as the health care agent or alternate in this document.

In our presence this _____ day of _____ 20__.

Witness 1 _____ Witness 2 _____
(Signature) (Signature)

Name (print) _____ Name print _____

Address

Address

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 to them directly. I make this directive being 18 years of age, of sound mind, and appreciating the consequences of my decision.

SITUATION A:

If I am in a coma or a 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 the use of the following would be:

	I want	I want treatment tried. If no clear improvement, stop	I am undecided	I do not want
Cardiopulmonary Resuscitation: if at the point of death, using drugs and electric shock to keep the heart beating;		not applicable		
Artificial breathing. Mechanical Breathing: Breathing by machine.				
Artificial nutrition and Hydration: giving nutrition and fluid through a tube in the veins, nose, or stomach.				
Major Surgery: such as removing the gall bladder or part of the intestines.		not applicable		
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.		not applicable		
Invasive Diagnostic Tests: such as using a flexible tube to look into the stomach.		not applicable		
Blood or Blood Products: such as giving transfusions.				
Antibiotics: using drugs to fight infection.				
Simple Diagnostic Tests: such as performing blood tests or x-rays.		not applicable		
Pain Medications: even if they dull consciousness and indirectly shorten my life.		not applicable		

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 to them directly. I make this directive being 18 years of age, of sound mind, and appreciating the consequences of my decision.

SITUATION B:

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

	I want	I want treatment tried. If no clear improvement, stop	I am undecided	I do not want
Cardiopulmonary Resuscitation: if at the point of death, using drugs and electric shock to keep the heart beating;		not applicable		
Artificial breathing. Mechanical Breathing: Breathing by machine.				
Artificial nutrition and Hydration: giving nutrition and fluid through a tube in the veins, nose, or stomach.				
Major Surgery: such as removing the gall bladder or part of the intestines.		not applicable		
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.		not applicable		
Invasive Diagnostic Tests: such as using a flexible tube to look into the stomach.		not applicable		
Blood or Blood Products: such as giving transfusions.				
Antibiotics: using drugs to fight infection.				
Simple Diagnostic Tests: such as performing blood tests or x-rays.		not applicable		
Pain Medications: even if they dull consciousness and indirectly shorten my life.		not applicable		

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 to them directly. I make this directive being 18 years of age, of sound mind, and appreciating the consequences of my decision.

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 make me unable to recognize people or to speak understandably, and I also have a terminal illness such as cancer that will likely cause my death, then my wishes regarding the use of the following if considered medically reasonable would be:

	I want	I want treatment tried if no clear improvement, stop	I am undecided	I do not want
Cardiopulmonary Resuscitation: if at the point of death, using drugs and electric shock to keep the heart beating;		not applicable		
Artificial breathing. Mechanical Breathing: Breathing by machine.				
Artificial nutrition and Hydration: giving nutrition and fluid through a tube in the veins, nose, or stomach.				
Major Surgery: such as removing the gall bladder or part of the intestines.		not applicable		
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.		not applicable		
Invasive Diagnostic Tests: such as using a flexible tube to look into the stomach.		not applicable		
Blood or Blood Products: such as giving transfusions.				
Antibiotics: using drugs to fight infection.				
Simple Diagnostic Tests: such as performing blood tests or x-rays.		not applicable		
Pain Medications: even if they dull consciousness and indirectly shorten my life.		not applicable		

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 to them directly. I make this directive being 18 years of age, of sound mind, and appreciating the consequences of my decision.

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 make me unable to recognize people or to speak understandably, but I have no terminal illness, and can live in this condition for a long time then my wishes regarding the use of the following, if considered medically reasonable, would be:

	I want	I want treatment tried. If no clear improvement, stop	I am undecided	I do not want
Cardiopulmonary Resuscitation: if at the point of death, using drugs and electric shock to keep the heart beating;		not applicable		
Artificial breathing. Mechanical Breathing: Breathing by machine.				
Artificial nutrition and Hydration: giving nutrition and fluid through a tube in the veins, nose, or stomach.				
Major Surgery: such as removing the gall bladder or part of the intestines.		not applicable		
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.		not applicable		
Invasive Diagnostic Tests: such as using a flexible tube to look into the stomach.		not applicable		
Blood or Blood Products: such as giving transfusions.				
Antibiotics: using drugs to fight infection.				
Simple Diagnostic Tests: such as performing blood tests or x-rays.		not applicable		
Pain Medications: even if they dull consciousness and indirectly shorten my life.		not applicable		

HEALTH CARE PROXY

I, _____, residing at
(principal-print your name)

(street) (city or town) (state) (phone)

appoint as my Health Care Agent _____
(name of person you choose as agent)

of _____
(street) (city or town) (state) (phone)

Optional: If my agent is unwilling or unable to serve, then I appoint as my alternate _____

(name of alternate) (address of alternate) (city or town) (state) (phone)

If I am unable to make decisions myself, my agent shall have the authority to make all health care decisions for me, subject to any limitations I state below. My agent's authority becomes effective if my attending physician determines in writing that I lack the capacity to make or to communicate health care decisions. My agent is then to have the same authority to make health care decisions as I would if I had the capacity to make them, except

(list here the limitations if any, you wish to place on your agent's authority):

I direct my agent to make decisions on the basis of my agent's assessment of my best interests. Photocopies of this Health Care Proxy shall have the same force and effect as the original.

Signed _____

Complete only if principal is physically unable to sign: I have signed the principal's name above at his or her direction in the presence of the principal and two witnesses.

(name) (street) (city or town) (state) (phone)

Witness Statement:

We the undersigned each witnessed the signing of this Health Care Proxy by the principal or at the direction of the principal and state that the principal appears to be at least 18 years of age, of sound mind, and under no constraint or undue influence. Neither of us is named as the health care agent or alternate in this document.

In our presence this _____ day of _____ 20____

Witness 1 _____ (Signature) Witness 2 _____ (Signature)

Name (print) _____ Name print _____

Address _____ Address _____