Patient's Advance Directive

To My Family, My Physician, My Clergyman, My Substitute Decision-Maker in the Durable Power of Attorney:

I, _____ , being of sound mind, make this statement as an indication of my choice of medical care and as a directive to be followed if I become unable to participate in decisions regarding my health care. These instructions reflect my commitment to decline medical treatment under the circumstances indicated below.

I direct my attending physician to withhold or withdraw treatment that serves only to prolong the process of my dying if I should be in an incurable or irreversible physical condition with no reasonable expectation of recovery.

These instructions apply if I am (a) in a terminal condition; (b) permanently unconscious; (c) if I am conscious but have irreversible brain damage and will never regain the ability to make decisions and express my wishes.

I direct that treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing treatment.

If I am in any one of the conditions described above, I have indicated my wishes in regard to the following forms of treatment:

(Please check your choices.)

Cardiac Resuscitation	❑ I do want ❑ I do not want
Mechanical Respiration	❑ I do want ❑ I do not want
Feeding Tubes	❑ I do want ❑ I do not want
Kidney Dialysis	❑ I do want ❑ I do not want
Chemotherapy	❑ I do want ❑ I do not want
Antibiotics	❑ I do want ❑ I do not want
Intravenous Fluids	❑ I do want ❑ I do not want

(For additional instructions add sheet(s) as necessary.)

These directives express my right to refuse treatment and they are instructions to my substitute decision-maker as constituted in the Durable Power of Attorney instrument. I intend that my instructions be carried out unless I have rescinded them in a new written declaration or by a clear oral expression that I have changed my mind.

Signature Date

Witness

My designated decision-maker is _____

whose address and current phone is _____

The standard operating procedures of most health care facilities assume that you would want life-sustaining procedures unless you indicate otherwise.