

Personal Directive

Instructions and Form

Instructions: To create a Personal Directive, first print this document so you have the instructions and the blank form in front of you. You can use the instructions as a checklist as you fill out the form.

A Personal Directive is a personal statement in which you give your Health Care Agent information and instructions about the kind of care you want and don't want. If you become unable to make effective decisions for yourself, your Agent will use this document to make health care decisions on your behalf and represent your instructions and preferences to your family and care providers.

Start by reading the questions in the sections provided and write down what is important to you. You may find some questions don't apply; it's alright to leave them blank. You can choose to check the boxes or write in your preferences and choices in your own words.

- On the first line** print your full name in the blank space, followed by your address.
- I. My Personal Preferences, Thoughts and Beliefs**
 - In this section, you let others know your thoughts about the care that's right for you.
- II. My Preferences for Life-Sustaining Treatment**
 - Before filling out this section, talk with your doctor about your specific medical condition and the risks and benefits of life-sustaining treatment at your stage of health.
- III. People to Inform about My Preferences and Choices**
 - List the names of family, friends, or others you'd like to inform, if any.
- IV. My Religious, Spiritual and Cultural Affiliation**
 - Talk with clergy and advisors; add your preferences or instructions, if any.
- V. Organ Donation**
 - Indicate your preferences here, if any.
- VI. Funeral Arrangements**
 - Indicate your preferences here, if any.
- VII. Other Instructions and Preferences**
 - In this section, you can include any messages you'd like your Health Care Agent to deliver or any action you'd like your Agent to take.
- SIGNED and Date**
 - Sign your full name and fill in the date you sign it.
- Witness Statement and Signature (Optional)**
 - This section is not required, but it can be helpful to have your signature witnessed

That's it for now. Filling out this form is all you need to do to create a Personal Directive.

II. My Preferences for Life-Sustaining Treatment

Life-sustaining treatment refers to medical procedures such as cardiopulmonary resuscitation, artificial hydration and nutrition, and artificial ventilation/breathing intended to prolong life by supporting an essential function of the body, when the body is not able to function on its own. *Talk to your doctor about your medical condition and the specific risks and benefits of treatments at your stage of health.*

1. Cardiopulmonary Resuscitation (CPR) is a medical treatment used to restart the heartbeat and breathing when the heartbeat and breathing have stopped. My preferences are:

- I do not want CPR attempted if my heartbeat and breathing stop, but rather, want to permit a natural death;
- I want CPR attempted unless my doctor determines any of the following:
 - I have an incurable illness or irreversible injury and am dying
 - I have no reasonable chance of survival if my heartbeat and breathing stop
 - I have little chance of long-term survival if my heartbeat and breathing stop and the process of resuscitation would cause significant suffering
- I want CPR attempted if my heartbeat and breathing stop;
- I do not know at this time and rely on my Health Care Agent to make the decision.

Other thoughts and instructions on CPR:

2. Treatments to Prolong My Life:

If I reach a point where I can no longer make decisions for myself and my doctor believes it is reasonably certain that I will not recover my ability to know who I am:

- I want to withhold or stop all life-sustaining treatments that are prolonging my life and permit a natural death. I understand I will continue to receive pain and comfort medicines, and food and fluids by mouth if I am able to swallow;
- I want all appropriate life-sustaining treatments for a *short term* as recommended by my doctor, until my doctor and Agent agree that such treatments are no longer helpful;
- I want all appropriate life-sustaining treatments recommended by my doctor;
- I do not know at this time and rely on my Health Care Agent to make treatment decisions.

Other thoughts and instructions on life-sustaining treatments:

III. People to Inform about My Preferences and Choices

List any care providers, family, and friends, advisors you want to inform, or prefer not to inform:

IV. My Religious, Spiritual and Cultural Affiliation

- I am of the _____ faith. Please contact _____ at _____ (name/place of clergy). I would like the following:

- I would like a spiritual or cultural ceremony. Please contact _____ at _____ (name/place of advisor). I would like the following:

- I do not want any religious or spiritual considerations.

Other thoughts and instructions:

V. Organ Donation

- I do not want to donate my organs.
- I do want to donate my organs. My preferences are: _____

VI. Funeral Arrangements

- I'd like a service or gathering. My instructions: (type, location, invitees, etc.)
- I'd like a burial in a casket. My instructions:
- I'd like to be cremated and want my ashes distributed or buried. My instructions:
- I'd like all the arrangements to be made by _____. My instructions:

VII. Other Instructions and Preferences

I'd like my Health Care Agent, my family, my doctors and all those concerned with my care to know:

I sign this Personal Directive after giving much thought to my personal preferences and treatment choices. I direct my Health Care Agent to represent my preferences and choices and for all others to honor them.

SIGNED: _____ **Date:** _____

Witness Statement and Signature *(Optional)*

We, the undersigned witnesses, on this date, _____, have witnessed the signing of this Personal Directive and that the signatory appears to be 18 years old, of sound mind, and under no constraint or undue influence.

Witness #1

Witness #2

Signed: _____

Signed: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____