

## **Personal Directive Instructions And Document**

A **Personal Directive** is a personal document, *not legally binding in Massachusetts*, in which you give your Health Care Agent ('Agent') and family information about what's important to you and instructions about the kind of care you want and do not want. It's your "voice & your choice" for the care you want.

*Accidents and illness can happen at any time* — when you are healthy, managing wellness as you age, or living with serious advancing illness. If you become unable to make or communicate effective decisions for yourself, even for a short while, your Agent can use this document to communicate your care choices and preferences to your family members and care providers, and know what to consider when making health care decisions on your behalf. Although not legally binding, this document offers first-hand information to your doctors & care providers to help them align the best possible care to your choices.

### **Instructions:**

To create a Personal Directive, first review the instructions page. On the blank document, read the questions and write in what you'd like others to know about your values, beliefs, care goals and priorities. If you need more space, you can write or type on another page and attach the printout. You can add any information you like. If questions don't apply right now, just leave them blank. You can make changes and add information as your health needs & choices change over time.

**On the first line** print your full name in the blank space, followed by your full address (street, town, state, zip code).

### **I. My Personal Preferences, Thoughts and Beliefs**

- Let your Agent & family know what's right for you in order to make decisions on your behalf.

### **II. My Choices and Preferences for Treatment**

- List information and preferences regarding your specific health condition;
- Indicate your choices and preferences for life-sustaining treatment. Consider talking with your doctor about your current condition and the benefits/risks of each treatment.

### **III. People to Inform about My Choices and Preferences**

- List the names of family, friends, and others you'd like your Agent to inform or to take action.

### **IV. My Religious, Spiritual, Cultural, and Personal Considerations**

- Let your Agent & family know what beliefs, traditions, & values to consider when making care decisions;
- Let your Agent & family know your personal thoughts for end of life care.

### **V. My Preferences for Funeral Arrangements & Ceremonies**

- Let your Agent & family know your choices and preferences, if any.

### **VI. Other Instructions and Messages**

- You can include any instructions and messages you'd like your Agent to deliver or any actions you'd like your Agent to take.

### **Signature and Date**

- Sign your full name and fill in the date you sign it.

**That's it for now.** Keep the original and give a copy to your Agent and anyone else you would like. You can make changes or add information all through your life, as long as you are competent.

# My Personal Directive

I, \_\_\_\_\_  
residing at \_\_\_\_\_

write this directive for my Health Care Agent ('Agent'), family, doctors and care providers to inform you of my choices and preferences for care. If my attending physician determines in writing that I lack the ability to make or communicate health care decisions, even for a short while, my Agent will communicate my choices and make health care decisions on my behalf. After talking with my doctors and providers to understand my current condition, prognosis, possible treatments and side effects of each medical alternative, my Agent will make health care decisions in accordance with his/her understanding of my wishes, religious, and moral beliefs. In areas where my wishes are not known, my Agent will make health care decisions in accordance with his/her assessment of my best interest.

## **I. My Personal Preferences, Thoughts and Beliefs**

1. The things in life I value most that make life worth living are:

2. If I have an unexpected illness or injury and it is reasonably certain I will recover, possibly to a lesser degree, here's what is important to me and my priorities for a good quality of life:

3. My thoughts on what worries me most if I become ill and what would help reduce my concerns:

4. If I am not able to manage my affairs, even for a short time, here are the actions I'd like you to take:

5. My beliefs about when prolonging my life would not be acceptable to me:

6. My thoughts about what a peaceful death looks like to me:

## II. My Choices and Preferences for Treatment

### A. My Treatment Choices for My Specific Medical Condition

List your condition, if any, and preferences about medications, treatment facilities, professionals to contact, and care you want or do not want if you become disabled or incapacitated, even for a short while.

### B. 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 current medical condition, the specific risks and benefits of treatments and possible outcomes.*

**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:

### 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 & comfort medicines;
- 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:

### III. People to Inform about My Choices and Preferences

List any family, friends, clergy, attorneys, and care providers you want to inform or prefer not to inform. Write down what role you'd like individuals to have or actions you'd like them to take, if any.

### IV. My Religious, Spiritual, Cultural and Personal Considerations

Write down any religious or spiritual beliefs, cultural traditions, or personal values you'd like your Agent to consider when making decisions about your care throughout your lifetime, and at the end of life.

I am of the \_\_\_\_\_ faith.

Please contact \_\_\_\_\_

at (type name/place of clergy) \_\_\_\_\_

I would like the following:

I would like a spiritual or cultural ceremony.

Please contact \_\_\_\_\_

at (type name/place of advisor) \_\_\_\_\_.

I would like the following:

I do not have any particular religious, spiritual, or cultural traditions that my Agent should consider.

Here are some personal values that guide me (explain, if any):

Here's how I'd like to spend my final days and what a peaceful death means to me:

## V. My Preferences for Funeral Arrangements and Ceremonies

Here are my thoughts and wishes for others to consider.

I'd like all the arrangements to be made by \_\_\_\_\_

My instructions:

I'd like a service, gathering, or ceremony. My instructions:

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:

## VI. My Religious, Spiritual, Cultural and Personal Considerations

Write in anything that's important to you or a message for your Agent, family, and others.

### Signature

I sign this Personal Directive after giving much thought to my choices and preferences for care. I understand I can revise and affirm my decisions all through my life as long as I am competent.

**SIGNED:** \_\_\_\_\_ **Date:** \_\_\_\_\_