

Personal Directive

Instructions and Document
Long Form

A Personal Directive is a personal document, not legally binding in Massachusetts, in which you give your Health Care Agent (“Agent”), family, doctors and care providers information about what’s important to you and instructions about the kind of care you want and do not want. Accidents and illness can happen at any age. If you become unable to make or communicate health care decisions for yourself, even for a short time while you recover, your Agent can use this document to communicate your care choices to your family and care providers, and make health care decisions on your behalf. If you have not chosen an Agent yet, this document offers first-hand information to your family, doctors and care providers about your care choices.

Instructions: To create a Personal Directive, print this document and place the instructions page and the blank document in front of you. Write in what you’d like others to know about your values, beliefs, care goals and choices. If more space is needed, write on the back. If questions don’t apply, just leave them blank. You can update this document as often as you like, as long as you are competent.

On the first line print your full name in the blank space, followed by your address. Check the box that applies about your Agent. If you have a Health Care Proxy you can attach it to this document.

I. My Personal Preferences, Thoughts and Beliefs

- Let others know what’s important to you in order to make decisions on your behalf. Write in anything you like to help your Agent and family get you the care you want respecting your personal values, beliefs and choices, and to manage your personal affairs while you recover or longer.

II. People to Inform about My Choices and Preferences

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

III. My Medical Care: My Choices and Treatment Preferences

- **Current Medical Condition:** Share information about the care you want as you recover.
- **Life-Sustaining Treatments:** Cardiopulmonary resuscitation, artificial ventilation/breathing, and artificial hydration and nutrition are life-sustaining treatments 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 the specific risks, benefits and possible outcomes of attempting these treatments given your medical outlook. Check the box or write in your thoughts and instructions.

IV. My Religious, Spiritual, Cultural & Personal Considerations

V. Notes on a Peaceful Death

VI. Funeral Arrangements and Ceremonies

VII. Other Information, Instructions and Messages for Others

- Instructions for managing your personal affairs and messages to deliver to others.

VIII. SIGNATURE and Date

- Sign your full name and fill in the date you sign it. You can revise reaffirm this document.

Important: Keep the original and give a copy to your Agent, family and anyone else you would like. You can make changes or add information all through your life, as long as you are competent. Read more about the Personal Directive at www.honoringchoicesmass.com

Personal Directive

I, _____, residing at _____, write this directive for my Health Care Agent (Agent), family, friends, doctors and care providers to inform you of my choices and preferences for care.

I have chosen a Health Care Agent in a Health Care Proxy.

Agent's Name & Contact Information: _____

I have not chosen a Health Care Agent in a Health Care Proxy.

I. My Personal Preferences, Thoughts and Beliefs

1. Here are the things in life I value most and that make life worth living:

2. If I become ill or injured and it's reasonably certain I will recover, possibly to a lesser degree, here's what is important to me and how I define having a good quality of life:

3. Here are my personal values, religious or spiritual beliefs, and cultural norms and traditions to consider when making care decisions (if any):

4. Here's what worries me most about being ill or injured; here's what would help reduce my concerns:

5. If I become ill or injured and I am not expected to recover the ability to know who I am, here are my thoughts about prolonging my life and what treatments are acceptable and not acceptable to me:

6. Here are my thoughts about what a peaceful death looks like to me:

II. People to Inform about My Choices and Preferences

Here's a list of people to inform (i.e. family, friends, clergy, attorneys, care providers) their contact information, and the role or action I'd like each to take (if any):

III. My Medical Care: My Choices and Treatment Preferences

A. My Current Medical Condition

Here's information about my specific medical condition (if any) and my preferences for the medications, doctors, treatment facilities and services I want, or do not want:

B. Life-Sustaining Treatments

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

- I do not want CPR attempted but rather, I want to allow a natural death with comfort measures;
 - 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
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2. Treatments to Prolong My Life

If I reach a point where I am not expected to recover the ability to know who I am, here are my choices and preferences for life-sustaining treatment:

- 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.
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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: _____ (name/place of clergy) I would like the following:

I would like a spiritual or cultural ceremony. Please contact _____ at _____ (name/place of clergy) 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) _____

V. Notes on a Peaceful Death

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

VI. 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:

VII. Other Instructions, Information and Messages for Others

VIII. Signature and Date

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

SIGNED: _____ Date: _____
Reviewed and Reaffirmed _____ Date: _____