Patient's Advance Directive

To my family, my physician, my clergy, 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; or (b) permanently unconscious; or (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)

	I do want
Cardiac resuscitation	I do not want
	I do want
Mechanical respiration	I do not want
	I do want
Feeding tubes	I do not want
	I do want
Kidney dialysis	I do not want
	I do want
Chemotherapy	I do not want
	I do want
Antibiotics	I do not want
	I do want
Intravenous fluids	I do not want

(For additional instructions, add pages 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 I intend that my instructions be carried out unless I have rescinded them in a new written declaration or by a clear oral expression that I have changed my mind.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)   (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.