

My name is: _____ Date of Birth: _____

My address is: _____

INSTRUCTIONS TO MY AGENT

1. CONTRACT vs. COVENANT (Please mark one statement)

In this attachment to my health care directive I have expressed some of my preferences concerning health care decisions that may arise. I want my agent strictly to follow this document, and only to rely on other sources of knowledge about my wishes and values in situations not covered herein.

In this attachment to my health care directive I have expressed some of my preferences concerning health care decisions that may arise. I realize, however, that I cannot fully anticipate what will happen to me in years to come, future developments in medical practice, or the particular health care decisions which will have to be made on my behalf. I want my agent to draw on all sources of knowledge about my wishes and values, and to have ultimate authority to make decisions for me if I cannot do so for myself.

2. KNOWLEDGE OF MY CONDITION (Please mark one statement)

I wish to know all relevant facts of my condition. I can cope better with a known threat than with the unknown.

I do not wish to know all the details of my condition, especially if the news is bad. I fear that such knowledge will diminish my will to live and will cast a shadow over the time left to me. If there is bad news about my condition, I want my health care agent to take over making medical decisions for me, even if I still have mental capacity to make health care decisions.

3. SITE OF CARE AT THE END OF LIFE

I prefer to be supported by the best medical technology. To that end, if my death is not sudden, I wish that it will occur in the confines of a hospital. If necessary, I want my financial resources to be used to make this possible.

To the extent that it is practicable and not an undue hardship upon my family, I would prefer to die at home or in a congenial supportive care facility such as a hospice rather than in a hospital. When hospital care is no longer able with confidence to effect my recovery, I would prefer such comfort-oriented care, with the clear understanding that all essential medical care that would be in accord with my wishes will be continued.

Signature: _____ Date: _____

Sign and date these pages when the Advance Directive document is witnessed.

4. PERSON(S) EXCLUDED AS AGENT: Not applicable – no one excluded.

In my Advance Health Care Directive, I EXCLUDED one or more persons from any part of health care decision-making for me.

I made an exclusion without feeling a need to explain.

I wish to offer an explanation. However, this explanation is not to be challenged or used to question my decision to make such an exclusion. My reasons for the exclusion:

5. INSTRUCTIONS TO THE PHYSICIAN: HOW I WANT YOU TO TREAT MY FAMILY WHEN THERE ARE DIFFICULT MEDICAL DECISIONS TO CONSIDER:

I. Where: Meet with them in a room with comfort, privacy and circular seating.

II. Who should be there: Me (if I'm capable to participating); legal decision maker/health care power of attorney; family members; social support; key health care professionals.

III. How to run the meetings:

A. Introduction

- Introduce yourself & others
- Review meeting goals: Each person will have a chance to ask questions and express views
- Describe importance of supportive decision making and supporting my agent.
- Express your condolences about the illness and say "Tell me about her/him." Let those who know me and care about me tell my story, not just about my illness, but about ME.

B. Review medical status

- Determine what the patient/family already knows: "Tell me your understanding of the current medical condition" "What do you hope for and what do you worry about?" If they have a different understanding than you do, ask more about theirs, question yours. Then explain why you think the way you do (but don't force them to adopt your view)
- Review current status, plan & prognosis. Review treatment options, describe treatments, risks, chances of efficacy, and alternatives. Don't over-dramatize – try to be honest, not brutal.
- Ask each family member in turn if they have any questions about current status, plan options & prognosis
- Defer discussion of decision making until the next step

C. Family Discussion if I can participate in decisions

- Ask patient "What decision(s) are you considering, and why?"
- Ask each family member "Do you have questions or concerns about the treatment plans?" "How can you support the patient?"

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D. Family Discussion if I am unable to participate in decisions

- Ask each family member in turn “What do you believe the patient would choose if she could speak for herself?” “Why do you think that?”
- Ask each family member What are the achievable goals? What do you think should be done?
- Leave room to let family discuss alone.
- If there is consensus, go to V; if no consensus, go to E.

E. When there is no consensus:

- Re-state goal: “What would the patient say if she could speak?”
- Use time as ally: Schedule a follow-up conference the next day.
- Try further discussion: “What values is your decision based upon?” “How will the decision affect you and other family members?”
- Identify legal decision maker
- Identify resources: Minister/Priest/Rabbi; other physicians; ethics committee.

IV. Wrap-up:

- Summarize consensus, disagreements, decisions & plan
- Caution against unexpected outcomes
- Identify family spokesperson for ongoing communication
- Document in the chart-- who was present, what decisions were made, follow-up plan
- Don't turf discontinuation of treatment to nursing
- Continuity: Maintain contact with family and medical team. Schedule follow-up meetings as needed

6. GOALS OF CARE:

In evaluating medical interventions, my agent will choose treatments that will enhance my comfort and dignity. Treatments that would impose a burden of discomfort or indignity must offer over-weighing chances to return me to a state of functioning that I feel is a reasonable minimum quality of life. By my definition, “a reasonable minimum” means

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7. OTHER INSTRUCTIONS AND COMMENTS:

Signature: _____ Date: _____

Sign and date these pages when the Advance Directive document is witnessed.