

INSTRUCTING YOUR ATTORNEY FOR PERSONAL CARE

It is important to think about what kinds of instructions, if any, you would like to put in your power of attorney for personal care. You could give instructions about where you want to live, what kinds of foods you would like to eat, or what you want to wear. You can also give instructions about medical treatment. For instance, you may give your attorney the authority to allow or refuse treatment for you. Your attorney must follow the instructions and wishes you made when you were capable, even if you didn't write them down. If it is impossible to follow your wishes or instructions, your attorney must make a decision in your best interests. He or she must consider the values and beliefs you held while capable and any current wishes you may have, if the attorney can find out what they are.

How To Write Your Instructions

There are many things to keep in mind when writing instructions about medical treatment.

- (a) **Put your instructions in words your attorney can understand.** For example, if you tell your attorney you don't want any "heroic measures" to keep you alive, your attorney might not know what that means. Try to give examples of what you want or don't want to happen and under what circumstances.

- (b) **Explain your instructions.** You might think of saying, for example, that you don't want to be "hooked up to a machine." Remember, breathing machines can be used temporarily in emergencies or during surgery. That's not the same as being dependent on a machine to live.

- (c) **Be clear and specific.** You may want to give certain instructions depending on the physical or mental condition you might be in and whether the condition is permanent. Think about whether you want different degrees of treatment in different circumstances. For example, if you are conscious or unconscious, physically mobile or bedridden, able or unable to recognize loved ones.

- (d) **Be aware of the different degrees of illness or condition.** For example, you might give instructions in case you have a stroke. But you may have a mild stroke or a very severe one. Your instructions might be quite different, depending on the quality of life you might have after the stroke. You should also be careful about the instructions you give about medication. For example, you might have a very serious infection that could kill you, but it may be easily treated with an antibiotic.

- (e) If you've already made a living will or advance medical directive, you can make it part of your instructions. Living wills and advance medical directives are documents people write that say, in advance, the types of

medical treatment they would choose or refuse if certain things happen when they cannot make decisions themselves. Your power of attorney may include these documents.

- (f) Discuss your instructions with your attorney. Make sure your attorney understands your instructions. Talk about your values and wishes. If you decide to give instructions about medical care, talk to your doctor about your health and what kinds of medical treatments you might face. You should also talk to whomever is providing your health care.

You Don't Have to Give Instructions

You don't have to give instructions in your power of attorney for personal care, if you don't want to. You may decide to let your attorney make decisions for you as best he or she can in the circumstances. If that's what you decide, it is very important to talk to your attorney - or any people close to you - in advance about your values and wishes. The reason for this is that if there are no personal care instructions, your attorney must try to find out if you expressed wishes some other way, either spoken or written, while you were mentally capable. These discussions can be very helpful when difficult decisions must be made on your behalf in the future. If there is no way of knowing what you would have wanted to do, then the attorney must make a decision in your best interests.

LIVING WILL/ADVANCED CARE DIRECTIVE

TO MY FAMILY, MY PHYSICIANS, MY HEALTH CARE PROVIDERS AND ALL
OTHERS WHOM IT MAY CONCERN

If the time comes when I can no longer take part in decisions for my own medical treatment and future, let this statement stand as an expression of my wishes and directions, given while I am still of sound mind.

If at such time the situation should arise in which there is no reasonable expectation of my recovery from extreme physical or mental disability, I direct that I be allowed to die and not be kept alive by medications, artificial means or "heroic measures." I do, however, ask that medication be mercifully administered to me to alleviate suffering, even though this may have the effect of shortening my remaining life.

This statement is made after careful consideration and is in accordance with my strong convictions and beliefs. I direct that the directions herein expressed shall be carried out to the fullest extent permitted by law. Insofar as they are not legally enforceable, I hope that those to whom this Living Will is addressed will regard themselves as morally bound by these provisions.

Date:

Signature

LIVING WILL/ADVANCED CARE DIRECTIVE

TO MY FAMILY, MY PHYSICIANS, MY HEALTH CARE PROVIDERS AND ALL
OTHERS TO WHOM IT MAY CONCERN

If the time comes when I am no longer capable of taking part in decisions concerning my own future, I wish the following statement to stand as a testament of my wishes.

At such time when there is no reasonable expectation of recovering from a physical or mental illness, I request that:

1. I be allowed to die in dignity and not be kept alive by artificial means or heroic measures (such as Cardiac-Pulmonary Resuscitation or Parenteneal nutrition).
2. Drugs be administered to me only for the relief of pain and not for the sake of prolonging my earthly life, even if those painkilling drugs ultimately have the effect of hastening my death.

I believe that death is as much a reality as birth, growth, maturity and old age. Indeed, it is the one certainty. If I become terminally ill, I feel I will not fear death so much as I will fear physical pain, deterioration and the burden I will place on family and loved ones. Please respect these wishes.

This request is made after careful consideration and I realize that I may change my mind regarding this decision at any time and communicate my decision in writing or verbally or otherwise. I intend that this statement shall be legally binding and also trust that those who care for me shall feel morally bound to follow these directions. I realize fully that this places a heavy burden of responsibility upon you and it is with the intention of sharing that responsibility and of relieving any feelings of guilt that this statement is made.

Date:

Signature

LIVING WILL/ADVANCED CARE DIRECTIVE

TO MY FAMILY, MY PHYSICIANS, MY HEALTH CARE PROVIDERS AND ALL
OTHERS WHOM IT MAY CONCERN

Death is as much a reality as birth, growth, maturity and old age - it is one of the certainties of life. **THUS:**

1. I realize that if I am fortunate, after living a long and enjoyable life, an accident or a sudden illness will bring death quickly and with relatively little pain.
2. I also realize that prior to my death, it is much more likely that an accident, a lingering illness or the gradual deterioration of my mind or body will bring about a quality of life which, **FOR ME**, would be so miserable that I would not want to continue to live that way.
3. I am not afraid of death, but I am afraid that if I have been reduced to a **PERMANENT** quality of life that is unacceptable to me, medical technology may then be used to prolong my life when I would prefer to die.
4. I know that if I require medical treatment, and I am then rational and able to express my wishes, I have the **RIGHT** to reject any specific treatment, even if my decision may cause my death and may, therefore, appear mistaken in the eyes of the medical profession or the community in which I live.
5. My fear is that a time may come when I am then irrational or unable to express my wishes, and medical treatment is being considered in order to prolong my life.

THEREFORE, if the time comes when I can no longer take part in decisions about my medical treatment, let this, my Living Will, stand as the expression of my wishes, made while I am of the full age of eighteen years and of sound mind.

At this moment, I cannot foretell exactly what course my life will take. Nevertheless, I have initialled below the conditions, which if they are **PERMANENT** in the opinion of my physician, are so unacceptable to me that I do not want my life prolonged by medical treatment. Those conditions that I have not initialled, are conditions that I am willing to accept.

INITIALS

- | | |
|---|----------|
| 1. Suffering uncontrollable pain. | 1. _____ |
| 2. Unable to control my bladder or my bowel. | 2. _____ |
| 3. Unable to converse with my friends and family. | 3. _____ |

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|---|-----------|
| 4. Unable to wash or dress myself. | 4. _____ |
| 5. Unable to walk by myself. | 5. _____ |
| 6. Unable to feed myself. | 6. _____ |
| 7. Unable to breathe by myself. | 7. _____ |
| 8. Confined to permanent institution care. | 8. _____ |
| 9. So blind that I cannot read a newspaper. | 9. _____ |
| 10. So deaf that I cannot hear a radio. | 10. _____ |
| 11. | 11. _____ |
| 12. | 12. _____ |

If any of the conditions which I have initialled, should occur, I specifically do not want to be:

1. Resuscitated if I have a heart attack.
2. Respirated if I cannot breathe on my own.
3. Fed or hydrated intravenously or by tubes, if I cannot swallow.
4. Given antibiotics, blood transfusions, kidney dialysis, chemotherapy, radiation therapy or major surgery, except to the extent that such treatments are necessary to relieve my pain.

I WISH to stress that I do want medications to be administered to me to alleviate my suffering, even though they may shorten my remaining life. Just keep me warm, dry and free of discomfort and I will die, blessing you.

Dated: _____

Copies of this request have been given to: _____

