Medical Directive

The Medical Directive comes into effect only if you become incompetent.

Complete the form in the context of a discussion with a physician.

Medical Directive

The Church Foundation
STRONG FOUNDATION. FAITHFUL INVESTING.

Following is a general form of medical directive reprinted with the permission of the American Medical Association. Please note that many states have enacted legislation on advanced care directives. Please consult your attorney, healthcare provider, or state attorney general regarding requirements for healthcare directives in your state.*

INTRODUCTION

As part of a person's right to self-determination, every adult may accept or refuse any recommended medical treatment. This is relatively easy when people are well and can speak. Unfortunately, during serious illness they are often unconscious or otherwise unable to communicate their wishes—at the very time when many critical decisions need to be made.

The Medical Directive allows you to record your wishes regarding various types of medical treatments in several representative situations so that your desires can be respected. It also lets you appoint a proxy, someone to make medical decisions in your place if you should become unable to make them on your own.

The Medical Directive comes into effect only if you become incompetent (unable to make decisions and too sick to make your wishes known). You can change it at any time until then. While you are fully competent, you should discuss your care directly with your physician.

I am undecided; I do not want this treatment should be indicated. If you choose a trial of treatment, you should understand that this indicates you want the treatment withdrawn if your physician and proxy believe that it has become futile.

The Personal Statement section allows you to explain your choices and say anything you wish to those who may make decisions for you concerning the limits of your life and the goals of intervention. For example, in situation B, if you wish to define "uncertain chance" with numerical probability, you may do so here.

Next you may express your preferences concerning organ donation. Do you wish to donate your body or some or all of your organs after your death? If so, for what purpose(s) and to which physician or institution? If not, this should also be indicated in the appropriate box.

In the final section you may designate one or more proxies who would be asked to make choices under circumstances in which your wishes are unclear.

COMPLETING THE FORM

You should, if possible, complete the form in the context of a discussion with your physician. Ideally, this should occur in the presence of your proxy. This lets your physician and your proxy know how you think about these decisions, and it provides you and your physician with the opportunity to give or clarify relevant personal or medical information. You may also wish to discuss the issues with your family, friends, or religious mentor.

The Medical Directive contains six illness situations that include incompetence. For each one, you consider possible interventions and goals of medical care. Situation A is permanent coma; B is near death; C is with weeks to live in and out of consciousness; D is extreme dementia; E is a situation you describe; and F is temporary inability to make decisions.

For each scenario you identify your general goals for care and specific intervention choices. The interventions are divided into six groups: 1) cardiopulmonary resuscitation or major surgery; 2) mechanical breathing or dialysis; 3) blood transfusions or blood products; 4) artificial nutrition and hydration; 5) simple diagnostic tests or antibiotics; and 6) pain medications, even if they dull consciousness and indirectly shorten life. Most of these treatments are described briefly. If you have further questions, consult your physician.

Your wishes for treatment options: I want this treatment; I want this treatment tried but stopped if there is no clear improvement; You can indicate whether-or-not the decisions of the proxy should override your wishes if there are differences. Additionally, should you name more than one proxy, you can state who is to have the final say if there is disagreement. Your proxy must understand that this role usually involves making judgments that you would have made for yourself had you been able and making them by the criteria you have outlined. Proxy decisions should ideally be made in discussion with your family, friends and physician.

WHAT TO DO WITH THE FORM:

Once you have completed the form, you and two adult witnesses (other than your proxy) who have no interest in your estate need to sign and date it. Many states have legislation covering documents of this sort. To determine the laws in your state, you should call the state attorney general's office or consult a lawyer. If your state has a statutory document, you many wish to use the Medical Directive and append it to this form.

You should give a copy of the completed document to your physician. His or her signature is desirable but not mandatory. The directive should be placed in your medical records and flagged so that anyone who might be involved in your care can be aware of its presence. Your proxy, a family member, and/or a friend should also a copy. In addition, you may want to carry a wallet card noting that you have such a document and where it can be found.

My Medical Directive

The Church Foundation
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This Medical Directive shall stand as a guide to my wishes regarding medical treatments in the event that illness should make me unable to communicate them directly. I make this directive, being 18 years or more of age, of sound mind, and appreciating the consequences of my decisions.

Name (Sign & Print)

Street Address, PO Box, and/or Apartment #

City State Zip Code

Signature Date

Witness:

Name (Sign & Print)

Street Address, PO Box, and/or Apartment #

City State Zip Code

Signature Date

Notes:

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Situation A

If I am in a coma or persistent vegetative state and, in the opinion of my physician and two consultants, have no known hope of regaining awareness and higher mental functions no matter what is done, then my goals and specific wishes—if medically reasonable—for this and any additional illness would be:

(Please select one of the following options)

- ☐ Prolong life; treat everything
- ☐ Limit to less invasive and less burdensome interventions
- ☐ Other (please specify): _____
- ☐ Attempt to cure, but reevaluate often
- ☐ Provide comfort care only

	WANT	WANT (Stop if no improvement)	UNDECIDED	DON'T WANT
1. **Cardiopulmonary Resuscitation** (chest Compressions, drugs, electric shocks, and artificial breathing aimed at reviving a person who is on the point of dying.	☐	☐	☐	☐
2. **Major surgery** (for example, removing the gall bladder or part of the colon).	☐	☐	☐	☐
3. **Mechanical breathing** (respiration by machine, through tube in the throat).	☐	☐	☐	☐
4. **Dialysis** (cleaning the blood by machine or by fluid passed through the belly).	☐	☐	☐	☐
5. **Blood transfusions or blood products.**	☐	☐	☐	☐
6. **Artificial nutrition and hydration** (given through a tube in a vein or in the stomach).	☐	☐	☐	☐
7. **Simple diagnostic tests** (for example, blood tests or x-rays).	☐	☐	☐	☐
8. **Antibiotics** (drugs used to fight infection).	☐	☐	☐	☐
9. **Pain medications, even if they dull consciousness and indirectly shorten my life.**	☐	☐	☐	☐

Notes:

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Situation B

If I am near death and in a coma and, in the opinion of my physician and two consultants, have a small but uncertain chance of regaining higher mental functions, a somewhat greater chance of surviving with permanent mental and physical disability, and a much greater chance of not recovering at all, then my goals and specific wishes, if medically reasonable, for this and any additional illness would be:

(Please select one of the following options)

- ☐ Prolong life; treat everything
- ☐ Limit to less invasive and less burdensome interventions
- ☐ Other (please specify): _____
- ☐ Attempt to cure, but reevaluate often
- ☐ Provide comfort care only

	WANT	WANT (Stop if no improvement)	UNDECIDED	DON'T WANT
1. **Cardiopulmonary Resuscitation** (chest Compressions, drugs, electric shocks, and artificial breathing aimed at reviving a person who is on the point of dying.	☐	☐	☐	☐
2. **Major surgery** (for example, removing the gall bladder or part of the colon).	☐	☐	☐	☐
3. **Mechanical breathing** (respiration by machine, through tube in the throat).	☐	☐	☐	☐
4. **Dialysis** (cleaning the blood by machine or by fluid passed through the belly).	☐	☐	☐	☐
5. **Blood transfusions or blood products.**	☐	☐	☐	☐
6. **Artificial nutrition and hydration** (given through a tube in a vein or in the stomach).	☐	☐	☐	☐
7. **Simple diagnostic tests** (for example, blood tests or x-rays).	☐	☐	☐	☐
8. **Antibiotics** (drugs used to fight infection).	☐	☐	☐	☐
9. **Pain medications, even if they dull consciousness and indirectly shorten my life.**	☐	☐	☐	☐

Notes:

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Situation C

If I have a terminal illness with weeks to live, and my mind is not working well enough to make decisions for myself, but I am sometimes awake and seem to have feelings, then my goals and specific wishes—if medically reasonable—for this and any additional illness would be:

(Please select one of the following options)

- ☐ Prolong life; treat everything
- ☐ Limit to less invasive and less burdensome interventions
- ☐ Other (please specify): _____
- ☐ Attempt to cure, but reevaluate often
- ☐ Provide comfort care only

	WANT	WANT (Stop if no improvement)	UNDECIDED	DON'T WANT
1. **Cardiopulmonary Resuscitation** (chest Compressions, drugs, electric shocks, and artificial breathing aimed at reviving a person who is on the point of dying.	☐	☐	☐	☐
2. **Major surgery** (for example, removing the gall bladder or part of the colon).	☐	☐	☐	☐
3. **Mechanical breathing** (respiration by machine, through tube in the throat).	☐	☐	☐	☐
4. **Dialysis** (cleaning the blood by machine or by fluid passed through the belly).	☐	☐	☐	☐
5. **Blood transfusions or blood products.**	☐	☐	☐	☐
6. **Artificial nutrition and hydration** (given through a tube in a vein or in the stomach).	☐	☐	☐	☐
7. **Simple diagnostic tests** (for example, blood tests or x-rays).	☐	☐	☐	☐
8. **Antibiotics** (drugs used to fight infection).	☐	☐	☐	☐
9. **Pain medications, even if they dull consciousness and indirectly shorten my life.**	☐	☐	☐	☐

Notes:

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My Medical Directive

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Situation D

If I have brain damage or some brain disease that in the opinion of my physician and two consultants cannot be reversed and that makes me unable to think or have feelings, but I have no terminal illness, then my goals and specific wishes—if medically reasonable—for this and any additional illness would be:

(Please select one of the following options)

- ☐ Prolong life; treat everything
- ☐ Limit to less invasive and less burdensome interventions
- ☐ Other (please specify): _____
- ☐ Attempt to cure, but reevaluate often
- ☐ Provide comfort care only

	WANT	WANT (Stop if no improvement)	UNDECIDED	DON'T WANT
1. **Cardiopulmonary Resuscitation** (chest Compressions, drugs, electric shocks, and artificial breathing aimed at reviving a person who is on the point of dying.	☐	☐	☐	☐
2. **Major surgery** (for example, removing the gall bladder or part of the colon).	☐	☐	☐	☐
3. **Mechanical breathing** (respiration by machine, through tube in the throat).	☐	☐	☐	☐
4. **Dialysis** (cleaning the blood by machine or by fluid passed through the belly).	☐	☐	☐	☐
5. **Blood transfusions or blood products.**	☐	☐	☐	☐
6. **Artificial nutrition and hydration** (given through a tube in a vein or in the stomach).	☐	☐	☐	☐
7. **Simple diagnostic tests** (for example, blood tests or x-rays).	☐	☐	☐	☐
8. **Antibiotics** (drugs used to fight infection).	☐	☐	☐	☐
9. **Pain medications, even if they dull consciousness and indirectly shorten my life.**	☐	☐	☐	☐

Notes:

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My Medical Directive

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Situation E

If I… (describe a situation that is important to you and/or your doctor believes you should consider in view of your current medical situation): _____

_____

(Please select one of the following options)

- ☐ Prolong life; treat everything
- ☐ Limit to less invasive and less burdensome interventions
- ☐ Other (please specify): _____
- ☐ Attempt to cure, but reevaluate often
- ☐ Provide comfort care only

	WANT	WANT (Stop if no improvement)	UNDECIDED	DON'T WANT
1. **Cardiopulmonary Resuscitation** (chest Compressions, drugs, electric shocks, and artificial breathing aimed at reviving a person who is on the point of dying.	☐	☐	☐	☐
2. **Major surgery** (for example, removing the gall bladder or part of the colon).	☐	☐	☐	☐
3. **Mechanical breathing** (respiration by machine, through tube in the throat).	☐	☐	☐	☐
4. **Dialysis** (cleaning the blood by machine or by fluid passed through the belly).	☐	☐	☐	☐
5. **Blood transfusions or blood products.**	☐	☐	☐	☐
6. **Artificial nutrition and hydration** (given through a tube in a vein or in the stomach).	☐	☐	☐	☐
7. **Simple diagnostic tests** (for example, blood tests or x-rays).	☐	☐	☐	☐
8. **Antibiotics** (drugs used to fight infection).	☐	☐	☐	☐
9. **Pain medications, even if they dull consciousness and indirectly shorten my life.**	☐	☐	☐	☐

Notes:

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Situation F

If in my current state of health (describe briefly): _____
I develop have an illness that, in the opinion of my physician and two consultants, is life threatening but reversible, and I am temporarily unable to make decisions, then my goals and specific wishes—if medically reasonable—would be:

(Please select one of the following options)

- ☐ Prolong life; treat everything
- ☐ Limit to less invasive and less burdensome interventions
- ☐ Other (please specify): _____
- ☐ Attempt to cure, but reevaluate often
- ☐ Provide comfort care only

	WANT	WANT (Stop if no improvement)	UNDECIDED	DON'T WANT
1. **Cardiopulmonary Resuscitation** (chest Compressions, drugs, electric shocks, and artificial breathing aimed at reviving a person who is on the point of dying.	☐	☐	☐	☐
2. **Major surgery** (for example, removing the gall bladder or part of the colon).	☐	☐	☐	☐
3. **Mechanical breathing** (respiration by machine, through tube in the throat).	☐	☐	☐	☐
4. **Dialysis** (cleaning the blood by machine or by fluid passed through the belly).	☐	☐	☐	☐
5. **Blood transfusions or blood products.**	☐	☐	☐	☐
6. **Artificial nutrition and hydration** (given through a tube in a vein or in the stomach).	☐	☐	☐	☐
7. **Simple diagnostic tests** (for example, blood tests or x-rays).	☐	☐	☐	☐
8. **Antibiotics** (drugs used to fight infection).	☐	☐	☐	☐
9. **Pain medications, even if they dull consciousness and indirectly shorten my life.**	☐	☐	☐	☐

Notes:

_____

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Organ Donation

- ☐ I do not wish to make any anatomical gift from my body
- ☐ I herby make this anatomical gift, to take effect after my death:

I GIVE:

- ☐ My body
- ☐ Any needed organs or parts
- ☐ The following parts: _____

TO:

- ☐ The following person/institution: _____
- ☐ The physician in attendance at my death
- ☐ The hospital in which I die

FOR:

- ☐ Any purpose authorized by law
- ☐ Therapy of another person
- ☐ Medical education
- ☐ Transplantation
- ☐ Research

Notes:

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_____

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My Personal Statement

Please mention anything that would be important for your physician and your proxy to know. In particular, try to answer the following questions:

1. What medical conditions, if any, would make living so unpleasant that you would want life-sustaining treatment withheld? (Intractable pain? Irreversible mental damage? Inability to share love? Dependence on others? Another condition you would regard as intolerable?)
2. Under what medical circumstances would you want to stop interventions that might already have been started?
3. Why do you choose what you choose?

When I am dying, I would like—if my proxy and my healthcare team think it is reasonable— to be cared for:

☐ At a Home/Hospice ☐ In a Nursing Home ☐ In a Hospital

☐ Other _____

If there is any difference between my preferences detailed in the illness situations and those understood from my goals or from my personal statement, I wish my _____ to be given greater weight. (Choose one)

☐ Treatment Section ☐ Goals ☐ Personal Statement

My Medical Directive (Healthcare Proxy)

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I appoint as my proxy and decision-maker(s): (Name & Address) _____

_____

& (optional) (Name & Address) _____

_____

I direct my proxy to make healthcare decisions based on his/her assessment of my personal wishes. If my personal desires are unknown, my proxy is to make healthcare decisions based on his/her best guess as to my wishes. My proxy shall have the authority to make all healthcare decisions for me, including decisions about life-sustaining treatment, if I am unable to make them myself. My proxy's authority becomes effective if my attending physician determines in writing that I lack the capacity to make or to communicate healthcare decisions. My proxy is then to have the same authority to make healthcare decisions as I would if I had the capacity to make them, EXCEPT (list the limitations, if any, you wish to place on your proxy's authority).

_____

_____

I wish my written preference to be applied exactly as possible/with flexibility according to my proxy's judgment. (Delete as appropriate)

Should there be any disagreement between the wishes I have indicated in this document and the decisions favored by my above-named proxy, I wish my proxy to have authority over my written statements/I wish my written statements to bind my proxy. (Delete as appropriate)

If I have appointed more than one proxy and if there is disagreement between their wishes,

_____ shall have final authority.

Signed:

_____

Name (Sign & Print)

_____

Street Address, PO Box, and/or Apartment #

_____

City State Zip Code

_____

Signature Date

Notes:

_____

_____

_____

Witness:

Name (Sign & Print)

Street Address, PO Box, and/or Apartment #

City State Zip Code

Signature Date

Witness:

Name (Sign & Print)

Street Address, PO Box, and/or Apartment #

City State Zip Code

Signature Date

Physician *(Optional)*:

I am _____'s physician. I have seen this advance care document and have had an opportunity to discuss his/her preferences regarding medical intervention at the end of life.

If _____ becomes incompetent, I understand that it is my duty to interpret and implement the preferences contained in this document in order to fulfill his/her wishes.

Notes: