

ADVANCE DIRECTIVE

My Durable Power of Attorney for Health Care, Living Will and Other Wishes

PLEASE PRINT OR TYPE

INSTRUCTIONS AND DEFINITIONS ON BACK

I, _____, write this document as a directive regarding my medical care.

Put the initials of your name in the box designating the choices you want

PART 1. MY DURABLE POWER OF ATTORNEY OR HEALTH CARE AGENT

I appoint this person to make decisions about my medical care if there ever comes a time when I cannot make those decisions myself:

NAME

HOME PHONE

WORK PHONE

ADDRESS

If the person above cannot or will not make decisions for me, I appoint:

NAME

HOME PHONE

WORK PHONE

ADDRESS

My agent has full power and authority to make health care decisions for me, including power to:

- A. Request, receive, and review any information, oral or written, regarding my physical or mental health, including, but not limited to, medical and hospital records, and consent to disclosure of this information;
- B. Employ and discharge my health care providers;
- C. Authorize my admission to or discharge from (including transfer to another facility) any hospital, hospice, nursing home, adult home, or other medical care facility; and
- D. Consent to the provision, withholding, or withdrawal of health care, including, in appropriate circumstances, life-sustaining procedures.
- E. The authority of my agent is subject to the following provisions and limitations:

F. If I am pregnant, my agent shall follow these specific instructions:

G. My agent's authority becomes operative (*initial only the one option that applies*):

- When my attending physician and a second physician determine that I am incapable of making an informed decision regarding my health care; or
- When this document is signed.

H. My agent is to make health care decisions for me based on the health care instructions I give in this document and on my wishes as otherwise known to my agent. If my wishes are unknown or unclear, my agent is to make health care decisions for me in accordance with my best interest, to be determined by my agent after considering the benefits, burdens, and risks that might result from a given treatment or course of treatment, or from the withholding or withdrawal of a treatment or course of treatment.

I. My agent shall not be liable for the costs of care based solely on this authorization.

PART 2. MY LIVING WILL

These are my wishes for my future medical care if there ever comes a time when I can't make these decisions for myself.

A. These are my wishes if I have a *terminal condition*:

Life-Sustaining Treatment

- I do not want life-sustaining treatments (including CPR) started. If life-sustaining treatments are started, I want them stopped.
- I want life-sustaining treatments that my doctors think are best for me.
- Other wishes: _____

Artificial Nutrition and Hydration

- I do not want artificial nutrition and hydration if they would be the main treatments keeping me alive. If artificial nutrition and hydration are started, I want them stopped.
- I want artificial nutrition and hydration even if they are the main treatments keeping me alive.
- Other wishes: _____

Comfort Care

- I want to be kept as comfortable and free of pain as possible, even if such care prolongs my dying or shortens my life.
- Other wishes: _____

B. These are my wishes if I am ever in a *persistent vegetative state*:

- I do not want life-sustaining treatment (including CPR) started. If life-sustaining treatments are started, I want them stopped.
- I want life-sustaining treatments that my doctors think are best for me.
- Other wishes: _____

Artificial Nutrition and Hydration

- I do not want artificial nutrition and hydration if they would be the main treatments keeping me alive. If artificial nutrition and hydration are started, I want them stopped.
- I want artificial nutrition and hydration even if they are the main treatments keeping me alive.
- Other wishes: _____

Comfort Care

- I want to be kept as comfortable and free of pain as possible, even if such care prolongs my dying or shortens my life.
- Other wishes:

C. Other Directions

You have the right to be involved in all decisions about your medical care, even those not dealing with terminal conditions or persistent vegetative states. If you have wishes not covered in other parts of this document, please indicate them here.

PART 3. OTHER WISHES

A. Organ Donation

- I do not wish to donate any of my organs or tissues.
- I want to donate all of my organs and tissues.
- I only want to donate these organs and tissues:

PART 4. SIGNATURES

You and two witnesses must sign this document in order for it to be legal.

A. Your Signature

By my signature below I show that I understand the purpose and the effect of this document.

X _____

SIGNATURE DATE

ADDRESS

B. Your Witnesses' Signature

I believe the person who has signed this advance directive to be of sound mind, that he/she signed or acknowledged this advance directive in my presence, and that he/she appears not to be acting under pressure, duress, fraud, or undue influence.

NOTE. This form must be witnessed by two witnesses; neither witness may be the person's health care agent, and at least one witness must not have a financial interest in the person's death.

Witness #1

X _____

SIGNATURE DATE

ADDRESS

Witness #2

X _____

SIGNATURE DATE

ADDRESS

ADVANCE DIRECTIVE INSTRUCTIONS AND DEFINITIONS

This document has been prepared and distributed as an informational service of the Calvert Memorial Hospital Patient Care Advisory Board.

INSTRUCTIONS

Introduction:

This form is a combined durable power of attorney ' ' or health care and living will for use in D.C., Maryland, and Virginia.

With this form, you can:

- Appoint someone to make medical decisions for you if you in the future are unable to make those decisions for yourself.

and/or

- Indicate what medical treatment you do or do not want if in the future you are unable to make your wishes known.

Directions:

- Read each section carefully.
- Talk to the person you plan to appoint to make sure that he/she understands your wishes, and is willing to take the responsibility.
- Place the initials of your name in the blanks before those choices you want to make.
- Fill in only those choices that you want under parts 1, 2, and 3. Your advance directive should be valid for whatever part(s) you fill in, as long as it is properly signed.
- Add any special instructions in the blank spaces provided. You can write additional comments on a separate sheet of paper, but you should indicate on the form that there are additional pages to your advance directive.
- Sign the form and have it witnessed.
- Give your doctor, your nurse, the person you appoint to make your medical decisions for you, your family, and anyone else who might be involved in your care, a copy of your advance directive and discuss it with them.
- Understand that you may change or cancel this document at any time.

DEFINITIONS

Words You Need to Know:

Advance Directive

A written document that tells what a person wants or does not want if he/she in the future cannot make his/her wishes known about medical treatment.

Artificial Nutrition and Hydration

When food and water are fed to a person through a tube.

Autopsy

An examination done on a dead body to find the cause of death.

Comfort Care

Care that helps to keep a person comfortable but does not make him/her better. Bathing, turning, keeping a person's lips moist are types of comfort care.

CPR (Cardiopulmonary Resuscitation)

Treatment to try to restart a person's breathing or heartbeat. CPR may be done by pushing on the chest, by putting a tube down the throat, or by other treatment. .

Durable Power of Attorney for Health Care

A document which designates a person to make decisions for you about medical treatment.

Living Will

An advance directive that tells what medical treatment a person does or does not want if he/she is not able to make his/her wishes known.

Organ and Tissue Donation

When a person permits his/her organs (such as eyes or kidneys) and other parts of the body (such as skin) to be removed after death to be transplanted for use by another person or to be used for experimental purposes.

Persistent Vegetative State

When a person is unconscious with no hope of regaining consciousness even with medical treatment. The body may move and eyes may be open but as far as anyone can tell, the person can't think or respond.

Terminal Condition

An on-going condition caused by injury or illness that has no cure and from which doctors expect the person to die even with medical treatment. Life-sustaining treatments will only prolong a person's dying if the person is suffering from a terminal condition.