

**INSTRUCTION WORKSHEET** *(add or delete as desired)*

**“Comfort Care Only”** means providing relief of pain and suffering in all cases, but not providing machines, devices, or medications that prolong my life—in other words, letting “Nature take its course”.

**“Life Support”** means the use of any machines, devices, or medications that are needed to keep me alive. They may include, but are not limited to, respirator/ventilator, tube feeding, dialysis, CPR, pacemaker, antibiotics, and transfusions.

If life support has been initiated, as in an emergency, my agent has the power to have it stopped if he/she believes I would not have wanted the intervention(s).

As long as I can make my wishes known, my doctors will talk to me and I will make my own health care decisions,

**but:**

**If I can no longer make my own decisions for my care, and I am never expected to be able to make those decisions, and I am unable to recognize and communicate meaningfully with my family and/or friends,** would I want

“Comfort Care Only” \_\_\_\_\_ **or** would I want “Life Support” \_\_\_\_\_

**If I can no longer make my own decisions for my care, and I am never expected to be able to make those decisions, and I am unable to live independently and must live in a skilled nursing facility,** would I want

“Comfort Care Only” \_\_\_\_\_ **or** would I want “Life Support” \_\_\_\_\_

**If I can no longer make my own decisions for my care, and I am never expected to be able to make those decisions, and I will be bedridden for the rest of my life,** would I want “Comfort Care Only” \_\_\_\_\_ **or** would I want “Life Support” \_\_\_\_\_

**If I can no longer make my own decisions for my care, and I am never expected to be able to make those decisions, and I am unable to care for myself (dressing, bathing, toileting, etc.)** would I want

“Comfort Care Only” \_\_\_\_\_ **or** would I want “Life Support” \_\_\_\_\_

**If I can no longer make my own decisions for my care, and I am never expected to be able to make those decisions, and I cannot eat by mouth and must be given food and water through tubes of some sort,** would I want

“Comfort Care Only” \_\_\_\_\_ **or** would I want “Life Support” \_\_\_\_\_

**If I can no longer make my own decisions for my care, and I am never expected to be able to make those decisions, would I like to have treatment for alleviation of pain and suffering to be provided at all times, even if it hastens my death?**

yes       no

(signature) \_\_\_\_\_ (date) \_\_\_\_\_

*This page must be signed and dated the same day as the Advance Health Care Directive if it is to have the same force of law as that document.*

**SPECIFIC ISSUES WORKSHEET** (add or delete as desired)

- 1) **If** I am unable to give informed consent to health care decisions—and assuming therefore that I am unable to make other important life decisions as well,  
**and**  
2) **If** the best available medical opinion is that there is little or no likelihood that my illness or condition will ever improve to the point where I will be able to give informed consent to health care decisions,  
**then:**

I not only request but demand that the following instructions for my care be followed by my family, friends, physicians, other care-givers, and health care institutions:

**1. Food and fluids:** food and fluids may be offered, but not forced on me, as long as I am conscious to take them by mouth. I must show volition, not just passively accept what is offered. Do not try to coax or cajole me into eating if I resist in any manner.

If I am unable to swallow safely, I do not wish to have my life prolonged by the administration of food or fluids by any artificial means, neither by needle nor by tubes through mouth, nose, stomach or intestines. I wish appropriate medication for any discomfort caused as a result. It is my wish to die if nutrition cannot be provided in the normal manner.

**2. Infection:** the only treatment I will accept for infection is for pain management. Infection likely to prove fatal should be left to run its course without treatment except for pain. I recognize and agree with the old saying, “pneumonia is the Old Man’s friend.”

**3. Medical intensive care:** I demand narcotics and/or other medications for control of pain and suffering, but refuse to be transferred to the hospital for surgery or other interventions if the purpose is to prolong my life. I consider this “rescue” inappropriate.

I want caring and supportive nursing and medical care including narcotics and/or other medications to control pain and other suffering even if those medications might depress respiration or might hasten my death. My concerns are for comfort, personal hygiene, and consideration of the needs of my loved ones.

I want hospice care to be considered for me at the earliest appropriate time in the course of my illness or condition: this means that my physician(s) must be realistic in their prognosis—their evaluation of the prospects for improvement of that illness or condition.

**I wish to reemphasize that if I am unable to give informed consent to health care decisions, and if the best available medical opinion is that there is little or no likelihood that my illness or condition will ever improve meaningfully, it is my wish to die in the normal course of events without benefit of life-prolonging medical intervention. I specifically do not want interventions including, but not limited to: dialysis, respirator/ventilator, CPR, pacemaker, transfusion.**

(signature) \_\_\_\_\_ (date) \_\_\_\_\_

*This page must be signed and dated the same day as the  
Advance Health Care Directive if it is to have the same force of law as that document.*

**Congratulations!** (this is what we would say after you had completed your Advance Directive)

You have now executed a legal **Advance Health Care Directive**. It is an excellent document, but after all, only a piece of paper. It is extremely important to discuss this document, and any further thoughts you might have on this subject, with your family and your primary care doctor. It is a good idea to review this document every couple of years to make certain it still represents your wishes—and that you know where it is! You can date and initial your review.

**Please remember that no Advance Directive will even be consulted in an emergency. Paramedics and others will do what they need to do for you, including Cardio-Pulmonary Resuscitation. If you should decide that you don't want CPR, you must complete either a Pre-Hospital Do Not Resuscitate Order, or a POLST (Physician Orders for Life-Sustaining Treatment) specifying "Do Not Attempt Resuscitation" and have that order evidenced with a Medic-Alert bracelet or medallion saying "Do Not Resuscitate-EMS".**

What should you do with your completed **Advance Health Care Directive**?

- keep the original with your important papers in a safe place at home (copies are legal)
- make sure your primary care doctor and other treating physicians have copies
- have a copy made part of your hospital record. Note: Many hospitals nowadays request additional copies if you are transferred to a different floor or level of care.
- give your agent and alternate agents copies
- you may want to: note on your cell phone that you have an AD and name your Agent; carry a copy in the glove box of the car; give your lawyer a copy
- Compassion and Choices will make a CD of your AD for you in return for a \$100.00 contribution: [www.compassionandchoices.org](http://www.compassionandchoices.org)

**A couple of excellent books:**

Colby, William H., Long Goodbye, The Deaths of Nancy Cruzan; Hay House, 2002

Lynn, Joanne MD, Handbook for Mortals, Guidance for People Facing Serious Illness; George Washington University, 1999

**Some useful websites on Advance Care Planning**

[www.caPOLST.org](http://www.caPOLST.org)

<http://www.emsa.ca.gov/pubs/pdf/DNRForm.pdf>

[www.caringinfo.org](http://www.caringinfo.org)

[www.nhpco.org](http://www.nhpco.org) (download state specific advance directives)

[www.compassionandchoices.org](http://www.compassionandchoices.org)

[www.finalchoices.org](http://www.finalchoices.org)

[www.uslivingwillregistry.com](http://www.uslivingwillregistry.com)

[www.leginfo.ca.gov](http://www.leginfo.ca.gov)

[www.cmanet.org](http://www.cmanet.org)

[www.abanet.org](http://www.abanet.org)

[www.codaalliance.org](http://www.codaalliance.org)

**Some useful local resources**

Health Library and Resource Center, El Camino Hospital, Mountain View, 650 940-7210

Coda Alliance, 2671 Plummer Ave San Jose, CA 95125 - 408 267-3922

**Notes:**