

ADVANCE DIRECTIVE INSTRUCTIONS

For Your Health Care Proxy, Living Will and Other Wishes

Introduction:

This form is a combined Health Care Proxy and Living Will for use in New York State. With this form you can:

- Appoint someone to make health care decisions for you if, in the future, you cannot make those decisions 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.
- Place the initials of your name in the blank before those options you want to apply to you.
- You do not have to fill in every option 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 indicate on the form that there are additional pages to your advance directive.
- Give your doctor, your home health nurse, the person you appoint as your health care agent, your family, and anyone else who might be involved in your care a copy of your advance directive and discuss its contents with them.
- You can change or cancel this document at any time.

Words You Need to Know

Advance Directive: A written statement that indicates what a person wants or does not want done if, in the future, he or she becomes unable to make health care decisions.

Artificial Nutrition and Hydration: When food and water are fed to a person through a tube.

Autopsy: An examination done on a corpse to determine the cause of death.

Brain Dead: The irreversible end of all brain functions.

Comfort Care: Care that helps to keep a person comfortable but does not make him or her better. Bathing, turning and keeping the lips moist are examples.

CPR (Cardiopulmonary Resuscitation): The use of drugs, electric shock, pushing on the chest and/or forcing air into a person's lungs to try to restart heartbeat and breathing.

Health Care Proxy: An advance directive that appoints a person to make health care decisions for another person if, in the future, he or she cannot make health care decisions.

Irreversible Coma: When a person is unconscious with no hope of regaining consciousness. The body may move and the eyes may be open but as far as anyone can tell, the person cannot think or respond. A persistent vegetative state is a kind of irreversible coma.

Life-Sustaining Treatment: Any medical treatment that is used to keep a person from dying. A breathing machine, CPR and artificial nutrition and hydration are examples of life-sustaining treatments.

Living Will: An advance directive that tells what medical treatment a person does or does not want if he or she is ever unable to make his or her wishes known.

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

Terminal Condition: A condition caused by injury or illness that has no cure and from which doctors expect a person to die within one year .

ADVANCE DIRECTIVE
My Health-Care Proxy, Living Will and Other Wishes

I _____, make this statement as a directive regarding my medical care.

Put the initials of your name below by the choices you want.

PART I. My Health Care Proxy

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

Name

Phone number

Address

If the above person cannot or will not be my health care agent, I appoint this person:

Name

Phone number

Address

____ I have not appointed anyone to be my health care agent in this or any other document.

I want my health care agent, my doctors, my family and others to be guided by the choices I have indicated below.

PART 2. My Living Will

These are my wishes for my future medical care in case there ever comes a time when I cannot make decisions myself.

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

Life-Sustaining Treatments

I do not want life-sustaining treatments (including CPR) started. If life-sustaining treatments are started, I want them stopped.

I want the 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 started if it would be the main treatment keeping me alive. If artificial nutrition and hydration are started, I want it stopped.

I want artificial nutrition and hydration if it is necessary to keep me alive.

Other Wishes _____

Comfort Care

I want to be kept as comfortable and as 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 an irreversible coma:

Life-Sustaining Treatments

I do not want life-sustaining treatments (including CPR) started. If life-sustaining treatments are started, I want them stopped.

I want the 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 started if it would be the main treatment keeping me alive. If artificial nutrition and hydration are started, I want it stopped.

I want the artificial nutrition and hydration if it is necessary to keep me alive.

Other Wishes _____

Comfort Care

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

Other Wishes _____

PART 4. Signatures

You and your two witnesses must sign this advance directive 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 statement.

Signature

Date

Address

B. Your Witnesses' Signatures

I declare that the person who signed this document, or asked another to sign this document, is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed this document in my presence, or asked someone else to sign it and that person signed in my presence. I am at least 18 years of age and not the person appointed as agent by this document.

Signature

Date

Address

Signature

Date

Address