

# ADVANCE MEDICAL DIRECTIVE

This form expresses my specific wishes regarding medical treatments in case illness prevents me from communicating them directly. My wishes apply to both the illnesses described and to any other situations that might develop. If a circumstance arises that my choices do not specifically address, my doctors and my patient advocate (if any) extrapolate from my choices below to the situation at hand. I understand that my wishes must be medically reasonable.

For each of the situations on the right, check the boxes that indicate your wishes regarding treatment.
<b>TREATMENTS</b>
<b>(1) Cardiopulmonary resuscitation.</b> The use of pressure on the chest, drugs, electric shocks, and artificial breathing to revive me if my heart stops.
<b>(2) Mechanical respiration.</b> Breathing by machine, through a tube in the throat.
<b>(3) Artificial feeding.</b> Giving food and nutrients through a tube inserted either in a vein, down the nose or through a hole in the stomach.
<b>(4) Major Surgery.</b> For example, removing the gall bladder or part of the intestine.
<b>(5) Kidney dialysis.</b> Cleaning the blood by machine or by fluid passed through the abdomen.
<b>(6) Chemotherapy.</b> Drugs to fight cancer.
<b>(7) Minor surgery.</b> For example, removing part of an infected toe.
<b>(8) Invasive diagnostic tests.</b> For example, examining the stomach through a tube inserted down the throat.
<b>(9) Transfusions of blood or blood components.</b>
<b>(10) Antibiotics.</b> Drugs to fight infection.
<b>(11) Simple diagnostic tests.</b> For example, blood tests or X-rays.
<b>(12) Pain medications,</b> even if they dull consciousness and indirectly shorten my life.

<b>SITUATION A</b>		
If I am in a coma or persistent vegetative state and have no hope of recovering awareness or higher mental functions:		
I want	I do not want	I want a trial*

<b>SITUATION B</b>		
If I am in a coma and have a small but uncertain chance of regaining awareness and higher mental functioning:		
I want	I do not want	I want a trial*

<b>SITUATION C</b>		
If I am aware but have brain damage that makes me unable to recognize people, to speak meaningfully, or to live independently, and I have a terminal illness:		
I want	I do not want	I want a trial*

\*... trial; if no clear improvement, stop treatment.

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check the boxes that indicate your wishes regarding treatment.

<b>TREATMENTS</b>
<b>(1) Cardiopulmonary resuscitation.</b> The use of pressure on the chest, drugs, electric shocks, and artificial breathing to revive me if my heart stops.
<b>(2) Mechanical respiration.</b> Breathing by machine, through a tube in the throat.
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<b>(4) Major Surgery.</b> For example, removing the gall bladder or part of the intestine.
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<b>(6) Chemotherapy.</b> Drugs to fight cancer.
<b>(7) Minor surgery.</b> For example, removing part of an infected toe.
<b>(8) Invasive diagnostic tests.</b> For example, examining the stomach through a tube inserted down the throat.
<b>(9) Transfusions of blood or blood components.</b>
<b>(10) Antibiotics.</b> Drugs to fight infection.
<b>(11) Simple diagnostic tests.</b> For example, blood tests or X-rays.
<b>(12) Pain medications,</b> even if they dull consciousness and indirectly shorten my life.

<b>SITUATION D</b>		
If I am aware but have brain damage that makes me unable to recognize people, to speak meaningfully, or to live independently, and I do not have a terminal illness:		
I want	I do not want	I want a trial*

<b>SITUATION E</b>		
If I have an incurable chronic illness that causes physical suffering or minor mental disability and will ultimately cause death, and then I develop a life-threatening but reversible illness:		
I want	I do not want	I want a trial*

<b>SITUATION F</b>		
If I am in my current state of health (describe briefly) _____ _____ and then develop a life-threatening but reversible illness:		
I want	I do not want	I want a trial;

\*... trial; if no clear improvement, stop treatment.

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Dated: \_\_\_\_\_

Signed: \_\_\_\_\_