

A Personal-Values-Based Advance Directive For Health Care And Expressed Wishes (formerly called a 'Living Will')¹

This is an excerpt from the comprehensive Advance Directive/Expressed Wishes form
that is available to CINDEA members.

Part I

A. Advance (Care) Directive Summary

- Complete a Representation Agreement, and appoint a Representative to speak on your behalf for all medical decisions should you be unable to communicate and/or otherwise incapacitated.
Name of Representative: _____
Location: _____
- Request Palliative Care when appropriate.
- Fill out your Advance Directive [see Parts II, III, and IV] and review it with your Representative or TSDM.
Primary Location: _____
- Make a formal statement about your Expressed Wishes [see Appendix E/F, as well as other appendixes] and review it with your Representative or substitute decision-maker.
Primary Location: _____
- Clearly distinguish temporary from permanent conditions. Temporary conditions presume treatment as the best option; permanent conditions may allow for stopping treatment(s).

Part II

Issues to be covered in an Advance Directive

(The full version includes all likely options, with room to specify your wishes further — as well as sample statements, letters, etc).

A. Irreversible, Terminal Illness

If I am diagnosed with an irreversible, terminal illness – such that death is expected within approximately 6 months no matter what treatment might be provided — and if that diagnosis is confirmed by more than one doctor:

¹ This comprehensive Advance Directive/Expressed Wishes is based on the following documents, as well as others from across North America – the Victoria Catholic diocese's Advance Directive, the Vancouver Island Health Authority (www.viha.ca), Compassion and Choices (www.compassionandchoices.org), Coma Communication (www.comacommunication.com/), Yakimovich Wellness Centre (www.viha.ca/hshc/yakimovich_wellness_centre.htm) and Caring Connections (www.caringinfo.org). If you have any concerns or feedback on this document, contact CINDEA at contact@cindea.ca

2. Specific Instructions

The instructions in this section are meant to address some possible, particular decisions based upon the above conditions (an irreversible, terminal illness or imminent death), and your wishes:

- a) Diagnostic tests if you are terminally ill

- b) Cardiopulmonary Resuscitation
 - i) Cardiopulmonary Resuscitation (CPR) or 'do not resuscitate'/DNR order, when not terminally ill
 - ii) Cardiopulmonary Resuscitation (CPR), if you are terminally ill
 - iii) if I have an DNR order, it is also available as/at _____
 - iv) Doctor's order of DNR
 - v) Special case of choking

- c) Surgery
 - i) Surgery or aggressive medical treatment, when not terminally ill
 - ii) Surgery or aggressive medical treatment, if I am terminally ill

- d) Mechanical Life Support
 - i) Mechanical Life Support, when not terminally ill
 - ii) Mechanical Life Support, if I am terminally ill

- e) For women of child-bearing age:

- f) Pain Relief and Sedation.

- g) Amputation, under any condition

- h) Modes of Feeding, if I am seriously incapacitated
 - i) Modes of Feeding, when not terminally ill
 - ii) Modes of Feeding, if I am terminally ill, and especially if I am unable to feed myself

- i) Blood transfusions, if terminally ill or irreversibly comatose

- j) Use of Antibiotics, if terminally ill or irreversibly comatose, or in a severe state of dementia

- k) Other Medications/Treatments, if I am terminally ill, or in a severe state of dementia

- l) Physical Restraints, if terminally ill or in a severe state of dementia

- m) Hospital or home care, if terminally ill

Part III

Organ donation for transplant or research

- 1. Organ Donation
 - i) Organ Donation – medically acceptable
 - ii) Organ Donation – for the purpose of being transplanted
 - iii) Organ Donation – for the purpose of research

- 2. Autopsy

Part IV:

Choices for Medical Treatment, in the Case of Reversible Conditions During Periods of Relative Health

Part V

3. Signatures (covering Parts I, II, III and IV)

Also

Appendix A
Relevant Information about You

Appendix B
Hospital Visitation Authorization

Appendix C
A (Sample) Letter to Your Primary Health-care Provider
Concerning Your Beliefs about 'End of Life' Decisions

Appendix D
The Dementia Provision

Appendix E
Your Expressed Wishes (Choices for Personal Care) Statement

Appendix F
Your Expressed Wishes – Tips and Areas to cover a) When You are Still Living

Appendix F
Your Expressed Wishes – Tips and Areas to cover b) When You Die

Appendix G
Values Worksheet

Appendix I
List of items/information Required at Death, and Locations