

Personal Directive

Guidelines for My Health Care Agent to Make Decisions About My Care Instructions and Form

Instructions: To create a Personal Directive, first print this document so you have the instructions and the blank form in front of you. You can use the instructions as a checklist as you fill out the form.

A Personal Directive is a personal document, not legally binding in Massachusetts, in which you give your Health Care Agent information about what's important to you and the kind of care you want and don't want. If you become unable to make or communicate effective decisions for yourself, your Agent can use this document to make health care decisions on your behalf and represent your instructions and preferences to your family and care providers.

This is your personal statement. You can write in your own words what you'd like others to know about your values, beliefs, and preferences for care. Start by reading the questions in the sections provided. If some questions don't apply, it's alright to leave them blank. You can make changes or add to your Personal Directive as your health needs and preferences change overtime.

- On the first line** print your full name in the blank space, followed by your address.
- I. My Personal Preferences, Thoughts and Beliefs**
 - In this section, you let others know your thoughts about the care that's right for you.
- II. My Preferences for Life-Sustaining Treatment**
 - Before filling out this section, talk with your doctor about your specific medical condition and the risks and benefits of life-sustaining treatment at your stage of health.
- III. People to Inform about My Preferences and Choices**
 - List the names of family, friends, or others you'd like to inform, if any.
- IV. My Religious, Spiritual and Cultural Affiliation**
 - Talk with clergy and advisors; add your preferences or instructions, if any.
- V. Funeral Arrangements (Optional)**
 - Indicate your preferences here, if any.
- VI. Other Instructions and Preferences**
 - In this section, you can include any messages you'd like your Health Care Agent to deliver or any action you'd like your Agent to take.
- SIGNED and Date**
 - Sign your full name and fill in the date you sign it.
- Witness Statement and Signature (Optional)**
 - This section is not required, but it can be helpful to have your signature witnessed

That's it for now. Filling out this form is all you need to do to create a Personal Directive. You can make changes or add information all through your life, as long as you retain decision-making capacity.

Personal Directive

Guidelines for My Health Care Agent to Make Decisions About My Care

I, _____, residing at _____, write this directive for my Health Care Agent, family, doctors and all those concerned with my care. Although this document is not legally binding, it represents my personal preferences and choices for care. I will make my own health care decisions, but if one day I am not able to make decisions for myself and my attending physician determines in writing that I lack the ability to make or communicate health care decisions, my Health Care Agent (Agent) will make health care decisions on my behalf. After talking with my doctors and providers to understand my current condition, prognosis, and possible treatments and side effects of each medical alternative, my Agent will make health care decisions in accordance with his or her understanding of my wishes, religious, and moral beliefs. In areas where my wishes are not known, my Agent will make health care decisions in accordance with his or her assessment of my best interest.

I. My Personal Preferences, Thoughts and Beliefs

1. The things in life I value most that make life most worth living are:

2. If I have an unexpected illness or injury and it is reasonably certain I will recover, possibly to a lesser degree, my thoughts about what's important regarding the quality of my everyday life are:

3. Things that would concern me during the last stage of life, and what would help reduce those concerns:

4. My beliefs about when prolonging my life would not be acceptable to me:

5. My preference about where I would like to die, and how I would like to spend my final days:

6. Other thoughts and preferences, or actions to take on my behalf:

II. My Preferences for Life-Sustaining Treatment

Life-sustaining treatment refers to medical procedures such as cardiopulmonary resuscitation, artificial hydration and nutrition, and artificial ventilation/breathing intended to prolong life by supporting an essential function of the body, when the body is not able to function on its own. *Talk to your doctor about your medical condition and the specific risks and benefits of treatments at your stage of health.*

1. Cardiopulmonary Resuscitation (CPR) is a medical treatment used to restart the heartbeat and breathing when the heartbeat and breathing have stopped. My preferences are:

- I do not want CPR attempted if my heartbeat and breathing stop, but rather, want to permit a natural death;
- I want CPR attempted unless my doctor determines any of the following:
 - I have an incurable illness or irreversible injury and am dying
 - I have no reasonable chance of survival if my heartbeat and breathing stop
 - I have little chance of long-term survival if my heartbeat and breathing stop and the process of resuscitation would cause significant suffering
- I want CPR attempted if my heartbeat and breathing stop;
- I do not know at this time and rely on my Health Care Agent to make the decision.

Other thoughts and instructions on CPR:

2. Treatments to Prolong My Life:

If I reach a point where I can no longer make decisions for myself and my doctor believes it is reasonably certain that I will not recover my ability to know who I am:

- I want to withhold or stop all life-sustaining treatments that are prolonging my life and permit a natural death. I understand I will continue to receive pain and comfort medicines, and food and fluids by mouth if I am able to swallow;
- I want all appropriate life-sustaining treatments for a *short term* as recommended by my doctor, until my doctor and Agent agree that such treatments are no longer helpful;
- I want all appropriate life-sustaining treatments recommended by my doctor;
- I do not know at this time and rely on my Health Care Agent to make treatment decisions.

Other thoughts and instructions on life-sustaining treatments:

III. People to Inform about My Preferences and Choices

List any care providers, family, and friends, advisors you want to inform, or prefer not to inform:

IV. My Religious, Spiritual and Cultural Affiliation

I am of the _____ faith. Please contact _____ at _____ (name/place of clergy). I would like the following:

I would like a spiritual or cultural ceremony. Please contact _____ at _____ (name/place of advisor). I would like the following:

I do not want any religious or spiritual considerations.

Other thoughts and instructions:

V. Funeral Arrangements (Optional)

Here are my thoughts and wishes for others to consider.

I'd like all the arrangements to be made by _____. My instructions:

I'd like a service or gathering. My instructions: (type, location, invitees, etc.)

I'd like a burial in a casket. My instructions:

I'd like to be cremated and want my ashes distributed or buried. My instructions:

VI. Other Information and Wishes

I'd like my Health Care Agent, my family, my doctors and all those concerned with my care to know:

I sign this Personal Directive after giving much thought to my personal preferences, treatment choices, and wishes for care.

SIGNED: _____ **Date:** _____

Witness Statement and Signature *(Optional. This is not a legally binding document, but you can if you like have competent adults witness your signature.)*

We, the undersigned witnesses, on this date, _____, have witnessed the signing of this Personal Directive and that the signatory appears to be 18 years old, of sound mind, and under no constraint or undue influence.

Witness #1
Signed: _____
Print Name: _____
Date: _____

Witness #2
Signed: _____
Print Name: _____
Date: _____