

ADVANCE MEDICAL DIRECTIVE

If the time comes when I am incapacitated to the point when I can no longer actively take part in decisions for my own life, and am unable to direct my physician as to my own medical care, I wish this statement to stand as a statement of my wishes.

Most of what I state here is general in nature because I cannot anticipate all the possible circumstances of a future illness. I want those making decisions for my care and on my behalf to avoid anything that intends or directly causes my death by deed or omission.

I, _____, the author of this document, direct that nothing should be withheld from or provided to me by which death is intended as an end or chosen as a means. Medical treatments may be forgone or withdrawn if they do not offer a reasonable hope of benefit to me or if they entail excessive burdens, or impose excessive expense on my family. There should be a presumption in favor of providing me with nutrition and hydration, including medically assisted nutrition and medically assisted hydration, so long as they are a benefit to me. I have no objection to the use of medication or procedures necessary for my comfort even if they may indirectly and unintentionally shorten my life.

I hereby add the following special provisions regarding my future health care (for example, "I would like my tissue and organs to be used for research or transplants after I am dead" "I would like all reasonable steps to be taken to allow me to see my family" "If possible I would like to die at home, or at least in a hospice that has the appearance of a home setting").

This directive was made, after careful reflection, while I am of sound mind.

Date: _____ Signature _____

WITNESSES' STATEMENTS

This document was signed in our presence by _____ the author of this document, who appeared to be eighteen years of age or older, of sound mind and able to understand the nature and consequences of health care decisions at the time this document was signed. The author appeared to be under no improper influence.

(Witness signature)

(Witness signature)

(Witness address)

(Witness address)