

**IMPORTANT INFORMATION ABOUT YOUR
DIRECTIVE TO PHYSICIANS AND FAMILY AND SURROGATES
("ADVANCE DIRECTIVE")**

THIS IS AN IMPORTANT LEGAL DOCUMENT.

An Advance Directive is designed to help you communicate your wishes about medical treatment at some time in the future when you are unable to make your wishes known because of illness or injury. These wishes are usually based on personal values. In particular, you may want to consider what burdens or hardships of treatment you would be willing to accept for a particular amount of benefit obtained if you were seriously ill.

You are encouraged to discuss your values and wishes with your family or chosen spokesperson as well as your physician. Your physician, other health care provider, or medical institution may provide you with various resources to assist you in completing your advance directive. Brief definitions appear below which may aid you in your discussions and advance planning. Initial the treatment choices that best reflect your personal preferences. Provide a copy of your Advance Directive to your physician, usual hospital, and family or spokesperson. Consider a periodic review of this document. By periodic review, you can best assure that the directive reflects your preferences.

In addition to the Advance Directive, Texas law provides for two other types of directives which can be important during a serious illness. These are the Medical Power of Attorney and the Out-of-Hospital Do-Not-Resuscitate Order. You may wish to discuss these with your physician, family, hospital representative or other advisors. Because of the new federal privacy regulations, these documents should be accompanied by a HIPAA Authorization so that information about your condition and treatment alternatives can be provided to the person you have named to speak for you. You can use a General Power of Attorney to appoint someone to spend money, file claims and pay bills on your behalf. You can arrange to donate organs and tissues through another directive available at www.shareyourlife.org/. You may wish to discuss these with your physician, family, hospital representative, or other advisors.

DEFINITIONS

artificial nutrition and hydration means the provision of nutrients or fluids by a tube inserted in a vein, under the skin in the subcutaneous tissues, or in the stomach (the gastrointestinal tract).

irreversible condition means a condition, injury or illness (1) which may be treated, but is never cured or eliminated; (2) which leaves a person unable to care for or make decisions for the person's own self; and (3) which, without life-sustaining treatment provided in accordance with the prevailing standard of medical care, is fatal.

Explanation: Many serious illnesses such as cancer, failure of major organs (kidney, heart, liver or lung), and serious brain disease such as Alzheimer's dementia may be considered *irreversible* early on. There is no cure, but the patient may be kept alive for prolonged periods of time if the patient receives life-sustaining treatments. Late in the course of the same illness, the disease may be considered *terminal* when, even with treatment, the patient is expected to die. You may wish to consider which burdens of treatment you would be willing to accept in an effort to achieve a particular outcome. This is a very personal decision that you may wish to discuss with your physician, family, or other important persons in your life.

life-sustaining treatment means treatment which, based on reasonable medical judgment, sustains the life of the patient and without which the patient would die. The term includes both life-sustaining medications and artificial life support such as mechanical breathing machines, kidney dialysis treatment, and artificial hydration and nutrition. The term does not include the administration of pain management medication, the performance of a medical procedure necessary to provide comfort care, or any other medical care provided to alleviate a patient's pain.

terminal condition means an incurable condition caused by injury, disease, or illness which according to reasonable medical judgment will produce death within six months, even with available life sustaining treatment provided in accordance with the prevailing standard of medical care.

Explanation: Many serious illnesses may be considered *irreversible* early in the course of the illness, but they may not be considered *terminal* until the disease is fairly advanced. In thinking about terminal illness and its treatment, you again may wish to consider the relative benefits and burdens of treatment and discuss your wishes with your physician, family, or other important persons in your life.

DIRECTIVE TO PHYSICIANS AND FAMILY OR SURROGATES

("ADVANCE DIRECTIVE")

I, _____, recognize that the best health care is based upon a partnership of trust and communication with my physician. My physician and I will make health care decisions together as long as I am of sound mind and able to make my wishes known. If there comes a time that I am unable to make medical decisions about myself because of illness or injury, I direct that the following treatment preferences be honored.

If, in the judgment of my physician, I am suffering with a terminal condition from which I am expected to die within six months, even with available life-sustaining treatment provided in accordance with prevailing standards of medical care:

_____ I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible;

OR

_____ I request that I be kept alive in this terminal condition using available life-sustaining treatment.
(THIS SELECTION DOES NOT APPLY TO HOSPICE CARE.)

If, in the judgment of my physician, I am suffering with an irreversible condition so that I cannot care for myself or make decisions for myself and am expected to die without life-sustaining treatment provided in accordance with prevailing standards of care:

_____ I request that all treatments other than those needed to keep me comfortable be discontinued or withheld and my physician allow me to die as gently as possible;

OR

_____ I request that I be kept alive in this irreversible condition using available life-sustaining treatment.
(THIS SELECTION DOES NOT APPLY TO HOSPICE CARE.)

Additional Requests. [After discussion with your physician, you may wish to consider listing in this space particular treatments which you do or do not want in specific circumstances, such as artificial nutrition and fluids or intravenous antibiotics. Be sure to state *whether you DO or DO NOT* want the particular treatment.]

If I or my representative or agent elect hospice care after I sign this Advance Directive, I understand and agree that only those treatments needed to keep me comfortable would be provided and that I would not be given available life-sustaining treatments.

If I do not have a Medical Power of Attorney and I am unable to make my wishes known, I designate the following person(s) to make treatment decisions with my physician compatible with my personal values:

1. _____ [If you have signed a Medical Power of Attorney, then an agent has already been named and you should not list additional names in this document.]

2. _____

If the above persons are not available, or if I have not designated a spokesperson, I understand that a spokesperson will be chosen for me following standards specified in the laws of Texas. If, in the judgment of my

physician, my death is imminent within minutes to hours, even with the use of all available medical treatment provided within the prevailing standard of care, I acknowledge that all treatments may be withheld or removed except those needed to maintain my comfort. I understand that under Texas law this directive has no effect if I have been diagnosed as pregnant.

This directive will remain in effect until I revoke it. No other person may do so.

Signed: _____ Date: _____

Print Name: _____

City and County of Residence: _____, _____ Texas

STATEMENT OF FIRST WITNESS:

I am not a person named in this document. I am not related to the principal by blood or marriage. I would not be entitled to any portion of the principal's estate on the principal's death. I am not the attending physician of the principal or an employee of the attending physician. I have no claim against any portion of the principal's estate on the principal's death. Further, if I am an employee of a health care facility in which the principal is a patient, I am not involved in providing direct patient care to the principal and am not an officer, director, partner, or business office employee of the health care facility or of any parent organization of the health care facility.

Signature of 1st Witness: _____ Signature of 2d Witness: _____

Print Name: _____ Print Name: _____

Address: _____ Address: _____

Date: _____ Date: _____