

ADVANCE HEALTH CARE DIRECTIVE

This form lets you have a say about how you want to be cared for, if you cannot speak for yourself.

This is a Legal Form that lets you have a choice in your health care.

PLEASE SHARE THIS FORM AND YOUR CHOICES WITH YOUR FAMILY, FRIENDS & MEDICAL PROVIDERS.

It will let your family, friends, and medical providers know how you want to be cared, if you cannot speak for yourself.

This form has 3 parts:

Part 1: CHOOSE A MEDICAL DECISION MAKER [at Page No. 2]

A Medical Decision Maker is a person who can make health care decisions for you, if you are not able to make them yourself. They are also called a Health Care Agent, Proxy or Surrogate.

Part 2: MAKE YOUR OWN HEALTH CARE CHOICES [at Page No.s 3 & 4]

This form lets you choose the kind of health care you want. This way, those who care for you will not have to guess what you want if you are not able to tell them yourself.

Part 3: SIGN THE FORM [at Page No. 4]. **This form must be signed before it can be used.**

YOU CAN FILL OUT PART 1, PART 2, OR BOTH. FILL OUT ONLY THE PARTS YOU WANT. YOU MUST SIGN THE FORM IN PART 3, ALONG WITH TWO WITNESSES.

WHAT SHOULD I DO WITH THIS FORM?

- Please Share this form with your family, friends, and medical providers.
- Please make sure copies of this form are available as part of your medical record file, at all the places where you get medical care.

WHAT IF I HAVE QUESTIONS ABOUT THE FORM?

- It is OK to skip any part of this form if you have questions, or do not want to answer.
- Ask your doctors, nurses, social workers, family or friends to help.
- Lawyers can help too. [However, this form does not give legal advise].

WHAT IF I WANT TO MAKE HEALTH CARE CHOICES THAT ARE NOT IN THIS FORM ?

● At the end of PART 2 - Page 4 - of this form, under the caption "What else should your medical providers and medical decision maker know about you....", space has been provided for you to write down anything else that is important to you.

WHEN SHOULD I FILL OUT THIS FORM **AGAIN ?**

- If you change your mind about your health care choices
- If your health changes
- If your Medical Decision Maker changes.

PLEASE NOTE : A DIVORCED OR SEPARATED SPOUSE CANNOT BE YOUR MEDICAL DECISION MAKER.

GIVE YOUR NEW FORM TO MEDICAL PROVIDERS AND MEDICAL DECISION MAKER and DESTROY OLD FORMS.

In this document, Your attention is needed to fill up details at 23 locations marked as 01 to 23 .

PART 1 - CHOOSE YOUR MEDICAL DECISION MAKER

Your Medical Decision Maker can make health care decisions for you, if you are not able to make them yourself. [If you are not able to make your decisions, and if you have not chosen a Medical Decision Maker for you, then, your doctors will have to turn to your family or friends or a judge to make decisions for you: and the risk is that such a person may not know what you want].

A good Medical Decision Maker is a FAMILY MEMBER or FRIEND who:

- is 18 years of age or older.
- can talk to you about your wishes.
- can be there with you / for you when you need him / her.
- enjoys your trust to follow your wishes and do what is best for you.
- is in the know of your medical information, so far as your knowledge goes.
- is not afraid to ask doctors questions, and speak up about your wishes.
- is NOT your Doctor, or someone who works at your hospital [unless he/she is a family member].

END OF PAGE NO. 1

IF YOU ARE NOT ABLE, YOUR MEDICAL DECISION MAKER CAN CHOOSE THESE THINGS FOR YOU:

- Doctors, Nurses, Social Workers, Care-givers - who will attend on you.
- Hospitals, Clinics, Nursing Homes - where you will be taken.
- Medications, Tests, Treatments at the Hospitals etc...
- Who can look at / make use of your medical information
- What happens to your Body and your Organs, in-case you die.

Your MEDICAL DECISION MAKER can decide TO START or STOP LIFE-SUPPORT or MEDICAL TREATMENTS viz...

- CPR [Cardio Pulmonary Resuscitation. *i.e.*, Trying to bring back Heart and Lungs]
 This may involve - pressing hard on your chest to try to keep your blood pumping.
 - Electrical shocks to try to jump-start your heart - Pushing Medicines into your veins.
- Breathing Machine or Ventilator [The machine pumps air into your lungs and tries to breathe for you; You will not be able to talk when you are on the Machine].
- Dialysis [The machine tries to clean your blood, if your kidneys stop working].
- Feeding Tube [When you cannot swallow, doctors try to feed you through a tube placed through your nose and throat, maybe, upto stomach; Or by surgically inserting tube elsewhere].
- Blood and/or Water Transfusions - I V - IntraVenous [To send blood and/or water into your body].
- Surgery ● Medicines

End-Of-Life Decisions Your MEDICAL DECISION MAKER can make..

- Call in a religious or spiritual leader. ● Whether your end will be at home or hospital.
- about autopsy or organ donation. ● about Burial or Cremation.

By signing this form you allow your Medical Decision Maker to..

- agree to, refuse, or withdraw Life Support or Medical Treatment, if you are unable to speak yourself.
- to decide what happens to your body after your demise viz... funeral plans and organ donation.

If there are decisions you do not want them to make, write them here, below...

01

.....

.....

02 My Medical Decision Maker will be: [First Name & Last Name]
 [Phone # 1] [Phone # 2] [Relationship]
 [Complete Address]

03 Alternative to the First Medical Decision Maker : [First Name & Last Name]
 [Phone # 1] [Phone # 2] [Relationship]
 [Complete Address]

04 [Your Name]

To make your own Health Care Choices, Continue with Part 2. If you are done, sign this form under Part 3.

PART 2 - MAKE YOUR OWN HEALTH CARE CHOICES

What Matters Most in Life [Quality of Life differs for each person]? **What is your Goal?** For some people, the main goal is to be kept alive as long as possible even if.... (i) They have to be kept alive on machines and are suffering... (ii) they are too sick to talk to their family and friends... For other people, the main goal is to focus on quality of life and being comfortable; These people would prefer a natural end-of-life, without prolonging it with machines. There are Other people who are in-between. "What is important to you - in your current state of health, and then, at the end-of-life?" Please record below.

END OF PAGE NO. 2

05 Today, in your current state-of health : Put an **X** along the line below to show how you feel today, in your current state of health...

○ ○ ○ ○ ○

My main goal is to live as long as possible, no matter what

Equally Important

My main goal is focus on quality of life and being comfortable

06 At End-Of-Life : Put an **X** along the line below to show how you would feel if you were so sick that you may die soon...

○ ○ ○ ○ ○

My main goal is to live as long as possible, no matter what

Equally Important

My main goal is focus on quality of life and being comfortable

07 At End-Of-Life : What Matters Most in Life [Quality of Life differs for each person]? **What is important to you?** At the End-Of-Life, some people are willing to live through a lot of inconveniences, for a chance of living longer. Other people know that certain things would be very hard on their Quality of Life. We have listed below a few things which would be very hard on your quality of life near its End. Check ANY / ALL squares below that would make you want to focus on comfort rather than trying to live as long as possible...

- Being in a coma and not able to wake up or talk to family and friends
- Not being able to live without being hooked up to machines
- Not being able to think for myself, such as *dementia*
- Not being able to feed, bathe, or take care of myself
- Not being able to live on my own
- Having constant, severe pain or discomfort
- Something else [Please State]
- OR** , I am willing to live through all of these things for a chance of living longer.

[If you want to write down why you feel this way, You can write the same at the end of this Part 2.]

08 Is RELIGION or SPIRITUALITY important to you : Yes No **09 Your Religion:**

10 Any Special Religious or Spiritual Beliefs of Yours that others must know ?

11 If You are dying, where do you want to be? at Home in the Hospital either

12 At End-Of-Life : How Do You Balance Quality of Life with Medical Care? Some people are willing to live through a lot, for a chance of living longer. Other people know that certain things would be very hard on their Quality of Life. If You were so sick that you may die soon, what would You prefer.... Check out that **ONE** (and only ONE) choice below, with which You agree the most...

- Try ALL Life Support Treatments (LST) till End-Of-Life, even if there is little hope of getting better.
- Do a TRIAL of LSTs; If they don't work, or if there is little hope of getting better, I don't want to stay on LST.
- I don't want LSTs; I prefer to have a natural End to my Life, focussing on comfort.

13 Is there anything about this Choice that Medical Providers should know...

14 ORDER OF PREFERENCE, if any, FOR ADMISSION TO / TREATMENT AT SPECIFIC HOSPITALS / CLINICS OF YOUR CHOICE :

① ②

③ ④

15 [Your Name]

END OF PAGE NO. 3

16 ORGAN DONATION : Your Medical Decision Maker may be asked about Organ Donation & Autopsy

- * I want to donate my whole Body for Medical Research.
- * I want to donate my Organs or Body-Parts.
 - Any Organ or Body-Part. Only
- I do not want to donate my Body or Organs or Body-Parts.

* **Medical Decision Maker** should consult the attending Doctor to ensure that the body / organs are usable, before agreeing to donation.

17 AUTOPSY: I want autopsy. I do not want. I want autopsy, only if there are questions about my death.

18 FLEXIBILITY for your MEDICAL DECISION MAKER : If doctors think something else is better for you at a particular instant, your Medical Decision Maker may be allowed by you, to change your prior decisions...

- TOTAL FLEXIBILITY: My Medical Decision Maker can change any of my decisions on Doctors' advice.
- SOME FLEXIBILITY: My Medical Decision Maker can change any of my decisions on Doctors' advice, excepting the following.....
- NO FLEXIBILITY: My Medical Decision Maker cannot change any of my decisions even on Doctors' advice.

19 WHAT ELSE SHOULD YOUR MEDICAL PROVIDERS and MEDICAL DECISION MAKER KNOW ABOUT YOU AND YOUR CHOICES FOR MEDICAL CARE

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PART 3 - SIGN THE FORM

Before this form can be used, You MUST sign this form , alongwith two witnesses who have watched You sign this form

20 Your Signature with date :

Your Date of Birth:

Your Name : (First Name, followed by Last Name)
Complete Address :

Witnesses

Witnesses must (i) be 18 years of age or older (ii) see you sign the form (iii) not be your Medical Decision Maker.

21 By signing, I promise that (Name of the person who has signed above) signed this form in my presence, that I am not his Medical Decision Maker, and that I am above 18 Years of age.

22 Signature with date of **Witness 1** :

Name : (First Name, followed by Last Name)
Complete Address :

23 Signature with date of **Witness 2** :

Name : (First Name, followed by Last Name)
Complete Address :

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