
ADVANCE HEALTH CARE DIRECTIVE

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The original of this instrument was developed for use in the USA by Norman L. Cantor, Professor of Law at Rutgers University School of Law, Newark, NJ, USA. With his kind permission it has been adapted for use in the UK by Enid France of the University of Sussex. Professor Cantor takes no responsibility for the changes made by Ms France.

The following material is designed to guide my medical treatment after I have become incompetent –that is, unable to understand the nature and consequences of important medical decisions, or incapable of communicating. My objectives are to inform medical professionals providing my care of my treatment preferences and to appoint a decision maker on my behalf (to be known as my health care representative) and to instruct that decision maker concerning the level of deterioration that would warrant ending life-sustaining medical intervention.

I authorise my doctor to make full disclosure of my condition to my named health care representatives. I assume that comfort care (care intended to keep me pain free, clean, and comfortable) will always be provided.

To the extent feasible in the circumstances, I direct my health care representative to confer with the following individuals prior to making any health care decisions on my behalf. These individuals may provide advice to be considered by the health care representative, but they shall not have veto power over the health care representative’s decisions.

I James Stewart hereby designate the following individual as my health care representative to act on my behalf, in the event of my incompetence, with respect to any and all health care decisions. These include decisions to provide, withhold, or withdraw Life-sustaining measures, to hire and fire health care providers, or to transfer my care to another physician or institution.

Part 1: Designation of a Health Representative

A. Primary Health Care Representative

[Redacted Name]
[Redacted Address]
[Redacted City]
[Redacted State]
[Redacted Zip]

Telephone: [Redacted]

B. Alternate Designation

Name: [Redacted]

[Redacted Address]

Telephone: [Redacted]

B. Consultation

To the extent feasible in the circumstances, I direct my health care representative to confer with the following individuals prior to making any health care decisions on my behalf.

These individuals may provide advice to be considered by the health care representative, but they shall not have veto power over the health care representative's decisions.

My general practitioner

Doctor [REDACTED]
[REDACTED]

Part II: General Instructions for Care

To inform those responsible for my care, I declare that there are circumstances in which I would not want my life to be prolonged by further medical treatment. In such circumstances (as described below), life-sustaining measures should not be initiated and, if they have been initiated, they should be discontinued. I recognise that this is likely to hasten my death. If I become stricken with a serious illness or condition, with no reasonable expectation of cure or recovery to a competent state, I do not want life-sustaining treatment to be provided or continued after my health care representative determines that the burdens of my continued existence outweigh the benefits or that my condition has permanently deteriorated to a point of intolerable indignity. In making these judgments, I want my health care representative to consider my suffering and my diminished quality of life, with particular attention to the elements of indignity noted in my values profile in Part III. In the event my wishes are not clear, or if a situation arises that I did not anticipate, my health care representative is authorised to use his/her best judgment about what I would want done, keeping in mind my conceptions of indignity sketched in Part III.

Part III: Values Profile Introduction

A Pain and Suffering

1. In my post-competency (or incommunicative) state, I am concerned about extreme pain and would expect to receive pain medication to make me as comfortable as possible. My attitude toward being in a permanent condition in which pain can be controlled only by substances that leave me unconscious all or most of the time:
intolerable; I prefer to be allowed to die, but I want artificial nutrition and hydration.
2. My attitude toward being in a permanent condition in which pain or suffering can be controlled only by substances that leave me disoriented and confused all or most of the time
intolerable; I prefer to be allowed to die, but I want artificial nutrition and hydration.

B Mental Incapacity

1. In my post-competency (or incommunicative) state, I am concerned about the level of my mental deterioration to the following extent:
a very critical factor
2. My attitude toward a permanently unconscious state, confirmed by up-to-date medical tests, showing no hope of ever regaining consciousness:
Intolerable; I prefer death
3. My reaction to profound dementia to the point where I can no longer recognise my loved ones and interact with them in a coherent fashion:
Intolerable; I prefer death

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4. My reaction to dementia to the point where I can no longer read and understand written material such as a newspaper

Tolerable

My reaction to moderate dementia (such as Alzheimer's disease) characterized by frequent confusion and loss of short-term memory, though I am still able to experience pleasant feelings and emotions and to interact with people:

Tolerable

C Physical Immobility

1. In my incompetent state, I am concerned about physical immobility to the following extent:
Important
2. My reaction to being permanently bed-ridden:
intolerable; I prefer death
3. My reaction to being non-ambulatory, meaning that I can leave my bed but can only move around if others transport me in a wheelchair:
A very negative factor, to be weighed with other factors in determining intolerable indignity.

D Physical Helplessness

1. In my incompetent state, I am concerned about my independence and ability to tend to my own physical needs to the following extent:
Important.
2. My reaction to being incapable of feeding myself:
A very negative factor, to be weighed with other factors in determining intolerable indignity.
3. My reaction to being incapable of dressing myself:
A very negative factor, to be weighed with other factors in determining intolerable indignity.
4. My reaction to being bladder incontinent:
A very negative factor, to be weighed with other factors in determining intolerable indignity.
5. My reaction to being bowel incontinent:
A very negative factor, to be weighed with other factors in determining intolerable indignity.

E Interests of Loved Ones

1. In my incompetent state, I am concerned about my independence and ability to tend to my own physical needs to the following extent:
an important factor, depending on degree of burden.
2. My reaction to emotional strain posed for my spouse or other loved ones surrounding me during my in competency
an important factor.

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3. My reaction to a heavy financial burden being imposed on my spouse or other loved ones:

an important factor

4. My reaction to my assets being depleted by heavy medical expenses for my care

unimportant.

F Living Arrangements

1. In my incompetent state I am concerned about my living arrangements to the following extent:

If I had to live permanently in a nursing home I would like it to be with the Little Sisters of the Poor nursing homes other nursing homes I would find intolerable; I prefer death.

Being confined to a hospital with little or no hope of ever leaving

I would find intolerable; I prefer death.

G Types of Medical Intervention

1. My attitude toward artificially-provided nutrition, such as feeding tubes or intravenous infusion:

Intolerable on other than a short-term basis for a maximum of six (6) months; I prefer death

2. My attitude toward artificially-provided hydration:

Intolerable on other than a short-term basis for a maximum of six (6) months; I prefer death

3. My attitude toward having my bladder drained by a catheter:

A very negative factor, to be weighed with other factors in determining intolerable indignity

4. My attitude toward having my bowels cleared by an enema:

A very negative factor, to be weighed with other factors in determining intolerable indignity

5. I understand decisions as to all types of medical intervention will be governed by my instructions as indicated in this document.

However, I feel an especially strong aversion to CPR.

6. My attitude toward hand- or spoon-feeding in the event that I have reached a level of deterioration that I have defined as **intolerably undignified**:

I wish to receive oral nutrition only so long as I am willingly taking what is offered, and I do not want to be force-fed or to receive artificial nutrition or hydration in the event I am resisting oral nutrition

7. My attitude toward respiratory assistance should I have problems breathing.

If I lose the capacity to breathe independently, I wish to be maintained on a ventilator only until the conclusion is reached that I will not regain the capacity to breathe independently, at which time I wish the ventilator removed.

Part IV: Signatures and Witnesses

A. Signature

By writing this directive, I intend to ease the burdens of decision making on those entrusted with my health care decisions. I understand the purpose and effect of this document and sign it knowingly, voluntarily, and after careful deliberation

Signed on this _____ day of _____ 2005

Printed name: _____

Address: _____

Glasgow, _____

Signature _____

B. Signature of Witnesses

I declare that the person who signed this document, or asked another to sign this document on his or her behalf, did so in my presence, that he or she is personally known to me, and that he or she appears to be of sound mind and free of duress or undue influence. I am 18 years of age or older and am not designated by this or any other document as the person's health care representative, nor as an alternate health care representative.

1st Witness's Printed Name:

Address: _____

2nd Witness's Printed Name:

Address: _____

C. Signature of Health Care Representative and Alternatives

I have read this document and agree to act as health care representative, or as an alternate health care representative.

Signature of Primary Health Care Representative:

Signature of Alternate Health Care Representative:
