

**Advance Health-Care Directive
of
Martha Smith**

SAMPLE

Important Information for the Maker

You have the right to give directions about your own health care. You also have the right to name someone else to make health-care decisions for you.

This document is meant to be used together with a power of attorney for health care, but can be used separately without such a document. A power of attorney for health care lets you name a person as your agent to make health-care decisions for you if you become incapable of making or communicating your own decisions. Even if you have complete confidence in that agent, it will help him or her to have your guidance about what you want him or her to choose for you.

This document lets you give general or particular guidance about your health care. Choices are provided for you to express your wishes concerning the provision, withholding, or withdrawal of treatment to keep you alive, including whether to use artificial nutrition and hydration, and how to use pain relief. Space is also provided for you to add to the choices you to write down further wishes.

This document also lets you express an intention to donate your bodily organs and tissues after your death.

If you use this document, you may complete or change all or any part of it. If you use this document, you may cross out any words that you do not want. You may choose not to use a part of the document. Any part left blank is not given effect. For example, the part for a donation of bodily organs and tissues is optional.

Wherever the document shows a choice, write your initials or your mark in your handwriting on the line for *your* choice.

You may revoke or replace your advance health-care directive at any time.

Summary Table of Contents

Directions for Health Care.....	4
End-of-life decisions.....	4
Artificial nutrition and hydration.....	4
Relief from pain.....	4
Mental health-care treatment.....	4
Other wishes.....	5
Religious views.....	6
Organ donation.....	6
Guardian.....	6
General provisions, construction, and interpretation.....	6
Definitions.....	7
Signing my Advance Health-Care Directive.....	10
Witnesses' statement.....	11
Maker's acknowledgment.....	12
Witnesses' affidavit.....	13

Directions for Health Care

The following directions are general guidance to my Health-Care Agent, and also are general and particular guidance to a Health-Care Provider that is required or permitted to make a Health-Care Decision for me.

To the extent not instructed by my Health-Care Agent, I direct that my Health-Care Providers and others involved in my Health Care provide, withhold, or withdraw treatment and Health Care according to each choice I marked below.

End-of-life decisions

_____ **Choice *Not* to Prolong Life:** I do not want my life to be prolonged if (i) I have an incurable and irreversible condition that will result in my death within a relatively short time, (ii) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (iii) the likely risks and burdens of treatment would outweigh the expected benefits.

-OR-

_____ **Choice to Prolong Life:** I want my life to be prolonged as long as possible within the limits of generally accepted health-care standards.

Artificial nutrition and hydration

_____ Artificial nutrition and hydration must be provided, withheld, or withdrawn consistent with my choice above concerning end-of-life decisions.

-OR-

_____ Artificial nutrition and hydration must be provided regardless of my condition, and regardless of my choice above concerning end-of-life decisions.

Relief from pain

I direct that treatment for alleviation of pain or discomfort be provided at all times,

_____ but not if it would hasten my death.

-OR-

_____ even if it hastens my death.

I direct that treatment for alleviation of pain or discomfort **not** be provided in the circumstances I describe on the space below (or on the next page).

Mental health-care treatment

_____ My Agent or surrogate must not consent to my admission to a mental health-care institution.

-OR-

_____ I specifically give my Agent power to consent to my admission to a mental health-care institution or for mental health treatment.

Other wishes

I direct that Health Care be provided, withheld, or withdrawn according to the directions (if any) I wrote on this page.

SAMPLE

Religious views

(Initial or mark the following direction if you want it to apply.)

_____ To the extent that my Advance Health-Care Directive does not express my direction or preference concerning a Health-Care Decision, a Health-Care Decision that is consistent with the views of my Church or Religion is preferred over a Health-Care Decision that is inconsistent with such views.

My Health-Care Agent or Surrogate, after considering my Advance Health-Care Directive and my other directions, preferences, and views known to him or her, may rely on guidance provided by a Minister of my Church or Religion.

My Church is: _____

My Minister is: _____

These provisions regarding my Religious views do not impair any direction or preference stated in my Advance Health-Care Directive.

Organ donation

On my death,

_____ I give any needed organs, tissues, or parts.

-OR-

_____ I give all organs, tissues, or parts *except* those described on the space below.

_____ _____
-OR-

_____ I give *only* the organs, tissues, or parts described on the space below.

_____ _____
-OR-

_____ I do *not* give any needed organs, tissues, or parts.

My gift may be used for the following purposes (cross out any of the following that you do *not* approve):
transplant, therapy, research, education.

Guardian

If there is a petition that a court appoint a Guardian for my person, I request that the court appoint my health-care agent as the Guardian of my person. To the extent that State Law permits me to nominate a Guardian, I nominate my then-serving Health-care Agent as the Guardian of my person.

General provisions, construction, and interpretation

To the extent not precluded by Applicable Law, not only my primary Physician but also any attending or treating Physician may Find that I lack or have recovered Capacity, that I am unable to make or

communicate my own Health-Care Decision, or that another condition exists that affects whether a Health-Care Provider must or may follow a direction of my Health-care Agent, or my direction stated in my Advance Health-Care Directive.

Whenever a Health-Care Provider must decide my treatment because my Health-care Agent is available or permitted to decide the matter, a Health-Care Provider is protected from liability for acting (or refraining from acting) according to a reasonable interpretation of my Advance Health-Care Directive.

My Advance Health-Care Directive should be construed or interpreted such that it does not authorize mercy killing, assisted suicide, euthanasia, or a provision, withholding, or withdrawal of Health Care that is prohibited by Applicable Law. Unless my Advance Health-Care Directive expressly states otherwise, it should be construed or interpreted such that it does not require a Health-Care Provider to provide medically ineffective Health Care, or Health Care that is contrary to generally accepted health-care standards.

If this Advance Health-Care Directive conflicts with an earlier advance health-care directive I made, this Advance Health-Care Directive controls over the earlier directive to the extent of the conflict.

A copy of this document or a revocation of it has the same effect as the original.

This document might include or permit some formalities or evidence more than as required by Applicable Law. By doing so, I do not intend to provide any requirement or condition not imposed by Applicable Law. The absence of a formality not required by Applicable Law must not be construed to suggest any defect in the execution of my Advance Health-Care Directive.

Definitions

“Applicable Law”

means Federal Law or State Law to the extent that the Law governs my Advance Health-Care Directive, my Power of Attorney for Health Care, or a Health-Care Decision concerning me.

“Advance Health-Care Directive”

refers to the general and particular directions stated by this document.

“Capacity”

refers to my ability to understand the significant benefits, risks, and alternatives to proposed Health Care and to make or communicate a Health-Care Decision.

“Church”

includes a church, temple, synagogue, mosque, or other body of a Religion.

“Federal Law”

means Law other than State Law of the United States of America.

“Find” or “Finding”

refers to my Health-Care Agent’s or a Physician’s decision, determination, finding, or conclusion of any kind.

“Good Faith”

means honesty in fact, awareness of the provisions of my Advance Health-Care Directive and Power of Attorney for Health Care, observance of fiduciary principles, and seeking advice when a reasonably prudent Person in similar circumstances would seek advice.

“Guardian”

refers to a Person - other than my Health-Care Agent or a Surrogate when acting without a court appointment - who is the guardian, conservator, or similar office holder that under relevant Law has authority to care for the person of me as an Incapacitated Person.

“Health care”

include any medicine, treatment, service, procedure, custodial care, or other care to diagnose, maintain, or otherwise affect my physical or mental condition. Health Care includes non-medical remedial treatment based in Religious belief, custom, or practice.

“Health-Care Agent”

refers to the Person who has power to make a Health-Care Decision and otherwise act for me under my Power of Attorney for Health Care to make a Health-Care Decision for the individual granting the power.

“Health-Care Decision”

means a decision concerning my Health Care, including selection and discharge of Health-Care Providers; approval or disapproval of diagnostic tests, surgical procedures, programs of medication, and orders not to resuscitate; and directions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of Health Care.

“Health-Care Provider”

refers to a Person, whether a Natural Person or an Organization (and including a hospital, hospice, nursing home, residential-care facility, home health agency, or other health-care institution), who or that is licensed, certified, registered, or otherwise authorized or permitted by Law to provide Health Care as the practice of a profession or in the ordinary course of his, her, or its business.

“Incapacitated Person”

refers to a Natural Person who under relevant Law has been found to be incompetent or incapacitated to manage his or her person.

“I” or “me” or “my”

refers to Martha Smith, the maker of this my Advance Health-Care Directive.

“Law”

means any statute, regulation, rule, decision, or order of the United States of America (or another nation), a State, a State’s political subdivision, or any court or government agency of any of them.

“Maker”

refers to Martha Smith.

“Minister”

includes a minister, priest, rabbi, shaman, or other leader, convener, or teacher concerning a Religion.

“Physician”

includes any Natural Person authorized to practice medicine or osteopathy under relevant Law.

“Power of Attorney for Health Care”

refers to my appointment of a Health-Care Agent to make Health-Care Decisions and otherwise act for me concerning Health Care.

“Religion”

refers to any system of faith, worship, or belief concerning a supreme being or supernatural forces. Religion includes the beliefs of a Native American Indian tribe, and includes anything that a court decision has recognized as religion.

“Natural Person”

means a human being.

“Organization”

means a Person other than a Natural Person.

“Person”

includes a Natural Person, a corporation, a limited-liability company, an unincorporated association, a partnership, a joint venture, a trust, an estate, and anything that is a person within the meaning of Applicable Law.

“Personal Representative”

refers to a Person who is authorized to receive my protected health information, or consent to or authorize the disclosure of my protected health information, and includes my Health-Care Agent.

“State”

means any of the 50 states of the United States of America, the District of Columbia, the Commonwealth of Puerto Rico, and American Samoa, Guam, the Northern Mariana Islands, the Virgin Islands, and other territories and possessions of the United States of America, or the jurisdiction of a Native American Indian tribe.

“Surrogate”

refers to a Natural Person, other than my Health-Care Agent or Guardian, who is authorized under Applicable Law to make a Health-Care Decision for me.

“Swear” or “Sworn”

includes making or having made a legally sufficient affirmation or otherwise qualifying or having qualified under Law, especially if the Person making an acknowledgment, affidavit, or other solemn statement has a religious or conscientious objection to swearing an oath.

Signing my Advance Health-Care Directive

This is my Advance Health-Care Directive. I ask the Persons whose names appear on the following page to be my witnesses. In the presence of them, I declare that this is my Advance Health-Care Directive.

Today's date

Martha Smith

SAMPLE

Witnesses' statement

Each of us states that the following is true and correct:

The "Maker" refers to Martha Smith.

All of the oral and written statements and acts described below occurred on the date written below.

The Maker requested us to act as witnesses to the execution of, and declared to us that this document is, her Advance Health-Care Directive.

We now, at the Maker's request, and in the Maker's and one another's presence, sign below as witnesses.

We believe that the Maker is of sound mind.

We believe that this document was not procured by duress, menace, fraud, or undue influence.

The Maker is age 18 or older.

Each of us is age 21 or older, is a competent witness, and is not a disqualified Health-Care Provider.

Each of us resides at the address set forth after his or her name.

Today's date

name:
address:
city-state-zip:

Today's date

name:
address:
city-state-zip:

Today's date

name:
address:
city-state-zip:

Although some States do not require any witness for the execution of a health-care document and most of the States that require witnesses require no more than two, this page includes spaces for three witnesses; but the Maker does not intend to suggest any condition not imposed by Applicable Law, and an absence of anything from this page must not be construed to suggest any defect in the execution of this document.

Maker's acknowledgment

State (or Commonwealth) of _____
County (or Parish) of _____

I, Martha Smith, signed my name to this instrument on the date written next to my signature, and being first duly Sworn or qualified according to law, do now hereby declare to the undersigned authority that I signed it willingly (or willingly directed another to sign for me), and executed this instrument as my free and voluntary act for the purposes therein expressed, and that I was then and am now 18 years of age or older, of sound mind, and under no constraint or undue influence.

Today's date

Martha Smith

Sworn to or affirmed and acknowledged before me, the undersigned notary or official, by the Maker named above on the date written above.

Date

Witnesses' affidavit

State or Commonwealth of _____
County or Parish of _____

We, the witnesses, respectively, whose names are written on and signed to the attached or foregoing instrument, being first duly Sworn or qualified according to law, do hereby declare to the undersigned authority that the Maker signed and executed the foregoing instrument and that she had signed willingly (or willingly directed another to sign for her), and that she executed it as her free and voluntary act for the purposes therein expressed, and that each of the witnesses, in the presence and hearing of the Maker and one another, signed the will as witness, and that to the best of our knowledge the Maker was at that time 18 years or age or older, of sound mind, and under no constraint or undue influence; and that our statements on the page captioned "Witnesses' statement" are true and correct.

Today's date

Today's date

Today's date

Sworn to or affirmed and subscribed to before me, the undersigned notary or official, by the witnesses named above on the date written above.

Date

