

ATTACHMENT 1

ADDITIONAL LANGUAGE REGARDING QUALITY OF LIFE: Below is language that you might want to consider adding to your advance directive. If you choose to incorporate this language in your advance directive, we would strongly suggest that you do the following:

- print out this and the next page,
- read the directions. and fill in the blanks,
- staple these pages to the back of the rest of your advance directive, and
- write “see attachment 1” in the blank space under number (9) of your Advance Directive.

CAUTION: Initialing section 9(a) means you do not want your life prolonged under any circumstances. If you did initial 9(a), cross out all of section 9(b) and go to Part 3. If you did not initial statement 9(a), cross it

NOTE: Initial statements that express your views. Put a dash in any space you do not initial.

9(a). WHEN I DO NOT WANT LIFE-SUSTAINING TREATMENT

_____ I have lived a long life, and I am ready to accept death when it comes. For this reason, if I have or get any life-threatening condition, I do not want any treatment to try to “save” my life or keep me alive. Even if treatment might completely reverse a life-threatening condition and return me to the same health I had before, I do not want it.

OR

9(b). These are qualities of life I consider worse than death, and in which I would want to be allowed to die:

_____ (1) Unconsciousness or coma from which the ability to think and communicate will probably not be recovered, or, unconsciousness lasting {insert number} _____ weeks, whichever comes first.

Heart attack, stroke, head injury, and drug overdose can all result in unconsciousness that may later be diagnosed as chronic coma or persistent vegetative state (PVS). A majority of comatose adults who

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do not show clear signs of recovery within a few weeks (usually between two and four) are unlikely to recover; most will either die or enter a PVS.

This provision is included to help avoid a situation in which life-sustaining treatment during coma or PVS is continued indefinitely because a physician remains uncertain of the prognosis. In light of your own values, you may want to limit the length of time life-sustaining treatment would be used in such a circumstance. If you prefer to rely on a physician's judgment, place a dash (—) in the "insert number" space.

_____ (2) Apparently complete or nearly complete loss of ability to think and communicate, which is probably permanent.

_____ (3) Total dependence on others for my care because of physical deterioration, which is probably permanent.

_____ (4) Pain which probably cannot be eliminated, or can be eliminated only by sedating me so heavily that I cannot converse.

_____ (5) Irreversible dementia such as Alzheimer's Disease.

NOTE: Initial statements that express your views. Put a dash in any space you do not initial.

9(c). TEMPORARY USE OF LIFE-SUSTAINING TREATMENT

I understand it is possible that I might experience an unacceptable quality of life – as initialed above or determined by my agent – at a time when my physician might believe temporary use of life-sustaining treatment would probably restore a quality of life acceptable to me. If so, then:

_____ (1) I want life-sustaining treatment, for up to {insert number} _____ week(s).

_____ (2) I still do not want life-sustaining treatment.