Advance Medical Directive

This form expresses my specific wishes regarding medical treatments in case illness prevents me from communicating them directly. My wishes apply both to the illness described and to any other situations that might develop. If a circumstance arises that my choices do not specifically address, my doctors and my agent should extrapolate from my choices below to the situation at hand. I understand that my wishes must be medically reasonable. Finally, all conclusions about my medical condition must be agreed to by my physician and appropriate consultants.

For each situation at the right, check the boxes that indicate your wishes regarding treatment.	**Situation A: If I am in a coma or persistent vegetative state and have no known hope of recovering awareness or higher mental functions:**	**Situation B: If I am in a coma and have a small but uncertain chance of regaining awareness and higher mental functioning:**	**Situation C: If I am aware but have brain damage that makes me unable to recognize people, to speak meaningfully, or live independently, and I have a terminal illness:**
1. Cardiopulmonary resuscitation/ The use of pressure on the chest, drugs, electric shocks, and artificial breathing to revive me if my heart stops.	_____ I want _____ I do not want	_____ I want _____ I do not want	_____ I want _____ I do not want
2. Mechanical respiration/ Breathing by machine, through a tube in the throat.	_____ I want _____ I do not want _____ I want a trial; if no clear improvement, stop treatment	_____ I want _____ I do not want _____ I want a trial; if no clear improvement, stop treatment	_____ I want _____ I do not want _____ I want a trial; if no clear improvement, stop treatment
3. Artificial feeding/ Giving food and water through a tube inserted either in a vein, down the nose, or through a hole in the stomach.	_____ I want _____ I do not want _____ I want a trial; if no clear improvement, stop treatment	_____ I want _____ I do not want _____ I want a trial; if no clear improvement, stop treatment	_____ I want _____ I do not want _____ I want a trial; if no clear improvement, stop treatment
4. Major surgery/ for example, removing the gall bladder or part of the intestine.	_____ I want _____ I do not want	_____ I want _____ I do not want	_____ I want _____ I do not want
5. Kidney dialysis/ Cleaning the blood by machine or by fluid passed through the abdomen.	_____ I want _____ I do not want _____ I want a trial; if no clear improvement, stop treatment	_____ I want _____ I do not want _____ I want a trial; if no clear improvement, stop treatment	_____ I want _____ I do not want _____ I want a trial; if no clear improvement, stop treatment
6. Chemotherapy/ Drugs to fight cancer.	_____ I want _____ I do not want _____ I want a trial; if no clear improvement, stop treatment	_____ I want _____ I do not want _____ I want a trial; if no clear improvement, stop treatment	_____ I want _____ I do not want _____ I want a trial; if no clear improvement, stop treatment
7. Minor surgery/ for example, removing part of an infected toe.	_____ I want _____ I do not want	_____ I want _____ I do not want	_____ I want _____ I do not want
8. Invasive diagnostic tests/ for example, examining the stomach through a tube inserted down the throat.	_____ I want _____ I do not want	_____ I want _____ I do not want	_____ I want _____ I do not want
9. Transfusions of blood or blood components.	_____ I want _____ I do not want _____ I want a trial; if no clear improvement, stop treatment	_____ I want _____ I do not want _____ I want a trial; if no clear improvement, stop treatment	_____ I want _____ I do not want _____ I want a trial; if no clear improvement, stop treatment
10. Antibiotics/ Drugs to fight infection.	_____ I want _____ I do not want _____ I want a trial; if no clear improvement, stop treatment	_____ I want _____ I do not want _____ I want a trial; if no clear improvement, stop treatment	_____ I want _____ I do not want _____ I want a trial; if no clear improvement, stop treatment
11. Simple diagnostic tests/ for example, blood tests or X-rays.	_____ I want _____ I do not want	_____ I want _____ I do not want	_____ I want _____ I do not want
12. Pain medications/ even if they dull consciousness and indirectly shorten my life.	_____ I want _____ I do not want	_____ I want _____ I do not want	_____ I want _____ I do not want

For each situation at the right, check the boxes that indicate your wishes regarding treatment.	Situation D: If I am aware but have brain damage that makes me unable to recognize people, to speak meaningfully, or to live independently, and I do not have a terminal illness:	Situation E: If I have an incurable chronic illness that causes physical suffering or minor mental disability and will ultimately cause death, and then I develop a life-threatening but reversible illness:	Situation F: If I am in my current state of health (briefly describe) _____ _____ and then develop a life-threatening but reversible illness:
1. Cardiopulmonary resuscitation/ The use of pressure on the chest, drugs, electric shocks, and artificial breathing to revive me if my heart stops.	____ I want ____ I do not want	____ I want ____ I do not want	____ I want ____ I do not want
2. Mechanical respiration/ Breathing by machine, through a tube in the throat.	____ I want ____ I do not want ____ I want a trial; if no clear improvement, stop treatment	____ I want ____ I do not want ____ I want a trial; if no clear improvement, stop treatment	____ I want ____ I do not want ____ I want a trial; if no clear improvement, stop treatment
3. Artificial feeding/ Giving food and water through a tube inserted either in a vein, down the nose, or through a hole in the stomach.	____ I want ____ I do not want ____ I want a trial; if no clear improvement, stop treatment	____ I want ____ I do not want ____ I want a trial; if no clear improvement, stop treatment	____ I want ____ I do not want ____ I want a trial; if no clear improvement, stop treatment
4. Major surgery/ for example, removing the gall bladder or part of the intestine.	____ I want ____ I do not want	____ I want ____ I do not want	____ I want ____ I do not want
5. Kidney dialysis/ Cleaning the blood by machine or by fluid passed through the abdomen.	____ I want ____ I do not want ____ I want a trial; if no clear improvement, stop treatment	____ I want ____ I do not want ____ I want a trial; if no clear improvement, stop treatment	____ I want ____ I do not want ____ I want a trial; if no clear improvement, stop treatment
6. Chemotherapy/ Drugs to fight cancer.	____ I want ____ I do not want ____ I want a trial; if no clear improvement, stop treatment	____ I want ____ I do not want ____ I want a trial; if no clear improvement, stop treatment	____ I want ____ I do not want ____ I want a trial; if no clear improvement, stop treatment
7. Minor surgery/ for example, removing part of an infected toe.	____ I want ____ I do not want	____ I want ____ I do not want	____ I want ____ I do not want
8. Invasive diagnostic tests/ for example, examining the stomach through a tube inserted down the throat.	____ I want ____ I do not want	____ I want ____ I do not want	____ I want ____ I do not want
9. Transfusions of blood or blood components.	____ I want ____ I do not want ____ I want a trial; if no clear improvement, stop treatment	____ I want ____ I do not want ____ I want a trial; if no clear improvement, stop treatment	____ I want ____ I do not want ____ I want a trial; if no clear improvement, stop treatment
10. Antibiotics/ Drugs to fight infection.	____ I want ____ I do not want ____ I want a trial; if no clear improvement, stop treatment	____ I want ____ I do not want ____ I want a trial; if no clear improvement, stop treatment	____ I want ____ I do not want ____ I want a trial; if no clear improvement, stop treatment
11. Simple diagnostic tests/ for example, blood tests or X-rays.	____ I want ____ I do not want	____ I want ____ I do not want	____ I want ____ I do not want
12. Pain medications/ even if they dull consciousness and indirectly shorten my life.	____ I want ____ I do not want	____ I want ____ I do not want	____ I want ____ I do not want
Patient Name (Printed)		**Patient Signature**	
Address			**Date**
Witness 1 Name (Printed)		**Witness 1 Signature**	
Address			**Date**
Witness 2 Name (Printed)		**Witness 2 Signature**	
Address			**Date**