

INSTRUCTIONS FOR COMPLETING THE HEALTHCARE STATEMENT OF WISHES

Documents vary significantly from one state to the next. There are two schools of thought when it comes to giving specific instructions on these documents:

1) You name the people you know will make the right choice for you and don't feel you will be able to outline every situation. Alternatively, you have communicated certain wishes to the people named on your health care documents. If this is you, STOP HERE! You don't need to fill out this form.

2) You prefer to give more details on what your wishes would be when you are in a place where you cannot speak for yourself.

End of Life Decisions:

This section can evoke some strong feelings. Some thoughts that may assist you:

1. If there is any reasonable hope of full recovery, you will be kept alive. A medical facility can let you die, but they cannot kill you.
2. You should have conversations with your loved ones about your feelings here. If you try to address all scenarios, rest assured that you won't!

We have three sections in this question:

End of Life Decisions: If you select any of the "Not to Prolong Life" options, this is what is often called "pulling the plug". There are two broad circumstances where this action is considered –

(1) When a person is in a state of permanent unconsciousness; and (2) When a person has a terminal condition.

- To Prolong Life – Take all measures to keep your life going under all circumstances.
- Not to Prolong Life – Any Circumstances: If you do NOT want your life prolonged if you are permanently unconscious OR have a terminal condition, select this.
- Not to Prolong Life – Permanently Unconscious: If you do NOT want your life prolonged if you are permanently unconscious, but you would if you have a terminal condition, select this.
- Not to Prolong Life – Terminal Condition: If you do NOT want your life prolonged if you have a terminal condition, but you would if you are permanently unconscious, select this.
- Not to Prolong Life – Other: You may have a different selection here. Please either leave a note or be prepared to address before you sign the documents.

Artificial Nutrition and Hydration: Receiving artificial nutrition and hydration can prolong your life. Depending on your wishes, this could be a good thing or a bad thing. You may select wishes on this topic.

Relief from Pain: You can select to have adequate treatment for pain relief at all times, even if it hastens your death. You can also select other.

Anatomical Gifts at Death:

To Give the Following Gifts (select all that apply):

You can state what parts of your body, if any, you would like to give. We see most people fall into the following camps:

1. “Take whatever you want – I don’t need it anymore” or “I doubt they want any of my stuff, but they can have it” – if this sounds like you, select Organs, Tissues, and all other body parts.
2. “I don’t want to be a cadaver on some med student’s table” – if this sounds like you, you may select just Organs OR you refuse to make an anatomical gift.
3. “I only want to give” – if this sounds like you, select other and leave a note if you know what you want.
4. “I don’t want to be cut up after I’m gone” – if this sounds like you, select that you refuse to make an anatomical gift.

To give those gifts for the following purposes (Select All that apply):

You can state why you would want gifts given. The most common answer is “I don’t care what they use them for. I will be gone.” If that is the case, click Transplant, Therapy, Research, and Education (OR All of the above). These terms are used in a number of states. Depending on your state, it can have a varying meaning – for example, we have seen “Therapy” defined in 12 different ways by state legislatures.

As far as who can have the anatomical gifts, a number of states do not allow you have a preference. With that said, if you have strong feelings about it, do not hesitate to insert in the attachment.

Other Wishes:

Mental Health Treatments: Some examples of mental health treatments include admission to and retention at a mental health facility, psychotropic medications, and electroconvulsive treatment.

The most common answer is that your health care agent(s) or the attending physician can make this decision on your behalf.

Autopsy: If you would like to state whether or not you want an autopsy (or if you would like your agent to decide), you may indicate here.

Funeral and Burial:

First two Options (Burial/Cremation): If you have a preference on cremation and/or burial, but have NOT made prepaid arrangements.

Third Option (Agent Selection): If you do not have a preference on cremation/burial and are comfortable with your agent deciding.

Fourth Option (Prepaid Arrangements made): If you have made prepaid arrangements, let that be known and include those documents with your estate plan.

Do Not Resuscitate Directive (DNR): If you have a formal Do Not Resuscitate Directive (DNR), please state. The documents you are completing here do NOT constitute a DNR. This is something that must be completed with your physician.

Physical Health Treatments: Some examples of physical health treatments include CPR, mechanical breathing, major surgery, kidney dialysis, chemotherapy, diagnostic tests, antibiotics, blood products, etc.

The most common answer is that your health care agent(s) or the attending physician can make this decision on your behalf.