



SUGGESTED LANGUAGE FOR THE NARRATIVE PORTIONS OF THE POWER OF ATTORNEY FOR HEALTH CARE

Language may be added to deal with any concerns you may have regarding long-term and day-to-day health care needs. Language can also give instructions involving organ donation and autopsy.

The language should be clear, reasonable and legal. For example, if you wish to authorize the agent to agree to euthanasia if it ever becomes legal, you must be sure to phrase the authorization in a way that makes it clear that the client is aware that euthanasia is not presently legal. A possible sentence might say, "If euthanasia ever should become legal, I wish to be considered for this procedure."

If you have a preference regarding which hospital or physician is to be used, the provision should be phrased in a way that will still allow the agent to authorize medical treatment at a different hospital or by a different physician if necessary. For example, "If consistent with my medical treatment, I would prefer to be treated at X Hospital and by Physician Y."

Choose from **CONTINUED**, or **REMOVAL**, not both

The Removal of Life-Sustaining Procedures

I do not want to be kept alive on artificial life-sustaining equipment, including non-orally ingested nutrition (feeding tube) or IV hydration, if these procedures would only serve to prolong the dying process or maintain me in a persistent vegetative state and or the burdens of the treatment outweigh the expected benefits.

I do not wish to be kept alive by life-sustaining procedures. My health care agent may determine the timing of the discontinuation of any and all treatment.

I wish all non-oral nutrition and hydration removed except the kind and amount needed to prevent stressful dehydration of the mouth and skin, so as to maximize comfort and minimize nursing care.

I grant my agent all authority to discontinue or refuse treatment even if it shortens my life or results in my death.

The Continued Use of Life-Sustaining Equipment and Procedures

I wish that all life sustaining equipment and non-oral nutrition and hydration be used for as long as possible.

I wish that any medical treatment that will prolong my life be used, including chemotherapy, radiation treatment, kidney dialysis, and non-oral nutrition and hydration.

I want any and all medical treatment used that will keep me comfortable.

Resuscitation and other Heroic Measures

I wish no heroic measures.

If death is imminent, I want respiration discontinued and no CPR.

I wish no heroic measures, including 9-1-1 and no emergency medical services for life-threatening conditions.



Organ Donation

I prefer not to participate in any organ donation programs.

I would like to donate any body organs or medical tissue or blood that can be used.

My agent may authorize organ donations and autopsy.

I wish to donate my entire body to medical research (**a.** be sure to make arrangements with the receiving facility ahead of time, **b.** include documentation of the intended donation, **c.** include contact information for the receiving facility and **d.** have a back-up plan should the receiving facility not need your donation)

Skilled Nursing Facility Placement

Nursing home placement should be used only when home care alternatives have proved unworkable.

I would prefer not to be placed in a nursing home (and/or community based residential facility) unless it is absolutely necessary and all community resources have been exhausted.

I prefer to stay in my own home as long as possible. I only want to go to a nursing home if there are no other alternatives.

I prefer to go to a nursing home rather than impose on my children.

Religious Preferences

I wish to be treated at a (Catholic, Lutheran, etc) nursing home/hospital if at all possible.

I wish to have religious services provided to me once a week, even if I am unable to fully participate.

In the event of a terminal or life threatening situation, I wish to receive the last rites of _____ (name of religion).

I wish to be visited by my minister/priest/pastor/rabbi on a regular basis.

Visitation

I wish that only _____ (list of names of individuals) be allowed to visit me.

I do not want any visitors during my incapacitation, other than my agent, alternate agent or _____ (list people).

I want all visitors to be able to visit with me, unless inconsistent with my medical treatment.

Alleviation of Pain

My desire is that pain should be alleviated to the extent possible, even though its use may lead to physical damage, addiction or hasten death.

I authorize my health care agent to authorize all comfort measures, including narcotics, to the extent necessary to alleviate all of my pain, regardless of the possibility of addiction or shortening of my life expectancy.

My desire is that pain should be alleviated to the extent possible but with the goal of my being as lucid as possible, understanding that I will not be pain free.