



Volunteers of America®
Minnesota

ESTATE & ELDER LAW SERVICES

1900 Central Ave NE, Suite 106

Minneapolis, MN 55418

612-676-6300

Monica Lewis, Attorney at Law
Lori D. Skibbie, Attorney at Law

**SAMPLE LANGUAGE
FOR
HEALTH CARE DIRECTIVES**

Sample Language for Health Care Directives

A. My General View Regarding My Health Care

- I have lived a good, long life. I am not afraid to die. If I am near death, I do not want any treatments or procedures that will only prolong my life rather than make it better
- Any decision about my care should be based on the quality of life it is likely to preserve. I would not want my life extended if I could not understand what was going on around me or recognize and interact with people I love.
- I believe that every human being is valuable, even if he or she is not aware of surroundings and cannot interact with other people. So, even if I become mentally incapacitated, I wish to be given the benefit of any treatment or care that will extend or improve my life.
- I believe that life is sacred and that we should do everything we can to preserve it. If a choice had to be made between keeping me alive and keeping me comfortable, I believe I would always choose to be kept alive, even if that meant I had to endure pain.
- I believe it is reasonable and correct to consider the cost when making a decision about any treatment or procedure.

B. My Views Regarding Specific Medical Treatments

Ventilator/Respirator

- Life would not be worth living if I had to be kept on a respirator indefinitely.
- I have no objection to the temporary use of a respirator or ventilator to keep me alive until I resume breathing on my own.
- If I am close to death, I do not want to be put on a respirator or ventilator for any reason. If such treatment has been started, I wish to have it discontinued.

Artificial Nutrition and Hydration

- I understand that when a person is dying, the body processes slow down and eventually cease. When this happens to me and death is imminent and I can no longer take food or fluids by mouth, I do not want food or fluids by artificial means (tube or intravenous), even though this will shorten my life.
- I believe that food and water are not medical treatment, but basic necessities. I want nutrition and fluids provided by whatever means are necessary to keep me alive.

Cardiopulmonary Resuscitation (CPR)

- I want CPR under any circumstances.
- I do not want CPR under any circumstances.
- If I have an incurable terminal illness or injury and my physician judges that I will live only a week or less, even if lifesaving treatment or care is provided to me, I do not want CPR.

Miscellaneous

- Do not start or continue life-sustaining procedures if my condition is unlikely to improve and I am not expected to return to full independent functional capacity.
- I believe that in general life is worth living, even in conditions of debilitation or pain. However, I also believe that God does not require me to cling to the mere appearance of life in all circumstances, regardless of the impossibility or extreme unlikelihood of any meaningful recovery of consciousness. For this reason, I DO NOT want to be reclaimed from death or kept alive by artificial means if the likely result is that I then will “live” in a brain-dead state, or in a permanent vegetative state or permanent coma.
- I fear being kept “alive” by medical means after my God-ordained time to die has come. Therefore I do not want to be subjected to the use of artificial treatments that give me the mere appearance of life. If I am “brain-dead” or permanently comatose or in a persistent vegetative state, such that only my base automatic functions are medically sustainable, I wish to be allowed to die, free of machines or other intrusive devices or life-sustaining methods.
- I know that there are many “gray areas” in end-of-life decision-making. I also know that I cannot anticipate all the possible dilemmas that my decision maker(s) might face. All I ask is that you do your best to figure out what I would want under the circumstances. Thank you.

C. My Religious and Spiritual Beliefs

- I believe in the sanctity and dignity of human life, and the God-given freedom of each person to choose the circumstances of his/her life. I believe that God will ordain the time of my death, and I direct my agent, my family and my providers to keep me comfortable, but otherwise “just let me go” when my time comes.
- I want my family and friends to know that because of my faith, I believe that I will be going to a better place when I die. So, if I am “seeing the light,” I don’t want them to try and bring me back!
- If possible, I wish to be present for religious services and have visits from my minister/priest/rabbi even if I do not appear to understand or cannot fully participate.

D. My Preferences for Health Care When I am Dying

- I would prefer to be cared for in a (Lutheran, Catholic, Jewish, non-sectarian) facility.
- I would prefer to die at home with hospice services to support my caregivers.
- If I were no longer able to take care of my own personal needs, I would rather be in a nursing home or other care facility than to have my family have to care for me.
- If it were necessary for me to be placed in a nursing home, I would prefer (or prefer to avoid) _____ (name of nursing home).
- Do not start or continue life-sustaining procedures if my condition is unlikely to improve and I am not expected to return to full independent functional capacity.
- Even if I am likely to die within a few weeks or have an irreversible condition that so debilitates me that I can no longer appreciate the people and events in my daily life, I want any treatment that would preserve my life or that could cure, improve, or reduce or prevent deterioration in my physical or mental condition.