

MEDICAL REPRESENTATIVE

The first step is to name a strong representative with excellent memory and hearing, to speak for you when you cannot. S/he needs to be with you when you're very sick, or doctors will defer to whoever is with you. Even a mumbled "ok" can override this document unless your representative is there to clarify your wishes. You can mark, cross out, and write your own. [Medical ethics](#) stress **informed** patients and **values**, so you can include facts and values. You and reps need copies at home and in car glove compartments.

NAMES [Check state rules: statelaws.findlaw.com/health-care-laws/durable-power-of-attorney.html; they will be something like this:]
I name the following to see full information about my healthcare, from now until further notice, and to make healthcare decisions for me, when I cannot or do not decide for myself. A copy has the same effect as the original.

REPRESENTATIVE'S NAME (PRINT) _____ PHONE(S) _____

If s/he is not reasonably available or able to speak for me, I name the following as my alternate or successor representative:

ALTERNATE REPRESENTATIVE _____ PHONE(S) _____

I sign here: _____ *Print* _____ *My Street* _____
City, State _____ *Date* _____

Street _____

Witness _____ *Print* _____ *City, State* _____ *Date* _____

Street _____

2nd Witness _____ *Print* _____ *City, State* _____ *Date* _____

Notary (needed in MO, NC, SC, WV, as of 2011, according to ABA, ABA.globel234.com)

LEGAL DISCLAIMER: This page does not provide legal advice. The page shows options, which people can use at their own risk. The author is not a lawyer, and takes no responsibility for good or bad results, or anything which follows from applying this information. Consult a lawyer to interpret and apply this to your situation, such as a lawyer specializing in medicine or elder care.

IF I CAN DECIDE, I WILL, based on how manageable my illness seems.
IF I CANNOT DECIDE, my choices are ON THE NEXT PAGE:

or

COMA: If **both (A)** I am in a long term **coma**, from which my representative does not expect me to recover or my mind declines so much I **never enjoy** anything; **and (B)** my representative is convinced I can't ever have a life which I would want, after getting independent opinions; then I want the choice(s) marked in the left column below:

TEMPORARY OR PARTIAL PROBLEMS: If I am temporarily unconscious, drugged for pain, confused, or otherwise cannot make my own decisions, and/or my representative thinks I can still have a life which I would want, then I want the choice(s) marked in the right column below:

- [] **LET ME GO:** I will be ready to die: DNR - Do Not Resuscitate. No Cures. YES to comfort, hospice, and palliative care. []
- [] **Keep my organs healthy for donations** if needed, such as tubes for oxygen, heart-lung machine, etc. []
- [] **ALL TREATMENTS (Doctors call this "Full Code"):** Life is fascinating. I love a warm breeze, birdsong, meditation, dreaming, being with people. I want any of that I can have, for any time I have left. Provide **all treatments** which my representative thinks are worth trying, to improve or maintain my health, or reduce my decline or pain. []
- [] **LIMIT PAIN:** I can put up with pain which is **low, or short-term, or controllable** by drug or non-drug treatment: NO to severe long-term uncontrollable pain. YES to defibrillator paddles (AED), setting broken bones, breathing help and any other help which involves no or limited pain. Get consultation from a "Pain Management" specialist. Their training and exams have more detail on both drug and non-drug control of pain than palliative/hospice doctors, hospitalists, or others. Along with pain management, I do want treatments to improve or maintain my health, or reduce my decline. []
- [] **LIMITED TUBES** can be OK, like a breathing tube during an operation, a feeding tube while a mouth injury heals, or oxygen to help me breathe, but don't keep me on tubes in a coma for weeks with no significant chance of improvement. []
- [] **OTHER CHOICES, IF ANY:** (can attach page) []

MORE CHOICES:

- [] **CONSULTATIONS:** Get **additional opinions** from independent experts.
- [] **CLEAR MIND:** When I am competent, I may decline some pain drugs, to keep a clear mind. Honor those requests.
- [] **FAITH:** These decisions are consistent with my faith that a Higher Power has a purpose for me, and this level of treatment will let that purpose happen. I will die when and where that Higher Power chooses.
- [] **FACT-BASED:** I am deciding as an informed patient, for example:
 - People who have DNR get **less care** of many types and **die sooner**, even when not severely ill. *JAMA IntMed.* 2016 pubmed.gov/26662729
 - 60% of US surgeons don't offer **high-risk operations** when advance directives limit care. *CritCareMed* 2013 pubmed.gov/23222269
 - 7% to 54% of people survive after CPR (cardio-pulmonary resuscitation), depending on health and location. globe1234.org/survival.xls
 - A tenth of CPR survivors have broken ribs; more have broken cartilage. *PrehospEmergCare* 2015, pubmed.gov/25076024
 - A tenth of CPR survivors need help with activities of daily living because their minds decline. *NewEngJMed* 2012, pubmed.gov/23150959