Healthcare Treatment Directive

I, _________________________________, SS# __________________ want everyone who cares for me to know what healthcare I want. (optional)

I always expect to be given care and treatment for pain or discomfort even if such care may affect how I sleep, eat, or breathe.

I want my dying to be as natural as possible. Therefore, I direct that no treatment (including food or water by tube) be given just to keep my body functioning when I have

- a condition that will cause me to die soon, or
- a condition so bad (including substantial brain damage or brain disease) that I have no reasonable hope of achieving a quality of life that is acceptable to me.

An acceptable quality of life to me is one that includes the following capacities and values. (Describe here the things that are most important to you when you are making decisions to choose or refuse life-sustaining treatments.)

Examples: recognize family or friends make decisions communicate
feed myself take care of myself be responsive to my environment

I want my doctor to try treatments on a time-limited basis when the goal is to restore my health or help me experience a life in a way consistent with my values and wishes. I want such treatments withdrawn when they cannot achieve this goal or become too burdensome to me.

Among the time-limited treatments I would not agree to under any circumstances are the following:

Examples: resuscitation (CPR) dialysis ventilator
food or water by tube chemotherapy transfusions
antibiotics surgery

In facing the end of my life, I expect my agent (if I have one) and my caregivers to honor my wishes, values, and directives.

Be sure to sign the reverse side of this page even if you do not wish to appoint a Durable Power of Attorney for Healthcare Decisions.

If you only want to name a Durable Power of Attorney for Healthcare Decisions, draw a large X through this page.

Talk about this form and your ideas about your healthcare with the person you have chosen to make decisions for you, your doctors, family, friends, and clergy. Give each of them a completed copy.

You may cancel or change this form at any time. You should review it often. Each time you review it, put your initials and the date here. ____________

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