

*Your
Wishes*

**A Guide to Help You
Stay in Charge**

A Situation-Specific and Compassionate Living Will



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October 2006

Your Right to Stay in Charge

Our Constitution and state law give you the right to make your own decisions on what kind of medical treatment you want or don't want, including the right to refuse life support. The *Your Wishes* guide is a set of situation-specific Advance Directives or Living Will. Its purpose is to make your wishes clear on what you want when you are seriously ill. By not stating your wishes in detail, you run the risk that others will make these decisions for you.

The U.S. Supreme Court¹ has recognized that residents of all states, including Michigan, have the common law and Constitutional right to declare end-of-life care decisions in a Living Will, even if a state has not adopted a Living Will statute. Court decisions, such as the Schiavo case in Florida and the Martin case in Michigan,² require your wishes on end-of-life care decision-making to be as specific as possible and stated in a clear and convincing form, preferably in writing.

If you become ill and can't tell others what you want, you need to have a health care agent/patient advocate in place to exercise your rights for you in accordance with the *Your Wishes* guide. To accomplish this, you'll also need to prepare and sign a Health Care Power of Attorney.

By completing this guide and signing a Health Care Power of Attorney, you can stay in charge and be treated with dignity when a serious illness occurs. If you have appointed a health care agent/patient advocate, then the *Your Wishes* guide will provide your agent/advocate with specific direction in interpreting your wishes. You should incorporate the *Your Wishes* guide by reference as an attachment to your Health Care Power of Attorney.

These documents only take effect when you are determined to be no longer able to make decisions for yourself. After you are determined to lack capacity, your agent/advocate will determine your medical treatment using the *Your Wishes* guide, and then provide direction to your treating physician or other health care facility.

If you have not appointed an agent/advocate, then the *Your Wishes* guide will give instructions directly to your doctor or other health care professional.

Print Your Name Here (Husband or Unmarried Person)

Print Your Name Here (Wife or Unmarried Person)

To make this guide effective, please sign at the end in front of two unrelated witnesses.

This guide may be completed together by a married couple, and if there is a disagreement on an issue, they should note the difference of opinion in the boxes provided.

1. *Cruzan v. Director, Missouri Dept. of Health*, 497 U.S. 261 (1990).
2. *In re Martin*, 450 Mich. 204, 538 N.W. 2d 399 (1995).

Wish 1

Terminal Illness

If my doctor and another health care professional both decide that I am likely to die within a short period of time, and life support treatment would only delay the moment of my death, and I am conscious (aware of my surroundings and able to feel pain) **(check only one)**:

	His	Hers
I do not want to receive medical care including artificial nutrition or hydration (tube feeding), that only prolongs my life. If it has been started, I want it stopped. But I do want to be offered food and fluids by mouth if possible, kept clean, and receive pain medication.	<input type="checkbox"/> I AGREE	<input type="checkbox"/> I AGREE
I do not want to receive medical care that only prolongs my life, <i>except that</i> I do want to receive pain medication and artificial nutrition and hydration (tube feeding).	<input type="checkbox"/> I AGREE	<input type="checkbox"/> I AGREE
I want to prolong my life, and to receive all medical care available to prolong my life and receive pain medication.	<input type="checkbox"/> I AGREE	<input type="checkbox"/> I AGREE

Secondary Illness:

While in the terminal condition described above, I contract a secondary illness (pneumonia, urinary tract infection, etc.) that could be cured or kept in check but could cause my death if left untreated. I assume care will be given to keep me as comfortable as possible **(check only one)**:

	His	Hers
I do not want to receive medical care for the purpose of curing the secondary illness.	<input type="checkbox"/> I AGREE	<input type="checkbox"/> I AGREE
I want to receive all medical care that could possibly cure the secondary illness.	<input type="checkbox"/> I AGREE	<input type="checkbox"/> I AGREE

Additional Facts for Terminal Cancer:

If the reason for my terminal illness is incurable cancer as determined by my doctor and another health care professional, and further surgery, chemotherapy and/or radiation serve only to prolong my life for a short time **(check only one)**:

	His	Hers
I direct that all surgery, chemotherapy and radiation be withheld or discontinued.	<input type="checkbox"/> I AGREE	<input type="checkbox"/> I AGREE
I want to receive further surgery, chemotherapy and radiation.	<input type="checkbox"/> I AGREE	<input type="checkbox"/> I AGREE

Wish 2

Persistent Vegetative State (PVS): A state of wakefulness with complete lack of cognitive function and permanent cortex damage.

If my doctor and another health care professional both decide that I am in a PVS from which I am not expected to recover, and life-support treatment would only delay the moment of my death (**check only one**):

	His	Hers
I do not want to receive medical care including artificial nutrition or hydration (tube feeding), that only prolongs my life. If it has been started, I want it stopped. But I do want to be offered food and fluids by mouth if possible, kept clean, and receive pain medication.	<input type="checkbox"/> I AGREE	<input type="checkbox"/> I AGREE
I do not want to receive medical care that only prolongs my life, <i>except that</i> I do want to receive pain medication and artificial nutrition and hydration (tube feeding).	<input type="checkbox"/> I AGREE	<input type="checkbox"/> I AGREE
I want to prolong my life, and to receive all medical care available to prolong my life and receive pain medication.	<input type="checkbox"/> I AGREE	<input type="checkbox"/> I AGREE

Wish 3

Permanent Unconsciousness (Coma): A state of permanent unconsciousness in which the person cannot be awakened.

If my doctor and another health care professional both decide that I am in a permanent coma from which I am not expected to recover, and life-support treatment would only delay the moment of my death (**check only one**):

	His	Hers
I do not want to receive medical care including artificial nutrition or hydration (tube feeding), that only prolongs my life. If it has been started, I want it stopped. But I do want to be offered food and fluids by mouth if possible, kept clean, and receive pain medication.	<input type="checkbox"/> I AGREE	<input type="checkbox"/> I AGREE
I do not want to receive medical care that only prolongs my life, <i>except that</i> I do want to receive pain medication and artificial nutrition and hydration (tube feeding).	<input type="checkbox"/> I AGREE	<input type="checkbox"/> I AGREE
I want to prolong my life, and to receive all medical care available to prolong my life and receive pain medication.	<input type="checkbox"/> I AGREE	<input type="checkbox"/> I AGREE

Wish 4

Inability to Recognize and Communicate With People

If my doctor and another health care professional both decide that because of an accident or a disease, such as Alzheimer's, Parkinson's, or other dementia, I have become permanently unable to recognize and communicate with people and have no quality of life; and I am conscious, can feel pain and my life expectancy is uncertain (**check only one**):

	His	Hers
I do not want to receive medical care including artificial nutrition or hydration (tube feeding), that only prolongs my life. If it has been started, I want it stopped. But I do want to be offered food and fluids by mouth if possible, kept clean, and receive pain medication.	<input type="checkbox"/> I AGREE	<input type="checkbox"/> I AGREE
I do not want to receive medical care that only prolongs my life, <i>except that</i> I do want to receive pain medication and artificial nutrition and hydration (tube feeding).	<input type="checkbox"/> I AGREE	<input type="checkbox"/> I AGREE
I want to prolong my life, and to receive all medical care available to prolong my life and receive pain medication.	<input type="checkbox"/> I AGREE	<input type="checkbox"/> I AGREE

Secondary Illness:

While in the condition described above, I contract an additional illness (pneumonia, urinary tract infection, etc.) that could be cured or kept in check. The secondary illness could cause my death if left untreated. I assume care will be given to keep me as comfortable as possible (**check only one**):

	His	Hers
I do not want to receive medical care for the purpose of curing the secondary illness.	<input type="checkbox"/> I AGREE	<input type="checkbox"/> I AGREE
I want to receive all medical care that could possibly cure the secondary illness.	<input type="checkbox"/> I AGREE	<input type="checkbox"/> I AGREE

Wish 5

How I Want Health Care Personnel to Treat Me

When it is determined that I am near death due to an advanced illness or accident (check all that you agree with):

	His	Hers
<ul style="list-style-type: none"> I do not want to be in pain. I want my doctor to give me enough medicine to relieve my pain, even if that means I will be drowsy or sleep more than I would otherwise, or even if it may hasten my dying. 	<input type="checkbox"/> I AGREE	<input type="checkbox"/> I AGREE
<ul style="list-style-type: none"> I wish to have hospice and palliative care. 	<input type="checkbox"/> I AGREE	<input type="checkbox"/> I AGREE
<ul style="list-style-type: none"> I wish to have a cool moist cloth put on my head if I have a fever. 	<input type="checkbox"/> I AGREE	<input type="checkbox"/> I AGREE
<ul style="list-style-type: none"> I want my lips and mouth kept moist to stop dryness. 	<input type="checkbox"/> I AGREE	<input type="checkbox"/> I AGREE
<ul style="list-style-type: none"> I wish to be kept fresh and clean at all times; to have personal care like shaving, hair brushing, and teeth brushing. 	<input type="checkbox"/> I AGREE	<input type="checkbox"/> I AGREE
<ul style="list-style-type: none"> If I am not able to control my bowel or bladder functions, I wish for my clothes and bed linens to be kept clean, and for them to be changed as soon as they can be if they have been soiled. 	<input type="checkbox"/> I AGREE	<input type="checkbox"/> I AGREE

Wish 6

How I Want Loved Ones to Treat Me

When it is determined that I am near death due to an advanced illness or accident (check all that you agree with):

	His	Hers
<ul style="list-style-type: none"> I wish to have people with me when possible. I want someone to be with me when it seems that death may come at any time. 	<input type="checkbox"/> I AGREE	<input type="checkbox"/> I AGREE
<ul style="list-style-type: none"> I wish to have my hand held and to be talked to when possible, even if I don't seem to respond to the voice or touch of others. 	<input type="checkbox"/> I AGREE	<input type="checkbox"/> I AGREE
<ul style="list-style-type: none"> I wish to have others by my side praying for me when possible. 	<input type="checkbox"/> I AGREE	<input type="checkbox"/> I AGREE

	His	Hers
• I wish to be cared for with kindness and cheerfulness, and not sadness.	<input type="checkbox"/> I AGREE	<input type="checkbox"/> I AGREE
• I wish to die in my home, if that can be done, or at least remain at home as long as possible.	<input type="checkbox"/> I AGREE	<input type="checkbox"/> I AGREE
• I wish for my family, friends and caregivers to respect my wishes even if they don't agree with them.	<input type="checkbox"/> I AGREE	<input type="checkbox"/> I AGREE
• I wish for my family and friends to look at my dying as a time of personal growth for everyone, including me.	<input type="checkbox"/> I AGREE	<input type="checkbox"/> I AGREE
• I wish to be forgiven for the times I have hurt my family, friends, and others.	<input type="checkbox"/> I AGREE	<input type="checkbox"/> I AGREE
• I wish to have my family, friends and others know that I forgive them for when they may have hurt me in my life.	<input type="checkbox"/> I AGREE	<input type="checkbox"/> I AGREE
• I wish for my family and friends to know that I do not fear death itself. I believe death is not the end, but a new beginning for me.	<input type="checkbox"/> I AGREE	<input type="checkbox"/> I AGREE

Wish 7

Special Religious and Other Wishes

If I wish to limit the meaning of life-support treatment because of religious or personal beliefs, I write these limitations as follows:

	His	Hers
It is my choice, based on my religious beliefs and regardless of my condition that a blood transfusion or blood products not be provided, even if the lack of such treatment may lead to my death, except as follows:	<input type="checkbox"/> I AGREE	<input type="checkbox"/> I AGREE

Recommended Reading:

We recommend that you read *Dying Well*, by Ira Byock, M.D. Here's an important quote on page 247: "We can say to the dying person with our words and, more importantly, with our actions: 'We will keep you warm and we will keep you dry. We will keep you clean. We will help you with elimination, with your bowels and your bladder function. We will always offer you food and fluid. We will be with you. We will bear witness to your pain and your sorrows, your disappointments and your triumphs; we will listen to the stories of your life and will remember the story of your passing.'"

Signing the Your Wishes Guide

Please make sure you sign below in the presence of two unrelated witnesses.

Signature (unmarried person or husband)

Signature (wife)

Dated: _____

Dated: _____

Witness No. 1 Sign Here

Witness No. 2 Sign Here

Printed Name of Witness No. 1

Printed Name of Witness No. 2

Address of Witness No. 1

Address of Witness No. 2

How to Implement the Your Wishes Guide

- Talk to your loved ones and read over the Guide with them. Give them permission to follow your stated wishes.
- Keep your original at home and give a copy to your agent/advocate.
- Give a copy to your regular doctor and/or to your hospital to be placed in your file. Discuss the Guide with your doctor.
- Bring a copy with you when you are admitted to a hospital or long-term care facility.
- Give a copy of the Guide to and discuss it with your religious advisor and estate planning attorney.
- Bring a copy with you when you travel.
- Deposit a copy with DocuBank for faxing on a 24 hour-a-day basis. Call 1-800-362-8226 for form and cost.