Boone Hospital Center
Columbia, Missouri

Medical Healthcare Directive Including Living Will

5 1 8

I,_____ DOB_____ SS#_____ of
(please print)

(address)_____

hereby give these advance instructions to my doctors or healthcare agent, on how I want to be treated by my doctors and other healthcare providers when I can no longer make treatment decisions myself. I make this directive to provide clear and convincing proof of my wishes and instructions about my healthcare and treatment. In the event my doctor believes medical treatment will lead to my recovery, I want to have the treatment. I also want to have care and treatment for pain or discomfort even if this treatment might shorten my life, effect my appetite, slow down my breathing or be habit-forming.

Treatment: If I have a terminal illness or condition or if I am persistently unconscious and there is no reasonable hope I will recover, I direct all of the life-prolonging procedures I have initialed below to be withheld or withdrawn:

(Initial selections)

- ☐ Surgery or other invasive procedures
- ☐ Cardiopulmonary resuscitation (CPR) to restart my heart or breathing
- ☐ Antibiotics
- ☐ Dialysis

(Initial selections)

- ☐ Mechanical ventilator (respirator)
- ☐ Artificially supplied nutrition and hydration (including tube feeding)
- ☐ Chemotherapy
- ☐ Radiation therapy

☐ All other "life-prolonging" medical treatments or surgeries that are merely intended to keep me alive without reasonable hope of making me better or curing my illness or injury.

Organ/Tissue Donation: I direct the donation of my organs or tissue. I realize my body may need to be maintained artificially after my death until my organs can be removed.

initial appropriate box(es)

- ☐ I want to donate my organs & tissue
- ☐ I do not want to donate my organs & tissue
- ☐ I will decide later

My Signature:_____ Date:_____

Witness 1:_____ Witness 2:_____

Date:_____ Date:_____

Print name:_____ Print name:_____

Address:_____ Address:_____

_____ _____

Revocation: I revoke this Health Care Advance Directive:_____
Signature Date

Witness_____ _____ Witness:_____ _____
Signature Date Signature Date

Medical Healthcare Directive Including Living Will

Your medical healthcare directive allows you to provide clear and convincing proof of whether you want your life lengthened by medical treatment. When you become unable to make decisions or communicate your wishes, your doctor and/or your agent will make decisions based on what you have expressed in this Medical Healthcare Directive.

If you have named an agent (Durable Power of Attorney for Health Care Decisions), and if this person is able and willing to exercise this authority, then only this person has the legal authority to make healthcare decisions for you. Tell your family who you have chosen as your agent. Your agent may wish to talk with your family before making decisions.

Healthcare providers and your agent should follow the directions given in this advance directive. An exception is if your request would require a healthcare provider to break the law, or if the physician believes the medical care would be futile. A provider who does not want to follow your directive should help you transfer to a facility where your advance directive will be honored.

Your advance directive stays in effect until you die unless you change it or revoke it. If you want to make changes to your directive, simply initial and date the changes in the margin of your advance directives form.

Quality of Life (optional): I want to be kept alive if there is reasonable hope of returning to a quality of life acceptable to me. By acceptable quality of life, I mean living in a way that lets me do the things that are important to me. These things are:

Initials	(initial each selection important to you)
	Recognize my family and loved ones
	Make decisions
	Communicate
	Take care of myself

Other**:** _____

_____

Help for Discussing End-of-Life Issues

Keep in mind that even though your wishes are in writing, it may be difficult for others to understand them. That's why it is so critical to talk with your family. Having this conversation will lessen the pain, doubt and anxiety for your loved ones as you near death. While there is no right way or right time to start a conversation about the end-of-life with your family, these tips may help you get started:

1. Describe someone else's experience.
2. Say your attorney urged you to have the conversation.
3. Write a letter or make a tape or video describing your wishes. Have your family review it before you talk.

Your family may resist having the conversation - it's often difficult to contemplate the loss of a loved one. Stand your ground about the importance of talking about dying and bring up the consequences of putting off the conversation. It also may help to have someone be your spokesperson and lead the conversation. In the end, you all will have greater peace of mind.

I have reviewed this information. Patient initials:_____ Date:_____