

CLIENT: _____ DATE: _____

Section 3. STATEMENTS OF DESIRES.

3.1 Treatment with Dignity: If I should suffer a serious disease, injury, or illness, I desire that those who love and care for me express their affection to me and touch me. I ask that those involved in my medical care conduct themselves so that it is apparent that I am included in their love for all humanity, trying to make me aware of that love through any of my senses regardless of my condition. I particularly request that I not be isolated with silence when dying. I wish to be treated with human contact and stimulation and to receive continued contact designed to make or keep me comfortable. During such times as I am not physically or mentally capable of giving an informed consent, my Agent shall not have the authority to control access to me by my family or friends.

3.2 Home Care and Companionable Aid: If at all possible, I desire to be treated and/or be permitted to die at home with appropriate medical, nursing, social, and emotional support and any necessary medical or other equipment needed to keep me comfortable. If I must be placed in a nursing facility because my needs necessitate that placement, I desire at least twelve hours of companionable aid each day.

3.3 Life Sustaining Treatment.

Alternative One: I wish to live and enjoy life. However, if, in my agent's judgment, the burdens of proposed or continuing treatment outweigh the expected benefits, then I desire that all life sustaining treatment be withheld or withdrawn. I desire that my agent consider relief from suffering, preservation or restoration of functioning, and the quality as well as the extent of the life being preserved when decisions are made concerning life sustaining care, treatment, services, and procedures. Regarding the decision to withhold or withdraw life sustaining treatment, I desire that my agent act after allowing a reasonable period of time for observation and diagnosis.

Alternative Two: I wish to live and enjoy life. However, I do not wish to receive medical treatment which will only postpone the moment of my death from an incurable and terminal condition or will only prolong an irreversible coma. If I should have an incurable injury, disease, or illness certified by two physicians to be a terminal condition, and if the application of life sustaining procedures would serve only to artificially prolong the moment of my death, whether or not life sustaining procedures are utilized, then my agent may direct that all life sustaining treatment be withheld or removed. For purposes of this document, "terminal condition" shall refer to a condition that is reasonably expected to result in my death within twelve (12) months regardless of the treatment I may receive. If I am in an irreversible coma and have been for at least sixty (60) days, which two (2) physicians have diagnosed as irreversible (i.e., if there is no reasonable possibility that I will regain consciousness), then my agent may direct that all life sustaining treatment be removed or withheld. For purposes of this document, "irreversible coma" shall refer to a permanent loss of consciousness from which there is no reasonable possibility that I will return to a cognitive and sapient life, and shall include but not be limited to a persistent vegetative state. Regarding the decision to withhold or withdraw life sustaining treatment, I desire that my agent act after allowing a reasonable period of time for observation and diagnosis.

Alternative Three: I desire that my life be prolonged to the greatest extent possible without regard for my physical or mental condition, chance of recovery, likelihood of suffering, or expense, and I authorize my agent to consent to whatever medical procedures are necessary to accomplish this end.

Alternative Four: I have no specific desires concerning life sustaining treatment, and I trust that my agent will make decisions concerning life sustaining treatment in my best interests. Regarding the decision to withhold or withdraw life sustaining treatment, I desire that my agent act after allowing a reasonable period of time for observation and diagnosis.

3.4 Pain Relief.

Alternative One: I desire that my agent consent to and arrange for the administration of any type of pain relief, even though its use may lead to permanent damage or addiction, or may even hasten the moment of, but not intentionally cause, my death.

Alternative Two: I have no specific desires concerning the administration of pain relief, and I trust that my agent will make decisions concerning the administration of pain relief in my best interests.

3.5 Nutrition and Hydration.

Alternative One: If at any time life sustaining treatment is to be withdrawn or withheld, I desire that procedures (other than manual feeding) used to provide me with nourishment and hydration (including, for example, all forms of intravenous and parenteral feeding, and all forms of tube feeding) shall also be withheld or, if previously instituted, I desire that they be withdrawn.

Alternative Two: I generally wish to receive nutrition and hydration in all ways possible. But if I remain in a coma for sixty (60) days which two (2) physicians have diagnosed as irreversible (i.e., if there is no reasonable possibility that I will regain consciousness), my agent may direct that nutrition and hydration be discontinued by any artificial means so long as such means are not necessary for comfort or alleviation of pain. For purposes of this document, "irreversible coma" shall refer to a permanent loss of consciousness from which there is no reasonable possibility that I will return to a cognitive and sapient life, and shall include but not be limited to a persistent vegetative state.

Alternative Three: Regardless of my condition, I desire to receive nutrition and hydration in all ways possible.

Alternative Four: I have no specific desires concerning nutrition and hydration, and I trust that my agent will make decisions concerning nutrition and hydration in my best interests.

3.6 Autopsy.

Alternative One: I DO NOT give my agent the authority to authorize an autopsy under California Health and Safety Code Section 7113.

Alternative Two: I give my agent the authority to authorize an autopsy under California Health and Safety Code Section 7113.

3.7 Anatomical Gifts.

Alternative One: I give my agent the authority under the California Uniform Anatomical Gift Act to make a disposition of **[choose one]**

(1a) any needed part or organ **[or]** (1b) only the following parts or organs:

for **[choose one]**

(2a) any legally authorized purpose **[or]** (2b) transplant/therapeutic purposes only and not for research.

Alternative Two: I DO NOT give my agent the authority to make a disposition of parts of my body under the California Uniform Anatomical Gift Act.

Alternative Three: Notwithstanding any other provision in this document, my agent or any other individual, whether related to me or not, shall be PROHIBITED from making a disposition of parts of my body under the California Uniform Anatomical Gift Act.

3.8 Disposition of Remains.

Alternative One: I DO NOT give my agent the authority to direct the disposition of my remains under California Health and Safety Code Section 7100.

Alternative Two: I give my agent the authority to direct the disposition of my remains under California Health and Safety Code Section 7100 in accordance with my desires as expressed below. I want my remains disposed of as follows: **[insert instructions]**_____

OR

as set forth in a written contract with _____

WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE:

My agent's authority becomes effective when my primary physician determines that I am unable to make my own health care decisions unless I mark the following box.

If I mark this box , my agent's authority to make health care decisions for me takes effect immediately.