

# Specific Directives for My Health Care

*Approved by the Archdiocese of Dubuque's Medical-Moral Commission*

[Attach these instructions to your Advanced Medical Directives, Living Will, and Power of Attorney for Health Care]

## Chronic or Debilitating Conditions

These are my wishes if I am diagnosed with a serious chronic condition or a condition under which I will become progressively debilitated (this includes Parkinson's, Alzheimer's and other dementias, advanced age, prolonged unconsciousness, and/or a persistent or permanent vegetative state)...

### 1. *Cardio-pulmonary resuscitation*

- I do not wish to receive cardio-pulmonary resuscitation if my heart stops or I stop breathing as part of the natural dying process.  
 I wish to receive cardio-pulmonary resuscitation if my heart stops or I stop breathing as part of the natural dying process.

### 2. *Assisted nutrition and hydration*

- I desire that assisted nutrition and hydration should be used when I have need of it. However, I want assisted nutrition and hydration withheld or withdrawn if it cannot reasonably be expected to prolong my life, if it would be excessively burdensome for me, or if it would cause me significant physical discomfort.  
 I want assisted nutrition and hydration used indefinitely when I have need of it, provided it will succeed in providing nourishment to my body.

### 3. *Other types of health care interventions (such as, but not limited to, the use of antibiotics and other medications; being placed on a ventilator; surgery; blood transfusions; kidney dialysis; chemotherapy; hospitalization and or the level of critical care within a hospital)*

- I want other types of health care interventions which offer a reasonable hope of benefiting my health and/or contributing to my comfort but I do not want health care interventions which are not likely to be beneficial to me, and I do not want health care interventions which are excessively burdensome. If a health care intervention which has been started proves not to be beneficial or is excessively burdensome, I want it stopped.  
 I want all available health care interventions used to try to treat my condition.

### 4. *Pain management*

- I want my caregivers to relieve my pain as much as possible even if it means that I will be drowsy, sleep more than I would otherwise, or experience decreased mental lucidity, if this is the only way to relieve my pain and I have had the opportunity to carry out my duties in my relationships with others and to prepare spiritually for death.  
 I want my caregivers to relieve my pain but I also want to remain awake and as alert as possible even though I may still have some degree of pain and discomfort. However, if the pain becomes severe, I am willing to accept being drowsy, sleeping more than I would otherwise, or having decreased mental lucidity if this is the only way to relieve my pain and I have had the opportunity to carry out my duties in my relationships with others and to prepare spiritually for death.  I want my caregivers to relieve my pain but I always want to remain awake and as alert as possible, even though I may still have some pain and discomfort.

## Terminal Illness

These are my wishes if I am diagnosed with a terminal illness which is incurable and irreversible which will eventually cause my death (such as incurable cancer)...

### 1. *Cardio-pulmonary resuscitation*

- I do not wish to receive cardio-pulmonary resuscitation if my heart stops or I stop breathing as part of the natural dying process.  
 I wish to receive cardio-pulmonary resuscitation if my heart stops or I stop breathing as part of the natural dying process.

### 2. *Assisted nutrition and hydration*

- I desire that assisted nutrition and hydration should be used when I have need of it. However, I want assisted nutrition and hydration withheld or withdrawn if it cannot reasonably be expected to prolong my life, if it would be excessively burdensome for me, or if it would cause me significant physical discomfort.  
 I want assisted nutrition and hydration used indefinitely when I have need of it, provided it will succeed in providing nourishment to my body.

### 3. *Other types of health care interventions (such as, but not limited to, the use of antibiotics and other medications; being placed on a ventilator; surgery; blood transfusions; kidney dialysis; chemotherapy; hospitalization and or the level of critical care within a hospital)*

- I want other types of health care interventions which offer a reasonable hope of benefiting my health and/or contributing to my comfort but I do not want health care interventions which are not likely to be beneficial to me, and I do not want health care interventions which are excessively burdensome. If a health care intervention which has been started proves not to be beneficial or is excessively burdensome, I want it stopped.  
 I want all available health care interventions used to try to treat my condition.

(over)

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(Terminal Illness)

**4. Pain management**

- I want my caregivers to relieve my pain as much as possible even if it means that I will be drowsy, sleep more than I would otherwise, or experience decreased mental lucidity, if this is the only way to relieve my pain and I have had the opportunity to carry out my duties in my relationships with others and to prepare spiritually for death.
- I want my caregivers to relieve my pain but I also want to remain awake and as alert as possible even though I may still have some degree of pain and discomfort. However, if the pain becomes severe, I am willing to accept being drowsy, sleeping more than I would otherwise, or having decreased mental lucidity if this is the only way to relieve my pain and I have had the opportunity to carry out my duties in my relationships with others and to prepare spiritually for death.
- I want my caregivers to relieve my pain but I always want to remain awake and as alert as possible, even though I may still have some pain and discomfort.

**Other Incurable or Irreversible Conditions**

These are my wishes if I have any other incurable or irreversible medical condition that is expected to cause my death within a relatively short period of time...

1. *Cardio-pulmonary resuscitation*  I do not wish to receive cardio-pulmonary resuscitation if my heart stops or I stop breathing as part of the natural dying process.

I wish to receive cardio-pulmonary resuscitation if my heart stops or I stop breathing as part of the natural dying process.

**2. Assisted nutrition and hydration**

I am willing to forgo assisted nutrition and hydration as it is not likely to prolong my life or provide comfort.

I want assisted nutrition and hydration used until the time of my death, provided it will succeed in providing nourishment to my body.

**3. Other types of health care interventions (such as, but not limited to, the use of antibiotics and other medications; being placed on a ventilator; surgery; blood transfusions; kidney dialysis; chemotherapy; hospitalization and or the level of critical care within a hospital)**

I want to be kept comfortable and to allow natural death to occur. I do not want any other types of health care interventions used to try to extend my life. If life-prolonging treatments have been started, I want them stopped.

I want all available health care interventions used that might delay my death and extend my life for as long as possible.

**4. Pain Management**

I want my caregivers to relieve my pain as much as possible even if it means that I will be drowsy, sleep more than I would otherwise, or experience decreased mental lucidity, if this is the only way to relieve my pain and I have had the opportunity to carry out my duties in my relationships with others and to prepare spiritually for death. If I am experiencing extreme, intractable pain I may be sedated to the point of unconsciousness as a last resort.

I want my caregivers to relieve my pain but I also want to remain awake and alert as possible even though I may still have some degree of pain and discomfort. However, if the pain becomes severe I am willing to accept being drowsy, sleeping more than I would otherwise, or having decreased mental lucidity, if this is the only way to relieve my pain and I have had the opportunity to carry out my duties in my relationships with others and to prepare spiritually for death. If I am experiencing extreme, intractable pain I may be sedated to the point of unconsciousness as a last resort.

I want my caregivers to relieve my pain but I always want to remain awake and as alert as possible, even though I may still have some pain and discomfort.

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Print Your Name \_\_\_\_\_ Date \_\_\_\_\_

Your Signature \_\_\_\_\_

Witness 1 \_\_\_\_\_ Witness 2 \_\_\_\_\_

