

## OPTIONAL - ADDENDUM TO THE POWER OF ATTORNEY FOR HEALTH CARE

If I am in a terminal condition, a persistent vegetative state, or have advanced dementia or other similar mental incapacity or have a permanent disability that prevents me from communicating my wishes, I direct my Power of Attorney for Health Care to carry out my wishes. My wishes include:

Agree    Disagree

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do not use feeding tubes, including stomach tubes, nasogastric tubes, which are placed down the nose, or intravenous feedings, except to increase my comfort or reduce my pain.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do not perform any surgical procedures, except to increase my comfort or reduce my pain.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do not use antibiotics, except to increase my comfort or reduce my pain.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do not do any testing which may cause me any distress, except to increase my comfort or reduce my pain.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do not do any radiation or chemotherapy, except to increase my comfort or reduce my pain.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Do not use any resuscitation or advanced life support. This includes machines to help breathing or medications to maintain the heart and blood pressure.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do not do kidney dialysis, either peritoneal or hemodialysis.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Err on the side of over-medication rather than under-medication for pain, even if taking such may result in my death. For me, the goal of pain management is total relief of pain regardless of the risks.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Be an active advocate as my Power of Attorney for Health Care. Do not simply give in to decisions that physicians make. Ask questions and understand proposals, challenge assumptions and be prepared to say no to care which I would not want and to demand care that I would want. |
| <input type="checkbox"/> | <input type="checkbox"/> | Remember that I want to be an organ and tissue donor. If the requirements for organ donation conflict with my wishes above, I direct that such actions be taken so as to preserve organ function and permit organ donation to occur.   |

Describe the level of disability you are willing to accept \_\_\_\_\_

Other thoughts \_\_\_\_\_

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness Number 1 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness Number 2 \_\_\_\_\_ Date \_\_\_\_\_

**As used in this Addendum, I intend that the following terms have the following meanings:**

**Terminal Condition:** This is an incurable condition, caused by injury or illness, that will cause death in the near future, so that life-sustaining procedures only prolong the dying process.

**Persistent Vegetative State:** This is an incurable condition in which one loses the ability to think, speak and move purposefully but the heartbeat and breathing continue. Periods of sleep and wakefulness occur.

**Advanced Dementia/Senility:** This is severe incurable, progressive brain damage caused by strokes, injury, infection or Alzheimer's Disease, that leads to the loss of the ability to communicate with people, to recognize family and friends, and to provide for one's needs.