

COURAGEOUS conversations[®]

helping veterans leave their legacy



This book belongs to _____

Date _____

This manual includes a questionnaire to help you have Courageous Conversations, an advance directive document, and a list of most frequently asked questions about advance directives.

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Introduction

At the end of our lives, there will be many difficult decisions to be made concerning our healthcare and other important matters.

To assure that our wishes and concerns are known and honored, experts encourage us to have conversations with our loved ones about the end of life. In fact, various studies tell us that these conversations are even more important than completing living wills, treatment directives, and other such documents. Not only for ourselves, but to give peace of mind to those having to make decisions for us, it is important to talk about our end-of-life concerns and preferences.

However, for most of us, these are not easy conversations to have.

Program Beginnings

In the late 1990s, the Center for Practical Bioethics developed a very successful program to facilitate these conversations. It's called *Caring Conversations*®. The program's target audience is middle-aged and older women, because they are most often the caregivers and decision makers at the end of life. *Caring Conversations* and the tools associated with it are intentionally designed to appeal to that group.

The success of that program now leads us to take another approach – one targeted at men who served in World War II. We refer to this new program as *Courageous Conversations*®.

Our reasons for developing *Courageous Conversations* are straightforward. First is a strong sense of respect and obligation to the individuals who forfeited much of their youth to fight against totalitarianism and to preserve freedom for all of us – freedom that spills over into and enhances every aspect of our lives, even the healthcare decisions we make. Second is the harsh reality that an

estimated 1,500 World War II veterans die in the U.S. every day – more than half a million each year.

If we are to honor these people with our work, the time is now.

To inform and guide our work, we asked six WWII veterans for their help. All six live in a retirement community in the Midwest. All six are insightful, healthy, and vibrant. All are married and have children and grandchildren. They volunteered their time to help us. Community service is just as important to them as golf.

Although bound by significant life experiences, they are different in many ways. One is writing a book; another is struggling to care for his beloved wife recently diagnosed with Alzheimer's; and one does beautiful woodcarvings.

Without exception they all made light of their military experience: "We just did what we had to do." "There is nothing special about us." "There are no heroes here."

At our first meeting, each of them indicated that they were not interested in talking about the war. Craig Wilson, a writer for USA Today, captured the attitude of these men in a story about his own father, in which he said: "My dad was a veteran of WWII, but when I was growing up, he never talked much about his war experiences. It was as if those four years of his life were his alone, something he didn't want to share with any of us. I don't think that was rare among the men of his generation" (USA Today - 23 May 2001).

However, as we talked, they let bits and pieces slip out.

One told about being pinned down in a minefield in the south Pacific. He had tears in his eyes as he said they lost more than 70



percent of their platoon. Another said he went to only one military reunion and left early because “they weren’t talking about the war I fought in – they were talking about old John Wayne movies.”

There were recurring themes in our conversations. These are proud individuals. All of them want to be remembered as vibrant and in control. They talked easily about funeral arrangements, but had difficulty projecting themselves into scenarios that might include incapacity and prolonged dying. The idea of their children and grandchildren being close to them as they die did not appeal to them. When asked how the children will learn compassion, one responded, “From their mother.”

We were surprised that all six had made advance directives. When it was pointed out that this alone made them an exceptional group, one said maybe we were talking to the wrong people. We don’t think so. In fact, we think we were talking to “experts.”

Using This Book

The following workbook is intended to help individuals think about matters that may be important to them and their loved ones at the end of life. It reflects priorities provided by the group with whom we worked.

It is not essential to answer every question. It is important, however, to answer from a personal perspective and to be as self-disclosing as possible. Some questions may seem redundant; ignore those that you feel you have already answered.

This program is designed to encourage you to complete the workbook in a way that is appropriate and comfortable for you. It may take more than one effort to complete it. Advance care planning is a process, not a one-time event. Use it as a tool to open the door to courageous conversations with your spouse, children, grandchildren, and significant

others, including physicians and clergy if appropriate.

Remember, too, that your values may change and that it is important to revisit these questions from time to time. On each page there is a place where you can note that you have reviewed your thoughts by initialing and dating the page. You can change any response at any time. Simply initial and date any changes that you make.



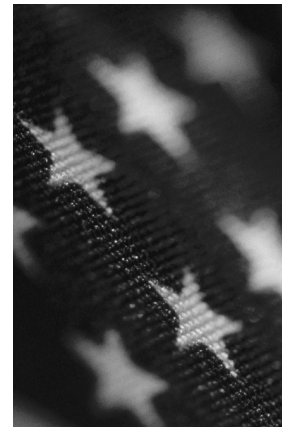
Why Should You Do This?

The veterans who worked on this project gave simple, straightforward answers when asked why it is important to communicate about end-of-life matters:

- “It is important to take care of business.”
- “At the end, you want to make it easy for others.”
- “It’s my duty to do this.”
- “When it is all said and done, I don’t want my family to have any regrets.”

When all is said and done, taking care of business, duty, and making it easier for others are important goals. We hope you will add your personal reasons to this list.

My Courageous Conversations Workbook



Things I Want Others to Know

About Me Personally:

How I hope to be remembered by my family and others: _____

Things that have given my life joy and meaning: _____

Things that I wish I had done differently and for which I ask forgiveness: _____

About My Spiritual or Religious Beliefs

My spiritual or religious life can best be described as: _____

About My Business Affairs

(Please include location of any important documents you mention.)

My social security number is _____

My financial assets include the following:

Bank accounts: _____

(Bank accounts, continued) _____

Insurance policies and names of beneficiaries: _____

Retirement and pension benefits: _____

Veterans' benefits to which I am entitled: _____
(If you have a copy of your DD214 indicate where it can be located)

Professionals who have assisted me with my business and personal matters, for example, lawyers, financial planners, accountants (Provide contact information):

Burial policies or prepaid funeral arrangements: _____



About My Healthcare Preferences

If you could no longer swallow, would you want to be fed artificially, for example, by tube? _____



Would you want treatments that might prolong your life if you were . . .
(circle your responses)

1. No longer able to think for yourself?

Yes

No

2. Comatose and not likely to regain consciousness?

Yes

No

3. Terminally ill or near death?

Yes

No

4. Of very advanced age?

Yes

No

Comments: _____

Where do you want to be when you die?

(For example, at home, in the hospital, in the nursing home, other)

Do you want to have hospice care at the end of life? _____

(Information about hospice care is in the back of this workbook.)

Do you want to donate your organs and tissue? _____

Do you wish to donate your body to science for medical education/
research? (If yes, do you have a specific institution to which you wish to
make this donation?) _____



Would you agree to an autopsy? _____

(Note that there are times when for public health reasons, the coroner may require an
autopsy. but usually it is a matter to which one's surrogate or family would be asked to
consent.)

Who would you like to serve as your decision maker if you can no longer make your
own decisions?

(List name, address, phone number and e-mail address. Be sure to discuss this
decision with the person you wish to act as your surrogate and ask him or her to
accept this responsibility. Then complete a durable power of attorney, giving this
person legal authority to act for you with regard to healthcare decisions only.)

If the first person you named to act on your behalf cannot be located or is unable or
unwilling to participate, who would you ask to make decisions for you?

(Again, list the person's name, telephone number and address, and be sure to
designate this person as an alternate in your durable power of attorney for health
care decisions.)

Arrangements and Services following My Death

Funeral/burial arrangements:

I wish to be ____ buried, ____ cremated, or ____ to donate my body to science. (Check only one.)

The kind of service I would like to have is this: (examples: a military service, a memorial service at a convenient time, a traditional funeral in a church or synagogue, a service at the funeral home):

I would like for the visitation to be held at _____

I would like for the following person(s) to preside at my service:

Others I wish to have involved in my service (e.g., pallbearers, vocalists, eulogists):

Special things I wish to be part of my service (e.g., scripture, fraternal order rituals, military recognition):



I want to be buried or have my ashes scattered at _____

I would like the following information included in my obituary:

Family: _____

Education: _____

Military Service: _____

Community Service and Volunteer Activities:

Religious Affiliation: _____

Memorial Requests (e.g.,charitable contributions in lieu of flowers):

Other: _____

Conclusion

It is our hope that this workbook and accompanying documents will provide men, including military veterans, the tools to handle this important aspect of their lives. It is different from its sister program, *Caring Conversations*, but supports the same goal of planning and communicating one's wishes regarding end-of-life care.

Courageous Conversations was shaped by what we heard from veterans who served their country in WWII and want to finish out their lives with dignity and honor.

We encourage those who complete this workbook to also complete a Healthcare Treatment Directive and Durable Power of Attorney (see pp. 19-20).



Durable Power of Attorney and Healthcare Directive

Advance directive is a general term used in this workbook to describe both a Durable Power of Attorney for Healthcare Decisions and a Healthcare Directive. It is a term also used to refer to living wills and informal directives people may set down in letters or conversations.

An advance directive allows you to communicate your healthcare preferences when you can no longer make or communicate your own decisions. The U.S. Supreme Court has recognized that adults with decision-making capacity have a constitutional right to refuse any medical treatment, including ventilators and feeding tubes, and to name an agent to act on their behalf. State laws also support advance care planning.

The advance directive included in this workbook (see pp. 00-00) has been developed to help you document your wishes about healthcare. It has two parts:

1. Durable Power of Attorney for Healthcare Decisions: a document that allows you to name a person to make healthcare decisions for you.
2. Healthcare Directive: a document that allows you to state in advance your wishes regarding the kind of healthcare treatment you want when you cannot make or communicate these decisions.

You may complete one or more of these documents. They will be more helpful and informative if you discuss your wishes with your family, friends, and healthcare providers as part of your advance care planning.

The Benefit of Communication

The greatest benefit of your advance directive is its power to communicate your wishes. Discuss your advance directive with your doctor, and make your wishes about healthcare known to family, friends, clergy, and your attorney (if you have one), and others whom you trust to carry out your wishes.

Completing the *Courageous Conversations* workbook first will make this process easier. It provides an opportunity for you to identify and communicate your goals and values. Discuss the workbook with those who care for you.

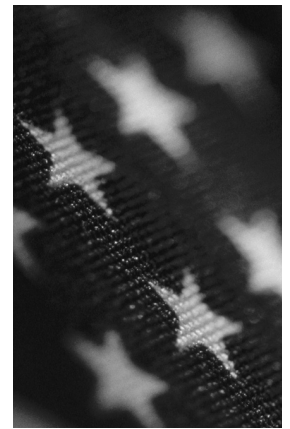
Frequently Asked Questions about Advance Directives

1. What is an advance directive?

Usually an advance directive is composed of two parts: the appointment of an agent to make healthcare decisions for you when you are unable to make these decisions for yourself (a durable power of attorney for healthcare decisions; and a description of the kind of medical treatment you want when you are facing serious illness (e.g., a living will or healthcare treatment directive).

2. Do I need both a Durable Power of Attorney for Healthcare Decisions and a Healthcare Directive?

While it is useful, it is not necessary to have both. However, situations may arise that your Healthcare Treatment Directive does not cover. To anticipate such events, you should name a person (agent) you can trust to make decisions for you. Be sure to discuss your *Courageous Conversations* workbook (if you have one) and your Healthcare Treatment Directive with your agent.



3. How is your Healthcare Treatment Directive different from a living will?

The Healthcare Treatment Directive is similar to a living will because it is a signed, dated, and witnessed document that allows you to state in advance your wishes regarding treatment when you are seriously ill or at the end of your life. The difference is that most living wills apply only when you are terminally ill. The Healthcare Treatment Directive becomes effective whenever you lose your ability to make and communicate decisions.

4. How is the Durable Power of Attorney for Healthcare Decisions different from other powers of attorney?

Powers of attorney usually address business and financial matters, and are no longer effective when you lose decisional capacity unless they are “durable.” A Durable Power of Attorney for Healthcare Decisions allows you to name a person (agent) to make healthcare decisions for you. It takes effect only when you lose the ability to make or communicate your own decisions. Some people choose to name separate agents for business and healthcare decisions and must use separate documents to do so. The document in this book addresses healthcare matters only.

5. Whom should I name as my agent?

It is important that you name a person as your agent who knows your goals and values and whom you trust to carry out your wishes. You may name a family member, but it is not necessary to do so. You might choose your spouse, an adult child, or a close friend or other loved one. Be sure to talk with your agent about your wishes in detail and confirm that he or she agrees to act on your behalf. If you have completed a *Courageous Conversations* workbook, share it with your agent.

6. If I have already completed a living will, or other advance directive, do I need a Healthcare Treatment Directive or Durable Power of Attorney for Healthcare Decisions?

Your living will may not be as comprehensive as the Healthcare Treatment Directive, and may not allow you to name an agent. If you decide to complete the Healthcare Treatment Directive or Durable Power of Attorney for Healthcare Decisions, notify persons to whom you have distributed your living will and give them a copy of your new advance directive. It is always a good idea to review any previously completed documents and discuss any needed changes with your healthcare providers.

7. Do I need an attorney to make a Healthcare Treatment Directive or a Durable Power of Attorney for Healthcare Decisions?

No. However, you may want to discuss your advance directive with your attorney, if you have one.

8. Do advance directives need to be witnessed or notarized?

Yes. Witnessing and notarizing requirements vary from state to state and from document to document. States typically require witnessing by two adults, and they may limit who may witness. Some states disqualify persons as witnesses who are related to you, who will inherit from you, or for whom you are financially responsible. Because of state-to-state differences, it is a good idea to have advance directives both witnessed and notarized.



9. Does the federal privacy rule known as HIPAA affect the ability of the agent I appoint as my durable power of attorney for healthcare to make healthcare decisions for me?

HIPAA does not apply to patients. People acting as agents under durable powers of attorney for healthcare have the same rights as the patients who appointed them. Therefore, HIPAA does not impede an agent's ability to make healthcare decisions.

Furthermore, HIPAA allows "covered entities" such as hospitals and nursing homes, to use or disclose the information contained in your durable power of attorney for healthcare document to help identify, locate, and notify your agent that he or she is needed.

10. What effect does HIPAA have on my healthcare directive?

HIPAA prohibits "covered entities," such as hospitals and nursing homes, from making unauthorized disclosures of "protected health information." When a copy of your healthcare directive is placed in your medical record, it becomes part of the protected health information. However, because HIPAA authorizes covered entities to disclose relevant protected health information to family members, other relatives, or close friends who are involved with a patient's care, HIPAA should not have any effect on your healthcare directive.

Giving copies of your healthcare directive to everyone who might advocate for your healthcare further ensures that HIPAA won't be an obstacle. You may make and distribute as many copies of your healthcare directive as you want.

11. What do I do with my completed advance directive?

Make copies of your advance directive to provide to any agent(s) named in your Durable Power of Attorney for Healthcare

Decisions and other appropriate individuals (i.e., physicians, family, friends, clergy, and attorney).

- Discuss the details of your advance directive with these individuals.
- Ask your physician to make it part of your permanent medical record.
- Whenever you are hospitalized, take a copy with you.
- You may also want to register your advance directive with an online repository (e.g., uslivingwillregistry.com) so that your agent or healthcare providers can retrieve it electronically.

12. When does my advance directive go into effect?

So long as you can make decisions, it is both your right and your responsibility to make your own decisions. Your advance directive goes into effect only when you are no longer able to make or communicate your decisions.

13. How long will my advance directive be effective?

As a general rule, your advance directive is effective until the time of your death. We recommend that you review your advance directive periodically, especially when there is a change in your health status. Date and initial it following every review, and discuss any changes with your family, friends, and physician.

If you appoint an agent in a Durable Power of Attorney for Healthcare Decisions document, your agent can, in conformity with state law, make a few decisions following your death, for



example, decisions about an autopsy, organ and tissue donation, and the disposition of your body.

14. May I change or revoke my healthcare directive?

Yes, you may change or revoke it at any time, either verbally or in writing.

15. Will my advance directive be valid in another state?

Yes, especially if it is both notarized and witnessed. The right to make an advance directive has been constitutionally affirmed.

16. Can I expect healthcare providers to carry out the directions in my advance directive?

Yes, you should expect that your directions will be carried out. Healthcare providers have both legal and ethical duties to respect patient directions, whether verbal or written, within any limitations of state law.

However, your directive is more likely to be known and honored if you have named an agent to act on your behalf. If your directive is not being honored, your agent or loved ones should ask for help from an ethics committee, social worker, chaplain or ombudsman.

17. Will my advance directive be honored in an emergency situation?

Depending on your condition and orders written by your doctor and available to first responders, your advance directive may not be honored in an emergency. However, after the emergency situation has passed, your agent will be able to make your advance directive known to the healthcare providers who will continue to care for you.

18. Will my advance directive prevent me from getting cardiopulmonary resuscitation (CPR) if my heart stops, or I stop breathing?

Not in most cases. A very specific document called a Do Not Resuscitate order (DNR order) must be authorized by your doctor for responders not to attempt resuscitation. We recommend that you discuss this serious matter with your doctor.



If your advance directive addresses the subject of resuscitation, it may be used as evidence of your consent to a DNR order during times of incapacity.

19. Can my advance directive or decisions made by my agent be overridden by my family members?

Advance directives and decisions made by an appointed agent are morally and legally binding. In practice, however, they are not always honored. The best assurance that they will not be overridden is conversation about these matters with your family and healthcare providers. Instruct your agent to use your healthcare

treatment directive as a guideline. He or she may have to make decisions for you in clinical situations that you have not anticipated.

20. Can someone else complete an advance directive for me without my participation?

No, an advance directive is your statement of your preferences.

21. May I request that tube feedings be withheld or withdrawn?

Yes. A clear and specific request in your advance directive should be honored, and may be required in some states.

22. May I state my wishes for donating organs or tissues in my advance directive?

Yes. You may also want to complete an organ donor card, and discuss your wishes with your loved ones. In some cases, state law may limit the power of your agent once you have died.

23. How can I describe what an “acceptable quality of life” means to me?

There is no right answer to this question; however, here are some things to consider:

- What is your own “bottom line”? Under what circumstances would dying naturally be preferable to sustaining life?
- Do religious values influence your treatment decisions? (If so, how?)
- How important is it for you to be able to care for yourself?
- What kind of living environment would you be willing to accept?
- How important is it to you to be able to recognize family and friends?

Conclusion

We encourage you to complete the *Courageous Conversations* workbook and to have conversations about your preferences with those who care for you. You can indicate that you have done so in the “acceptable quality of life” section of your advance directive.

The time you take now to express your choices regarding end-of-life care will give you peace of mind and ease the burden on your loved ones.

Information about Hospice Benefits

When medical science can no longer add more days to life, hospice care can add more life to each day.



Hospice Care’s Goal

- To manage pain and other symptoms, enabling patients to spend their final days in dignity, at home or in a homelike setting.

Hospice Care’s Principles

- Supports people during the dying process – neither hastens death nor prolongs life.
- Hospice does not employ artificial life-support systems or medical heroics when there is no reasonable hope of recovery or disease remission.
- Most hospice patients have a life expectancy of six months or less; many die in only a few weeks; many die at home.
- Ninety percent of hospice care is provided in the comfort of home without upsetting institutional smells, noises, and schedules.
- Services are provided with the cooperation of both healthcare professionals and trained volunteers.
- With hospice care, patients are not isolated from family and friends in an institutional setting.

- A caring environment at home surrounded by family members helps to counteract the patient's fear of dying.
- Provides a wide spectrum of compassionate services to help terminally ill patients and their families cope.

Services from Medicare-certified Hospices

- Physician care
- Nursing care, including 24-hour palliative care
- Medication, including outpatient medication for pain relief symptom management
- Physical, occupational, and speech therapy
- Home health-aide and homemaker services for personal care
- Medical supplies and appliances related to the terminal illness
- Nutritional counseling
- Spiritual and other counseling
- Continuous care during crisis periods
- Trained volunteers to sit with the patients and provide companionship
- Bereavement preparation and after-death care for the family, including help with legal and funeral arrangements
- Within the Medicare hospice program, patients forgo the most aggressive care for their terminal illness in exchange for palliative care services not covered as part of the standard benefit.

- Hospice services are available for patients of all ages with an end-stage disease, including heart, lung, renal, and neurological disorders, as well as patients with AIDS and elderly people suffering with cancer.



Hospice Support

- Hospices ease the pain and fear of dying felt by the entire family.
- Hospice staff are specially trained to deal with the loneliness and fears felt by both patients and loved ones.
- No other healthcare resource offers dying patients and their families the sensitivity and range of services available from hospice.

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Pain Management Information

Questions to Ask Your Doctor

The Pain Problem. People with serious illnesses face many challenges. One they fear most is pain. But pain does not have to be a part of being very sick. Most people, even those living with cancer, can have their pain controlled with simple, cost-

effective treatment. If you have a serious disease, you can improve your chances of good pain relief by getting all the facts about your diagnosis and treatment, asking good questions and following up with your doctor.

Getting Ready

Getting good pain relief is a challenge that is well worth the effort. Begin by talking with your doctor or nurse about your pain and other symptoms. Your report of pain is essential to good pain management. Be prepared to answer these questions:

- Where is the pain?
- When did it start?
- When do you get the pain? Is it constant or does it come and go?
- What does it feel like? Use words like sharp, stabbing, dull, aching, burning, tingling, deep, pressing, etc.
- How intense is it? Mild, moderate, severe? Rate it on a scale from zero (no pain) to 10 (the worst pain you can imagine).
- Is your pain better or worse than the last visit?
- What makes it worse? (moving, coughing, or walking?)
- How is pain affecting your sleep? Mood? Daily activities?
- What makes it better? (medicine, lying down, music, heat or cold?)
- Don't delay! A pain emergency is difficult to manage. Pain is easier to treat when it is mild than when it is severe.

Ten Questions to Ask Your Doctor

Don't hesitate to ask lots of questions about your pain. Controlling pain is an important part of your care. Ask your doctor and nurse to explain:

1. What is causing my pain?
2. What is the treatment plan?
3. What are the benefits of this approach?
4. What are the negative side effects? (sleepiness, itching, nausea, constipation) How long will they last? How are they treated?
5. What should I monitor and call you about?
6. What should I do if my pain worsens?
7. When will you check again to see how I am responding to this treatment plan?
8. What is the cost of this medication?
9. Is there a lower-cost option?
10. Are there other useful approaches? Can I use complementary treatments such as relaxation and breathing exercises, massage or cold and heat packs?



If the treatment plan recommended by your regular doctor does not help, ask for a referral to a pain specialist or pain clinic. These specialists have up-to-date training in this new field.

Facts and Myths about Pain Treatment
Myths and fears about pain medicines should not keep someone who is seriously ill from getting good pain relief.

Myth: I may become “hooked” or “addicted” to pain medicine.

Fact: Studies show that patients being treated for pain very rarely become addicted to their pain medications. Sometimes a person’s body will get used to the pain medicine and require a larger dose. This is common, and it is called tolerance. Talk to a doctor or pain specialist if this happens. The doctor may increase the level of medication or switch to another type.

Myth: People get morphine only when they are dying.

Fact: The amount of pain determines which medicine to use. If morphine or a similar strong pain medicine is offered, don’t panic. Some people never need morphine. Others will require it for quite a while. Morphine does not shorten life.

“Pain: Questions to ask your doctor,” was adapted with permission from the “Rhode Island Consumer Guide to Pain,” written by Joan M. Teno, M.D., Associate Professor of Community Health and Medicine, Brown University Center for Gerontology and Health Care Research; and the “Pain Action Guide,” American Pain Foundation, Baltimore, MD.

Durable Power of Attorney for Healthcare Decisions

■ **Take a copy of this with you whenever you go to the hospital or on a trip** ■

It is important to choose someone to make healthcare decisions for you when you cannot make or communicate decisions for yourself. Tell the person you choose what healthcare treatments you want. The person you choose will be your agent. He or she will have the right to make decisions for your healthcare. If you DO NOT choose someone to make decisions for you, write NONE on the line for the agent's name.

I, _____, SS# _____ (optional), appoint the person named in this document to be my agent to make my healthcare decisions.

This document is a Durable Power of Attorney for Healthcare Decisions. My agent's power shall not end if I become incapacitated or if there is uncertainty that I am dead. This document revokes any prior Durable Power of Attorney for Healthcare Decisions. My agent may not appoint anyone else to make decisions for me. My agent and caregivers are protected from any claims based on following this Durable Power of Attorney for Healthcare. My agent shall not be responsible for any costs associated with my care. I give my agent full power to make all decisions for me about my healthcare, including the power to direct the withholding or withdrawal of life-prolonging treatment, including artificially supplied nutrition and hydration/tube feeding. My agent is authorized to

- Consent, refuse, or withdraw consent to any care, procedure, treatment, or service to diagnose, treat, or maintain a physical or mental condition, including artificial nutrition and hydration;
- Permit, refuse, or withdraw permission to participate in federally regulated research related to my condition or disorder
- Make all necessary arrangements for any hospital, psychiatric treatment facility, hospice, nursing home, or other healthcare organization; and, employ or discharge healthcare personnel (any person who is authorized or permitted by the laws of the state to provide healthcare services) as he or she shall deem necessary for my physical, mental, or emotional well-being;
- Request, receive, review, and authorize sending any information regarding my physical or mental health, or my personal affairs, including medical and hospital records; and execute any releases that may be required to obtain such information;
- Move me into or out of any State or institution;
- Take legal action, if needed;
- Make decisions about autopsy, tissue and organ donation, and the disposition of my body in conformity with state law; and
- Become my guardian if one is needed.

In exercising this power, I expect my agent to be guided by my directions as we discussed them prior to this appointment and/or to be guided by my Healthcare Directive (*see reverse side*).

If you DO NOT want the person (agent) you name to be able to do one or other of the above things, draw a line through the statement and put your initials at the end of the line.

Agent's name _____ Phone _____ Email _____
 Address _____

*If you do **not** want to name an alternate, write "none."*

Alternate Agent's name _____ Phone _____ Email _____
 Address _____

Execution and Effective Date of Appointment

My agent's authority is effective immediately for the limited purpose of having full access to my medical records and to confer with my healthcare providers and me about my condition. My agent's authority to make all healthcare and related decisions for me is effective when and only when I cannot make my own healthcare decisions.

SIGN HERE for the *Durable Power of Attorney* and/or *Healthcare Directive* forms. Many states require notarization. It is recommended for the residents of all states. Please ask two persons to witness your signature who are not related to you or financially connected to your estate.

Signature _____ Date _____
 Witness _____ Date _____ Witness _____ Date _____

Notarization:

On this _____ day of _____, in the year of _____, personally appeared before me the person signing, known by me to be the person who completed this document and acknowledged it as his/her free act and deed. IN WITNESS WHEREOF, I have set my hand and affixed my official seal in the County of _____, State of _____, on the date written above.

Notary Public _____
 Commission Expires _____

