

ADVANCE MEDICAL DIRECTIVE

I, _____, hereby state that this is my ADVANCE MEDICAL DIRECTIVE. This ADVANCE MEDICAL DIRECTIVE expresses, and shall stand for, my wishes regarding medical treatments in the event that illness, injury, or other events should make me unable to communicate them directly. I make this ADVANCE MEDICAL DIRECTIVE, being of legal age, of sound mind, and appreciating and understanding the consequences of my decisions, further intending such to "supplement" and "compliment" my Durable Non-Statutory Power of Attorney that relates to Health Care Matters.

SITUATION (A)

PERSISTENT VEGETATIVE STATE & IRREVERSIBLE COMA

If I (1) have an "incurable or irreversible condition" and (2) am in "permanent unconsciousness" [being a coma, persistent vegetative state (PVS), or condition that will last permanently, without improvement] and, (3) in the opinion of my physician and at least one other medical service provider, the illness, injury, or condition is such that (i) there is no reasonable prospect of cure or recovery, (ii) it will cause my death even if life-sustaining treatment is initiated or continued, (iii) the condition imposes severe pain or otherwise imposes an inhumane burden on me, or (iv) the condition is such that initiating or continuing life-sustaining treatment would provide only minimal "medical benefit" [meaning a chance to cure or reverse a condition], then my wishes regarding use of the following would be:

1. **CARDIOPULMONARY RESUSCITATION:** If on the point of dying the use of drugs, chest compression, intubation, invasive line, and/or electric shock to start the heart beating, and artificial breathing.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
2. **MECHANICAL BREATHING:** Breathing by a machine.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
3. **ARTIFICIAL NUTRITION:** Nutrition and fluids given for sustenance through a tube in the veins, nose, or stomach.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
4. **MAJOR SURGERY:** Such as removing the gall bladder or part of the intestines.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
5. **KIDNEY DIALYSIS:** Cleaning the blood by machine or by fluid passed through the belly.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
6. **CHEMOTHERAPY:** Drugs to fight cancer.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
7. **MINOR SURGERY:** Such as removing some tissue from an infected toe.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
8. **INVASIVE DIAGNOSTIC TESTS:** Such as using a flexible tube to look into the stomach.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial, if no clear improvement, stop treatment
9. **BLOOD OR BLOOD PRODUCTS:**
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
10. **ANTIBIOTICS:** Drugs to fight infection.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
11. **SIMPLE DIAGNOSTIC TESTS:** Such as blood tests or x-rays.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
12. **PAIN MEDICATIONS, EVEN IF THEY DULL CONSCIOUSNESS AND INDIRECTLY SHORTEN LIFE:**
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
13. **HYDRATION:** Fluids necessary to relieve discomfort; often given through a tube in the veins, nose, or stomach.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment

SITUATION (B)

VERY UNLIKELY THAT COMA IS REVERSIBLE

If I am in a coma, and I have a small likelihood of recovering fully, a slightly larger likelihood of surviving with permanent brain damage, and a much larger likelihood of dying, then my wishes regarding the use of the following, if considered medically reasonable and effective, would be:

1. **CARDIOPULMONARY RESUSCITATION:** If on the point of dying the use of drugs, chest compression, intubation, invasive line, and/or electric shock to start the heart beating, and artificial breathing.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
2. **MECHANICAL BREATHING:** Breathing by a machine.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
3. **ARTIFICIAL NUTRITION:** Nutrition and fluids given for sustenance through a tube in the veins, nose, or stomach.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
4. **MAJOR SURGERY:** Such as removing the gall bladder or part of the intestines.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
5. **KIDNEY DIALYSIS:** Cleaning the blood by machine or by fluid passed through the belly.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
6. **CHEMOTHERAPY:** Drugs to fight cancer.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
7. **MINOR SURGERY:** Such as removing some tissue from an infected toe.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
8. **INVASIVE DIAGNOSTIC TESTS:** Such as using a flexible tube to look into the stomach.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial, if no clear improvement, stop treatment
9. **BLOOD OR BLOOD PRODUCTS:**
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
10. **ANTIBIOTICS:** Drugs to fight infection.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
11. **SIMPLE DIAGNOSTIC TESTS:** Such as blood tests or x-rays.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
12. **PAIN MEDICATIONS, EVEN IF THEY DULL CONSCIOUSNESS AND INDIRECTLY SHORTEN LIFE:**
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
13. **HYDRATION:** Fluids necessary to relieve discomfort; often given through a tube in the veins, nose, or stomach.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment

SITUATION (C)

TERMINAL ILLNESS & DEMENTIA/DISEASE

If I have brain damage or some brain disease or dementia such as Alzheimer's or a stroke which cannot be reversed and which makes me unable to recognize people, or to speak understandably, and I also have a terminal illness or condition, such as incurable cancer, which without treatment will likely be the cause of my death, then my wishes regarding use of the following, if considered medically reasonable and effective, would be:

1. **CARDIOPULMONARY RESUSCITATION:** If on the point of dying the use of drugs, chest compression, intubation, invasive line, and/or electric shock to start the heart beating, and artificial breathing.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
2. **MECHANICAL BREATHING:** Breathing by a machine.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
3. **ARTIFICIAL NUTRITION:** Nutrition and fluids given for sustenance through a tube in the veins, nose, or stomach.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
4. **MAJOR SURGERY:** Such as removing the gall bladder or part of the intestines.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
5. **KIDNEY DIALYSIS:** Cleaning the blood by machine or by fluid passed through the belly.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
6. **CHEMOTHERAPY:** Drugs to fight cancer.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
7. **MINOR SURGERY:** Such as removing some tissue from an infected toe.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
8. **INVASIVE DIAGNOSTIC TESTS:** Such as using a flexible tube to look into the stomach.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
9. **BLOOD OR BLOOD PRODUCTS:**
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
10. **ANTIBIOTICS:** Drugs to fight infection.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
11. **SIMPLE DIAGNOSTIC TESTS:** Such as blood tests or x-rays.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
12. **PAIN MEDICATIONS, EVEN IF THEY DULL CONSCIOUSNESS AND INDIRECTLY SHORTEN LIFE:**
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
13. **HYDRATION:** Fluids necessary to relieve discomfort; often given through a tube in the veins, nose, or stomach.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment

SITUATION (D)

SENILE DEMENTIA/ALZHEIMER'S OR BRAIN DAMAGE AND NO TERMINAL ILLNESS

If I have brain damage or some brain disease or dementia (for example, severe or late-stage Alzheimer's disease or a severe stroke) which is progressive or which cannot be reversed and which makes me unable to recognize people, or to speak understandably, but I have no terminal illness, and I can live in this condition for a long time, then my wishes regarding use of the following, if considered medically reasonable and effective, would be:

1. **CARDIOPULMONARY RESUSCITATION:** If on the point of dying the use of drugs, chest compression, intubation, invasive line, and/or electric shock to start the heart beating, and artificial breathing.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
2. **MECHANICAL BREATHING:** Breathing by a machine.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
3. **ARTIFICIAL NUTRITION:** Nutrition and fluids given for sustenance through a tube in the veins, nose, or stomach.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
4. **MAJOR SURGERY:** Such as removing the gall bladder or part of the intestines.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
5. **KIDNEY DIALYSIS:** Cleaning the blood by machine or by fluid passed through the belly.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
6. **CHEMOTHERAPY:** Drugs to fight cancer.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
7. **MINOR SURGERY:** Such as removing some tissue from an infected toe.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
8. **INVASIVE DIAGNOSTIC TESTS:** Such as using a flexible tube to look into the stomach.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
9. **BLOOD OR BLOOD PRODUCTS:**
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
10. **ANTIBIOTICS:** Drugs to fight infection.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
11. **SIMPLE DIAGNOSTIC TESTS:** Such as blood tests or x-rays.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
12. **PAIN MEDICATIONS, EVEN IF THEY DULL CONSCIOUSNESS AND INDIRECTLY SHORTEN LIFE:**
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment
13. **HYDRATION:** Fluids necessary to relieve discomfort; often given through a tube in the veins, nose, or stomach.
 - A. I want
 - B. I do not want
 - C. I am undecided
 - D. I want a trial; if no clear improvement, stop treatment

In witness whereof I have affixed my signature and seal this _____ day of _____, 20__.

WITNESSES (optional)

Physician Statement (Optional):

I, Dr. _____, being the physician for _____, do hereby acknowledge that I [] have been given a copy of his Advance Medical Directive, [] have answered the questions of _____, and [] hereby agree to abide by his wishes.

Dated: _____

Signature of Physician

Attachment & Exhibit

ORGAN & TISSUE DONATION DIRECTIVE

1. I Wish to / Do NOT Wish to . . . be an "organ" donor - liver, heart, lungs, kidneys, pancreas, and/or small intestine.
2. I Wish to / Do NOT Wish to . . . be a "tissue" donor – corneas, skin, cartilage, tendons, ligaments, bone, veins, heart valves, middle ear, blood stem cells.
3. I Wish to / Do NOT Wish to . . . donate my body to medical research.
4. I Have Signed / Have NOT Signed . . . an Organ Donor Card or indicated my wishes on my Driver's License.
5. I Have Registered / Have NOT Registered . . . with the Illinois Secretary of State's "First-Person Consent Organ and Tissue Donor Registry Program" or any other program, hospital, provider, or Donor Registry.

6. I have registered the following persons in the Illinois Secretary of State's "Emergency Contact Database":

Name	Relationship	Telephone Number(s)
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7. I have the following wishes concerning this:

Dated: _____, 20__

