



INSTRUCTIONS FOR COMPLETING THE STATEMENT OF WISHES

FAQ's

- **Do I need to fill out the Statement of Wishes?** No. If you complete your state form, Advanced Health Care Directive, and feel it covers the areas you are concerned with, you do not need to complete it. You may also find areas where the document choices conflict between these forms. Answer the questions on the form that best suits your needs.
- **Do I have to answer the Advanced Health Care Directive questions?** No.
- **Why can't I see my Advanced Health Care Directions?** Be sure you answered yes to the first question in the health care sections- "Will your client provide specific health care directions for their agent?"
- **I signed a DNR before a hospital procedure. Is this still effective?** If you signed a DNR before a surgical procedure, check with the facility or surgeon to determine whether it was temporary and expired after your release from care.

Before You Begin

While documents may vary significantly by state, there are only two basic schools of thought regarding your providing specific health care instructions. Begin by determining which best describes you:

- 1) You have named the people you know who will make the right choice for you and don't feel you need to outline every situation. You trust them to do what is in your best interest. Or you've already communicated certain wishes to the people named on your health care documents. If this is you, **STOP HERE**, you don't need to fill out the following form.

- 2) When you are in a position where you cannot speak for yourself, you want to. Or you have yet to provide details for others on your specific wishes and would like to do so now. If this is you, **CONTINUE.**

This form has three sections: End-of-Life Decisions, Anatomical Gifts at Death, and Other Wishes.

The section regarding end-of-life decisions can evoke some strong feelings. Below are a few helpful considerations.

1. You will be kept alive if there is reasonable hope of full recovery. A medical facility can let you die, but they cannot kill you.
2. You should talk with your loved ones about your feelings here.
3. If you fail to address all possible scenarios, that's okay! There are too many variables to account for all the possible scenarios we may face.

Section One

End-of-Life Decision:

If you select any of the “Not to Prolong Life” options (which are often referred to as “pulling the plug”), there are two broad circumstances where this action is considered. (1) When a person is in a state of permanent unconsciousness; and (2) When a person has a terminal condition.

- To Prolong Life
 - Take all measures to keep my life going under any circumstance.
- Not to Prolong Life – Any Circumstances:
 - Do not prolong my life if I am permanently unconscious OR have a terminal condition.
- Not to Prolong Life – Permanently Unconscious:
 - Do not prolong my life if I am permanently unconscious. Prolong my life if I have a terminal condition.
- Not to Prolong Life – Terminal Condition:
 - Do not prolong my life if I have a terminal condition. Prolong my life if I am permanently unconscious.
- Other:
 - Please enter your answer in the plan notes area or be prepared to fill in your answer while signing your Estate Plan.

Artificial Nutrition and Hydration:

Receiving artificial nutrition and hydration can prolong your life. Depending on your wishes, this could be a good or bad thing.

- To receive artificial nutrition and hydration indefinitely.
- To receive artificial nutrition and hydration indefinitely unless it increases my suffering and is no longer in my best interest.
- To receive artificial nutrition and hydration on a limited trial basis to see if I can improve.

- I do NOT wish to receive artificial nutrition and hydration.
- Other: Please enter your answer in the plan notes area or be prepared to fill in your answer while signing your Estate Plan.

Relief from Pain:

- To always have adequate relief from pain, alleviating pain and discomfort.
- Other:

Select to have adequate treatment for pain relief at all times (even if it hastens your death) or “Other.”

Section Two

Anatomical Gifts at Death:

To Give the Following Gifts (select all that apply):

- Organs, Tissue, All Body Parts
- Other:

Here, you state what parts of your body, if any, you want to give. We see most people fall into the following camps:

- “I don’t need it anymore” or “I doubt they want any of my stuff, but they can have it.”
 - If this sounds like you, select “Organs, Tissues, and All other body parts.”
- “I don’t want to be a cadaver on some med student’s table.” –
 - If this sounds like you, you might select “Organs” or “Refuse to make an anatomical gift.”
- “I only want to give my...” or “I only want to give if...”
 - If this sounds like you, select “Other” and enter your answer in the plan notes area if you already know what you want, or be prepared to fill in your answer while signing your Estate Plan.

To give those gifts for the following purposes (Select All that apply):

- Transplant, Therapy, Research, Education, All the Above
- Other:

Please note- While these terms are used in many states, the meaning of each can vary. i.e., State legislatures have defined “Therapy” in 12 different ways. Some states do not allow you to have a preference regarding whom can receive the anatomical gifts. However, if you have strong feelings about this, do not hesitate to convey them in the form.

Here, you state why you would want gifts given. We see most people fall into the following camps:

- “I don’t care what they use them for. I will be gone.”

- If this sounds like you, select “Transplant, Therapy, Research, Education, or All.”
- “If something usual about my health or death could save others, then...”
 - If this sounds like you, select “Research and Education.”
- “Don’t put me under a microscope, but I’d save someone's life or help them if I can.”
 - If this sounds like you, select “Transplant and Therapy.”
- “I only want to do this if...”
 - If this sounds like you, select “Other” and enter your answer in the plan notes area if you already know what you want, or be prepared to fill in your answer while signing your Estate Plan.

Section Three

Other Wishes:

Physical Health Treatments- I want the following physical treatments:

- Okay with whatever needs to be done.
- Don’t want any Physical Health Treatments.
- My Healthcare Agent or attending physician may decide.
- Other:

The most common answer is, “My Health Care Agent or attending physician may decide.”

Some examples of physical health treatments include CPR, mechanical breathing, major surgery, kidney dialysis, chemotherapy, diagnostic tests, antibiotics, blood products, etc.

Mental Health Treatment- I want the following mental health treatments:

- Okay with whatever needs to be done.
- Don’t want any Mental Health Treatments.
- My Healthcare Agent or attending physician may decide.
- Other:

The most common answer is, “My Health Care Agent or attending physician may decide.”

Some examples of mental health treatments include admission to and retention at a mental health facility, psychotropic medications, and electroconvulsive treatment.

Autopsy:

Here, you state whether you want an autopsy or your agent to decide.

- Yes
- No
- My Health Care Agent may decide.
- Other:

The most common answer is, “My Agent may decide.”

Some people have strong feelings about this for religious or personal reasons.

Funeral and Burial:

- Buried
- Cremated
- My Health Care Agent may decide.
- I have prepaid funeral arrangements and will include those instructions with my plan.
- Other:
 - If you know your preference but have not made prepaid arrangements, select “Burial” or “Cremation.”
 - If you do not have a preference or prepaid arrangements and are comfortable with your agent deciding, select “My Agent may decide.”
 - If you have made prepaid arrangements, select this to make others aware, AND include those documents with your estate plan.

Do Not Resuscitate Directive (DNR):

Please state if you have a formal Do Not Resuscitate Directive (DNR).

- I Have a DNR
- I DO NOT Have a DNR

The documents you are completing here DO NOT constitute a DNR. This is something that must be completed with your physician.