

ADDENDUM TO THE ADVANCE DIRECTIVE
of
****CLIENT**

MY HEALTH CARE STATEMENT OF BELIEFS

My philosophy regarding the health care decisions I would make, if I were able to participate in medical treatment decisions, is based on my belief that life is a gift from God and in the inherent value of human life. It is my desire that all reasonable efforts be made to sustain my life and health.

I believe that death is the normal end of earthly life, and that God takes life by his decision. Therefore, I reject any attempt to end my life when God would sustain, regardless of any diminished state of quality of my life, even if I have a disability. Similarly, I reject any attempt to lengthen my life when it is clear God intends to take it.

Optional: [I believe life begins at conception. Therefore, if I have been diagnosed as pregnant any my physician knows of this diagnosis, I request that every effort be made to save the life of my unborn child in full recognition that two lives are at stake, both equal in value and worthy of protection.]

HEALTH CARE DIRECTIVES

1. I direct my health care agent to consent to the following health care:
 - (a) Health care that is intended to relieve pain or to make me comfortable.
 - (b) Health care to cure or improve any physical or mental condition which can be cured or improved. This includes health care that is intended to be used temporarily or because it is potentially effective.

2. My health care agent has no authority to consent to any act or omission intended to cause or hasten my death.

3. I instruct my health care agent to ensure that my attending physician and other health care providers provide my health care based on my health care philosophy and my health care directives as set forth in this document.

4. Should it become clear that God wishes to take my life, namely that I am diagnosed to have a terminal illness or injury where death is imminent, I direct that life-sustaining procedures be withheld or withdrawn, and that I be permitted to die in God's time. I do not give consent for the withholding or withdrawal of nutrition or hydration, even if I am diagnosed to have a terminal illness or injury, if doing so would cause my death by starvation or dehydration rather than from the terminal condition or injury.

5. If God allows the quality of life to be diminished but gives me strength to continue living for an indeterminant amount of time, I request that reasonable care be administered to me to sustain my life and ease discomfort as much as possible.

EXCEPTIONS TO HEALTH CARE DIRECTIVES

1. My health care agent may refuse consent to health care that would not be effective in terms of my survival.

2. If I have an incurable terminal illness or injury where I am in the final stages of dying, and it is medically certain that my death will occur within hours or a few days, my health care agent may consent to the withholding or withdrawal of any health care that is not intended to relieve pain or make me comfortable.

3. If I have an incurable terminal illness or injury, and it is medically certain that my death will occur within six (6) months, my health care agent may consent to the withholding or withdrawal of life-sustaining health care. However, I still desire health care for easily treatable acute and chronic condition, and health care that is intended to relieve pain or make me comfortable.

4. If I have a total, chronic and irreversible loss of consciousness, and this condition has been diagnosed with medical certainty by two physicians, one of whom is my attending physician, and the other is an expert in diagnosing my condition, my health care agent may consent to the withholding or withdrawal of life-sustaining health care. However, I still desire health care for easily treatable acute and chronic conditions, and health care that is intended to relieve pain or make me comfortable.

NUTRITION AND HYDRATION (FOOD AND FLUIDS)

1. I believe that nutrition and hydration are basic human needs which should be provided to me even though providing them may require medical expertise and technology.

2. A feeding tube may only be withheld or withdrawn from me if:

- (a) I have an incurable terminal illness or injury where I am in the final stage of dying, and it is medically certain that my death will occur within hours or a few days, and
- (b) The withholding or withdrawal of the feeding tube would not result in my death from malnutrition or dehydration, or complications of malnutrition or dehydration, rather than from my underlying terminal illness or injury.

MY STATEMENT OF BELIEFS

1. I believe life is a gift of God (Psalm 139:13-18; Jeremiah 1:5) and that our times - birth and death - are in his hands (Deuteronomy 32:39; Job 1:21; Psalm 31:15).
2. I believe that because of sin, death has become an intrusion upon life and is the normal end of earthly life (Genesis 3:19; Romans 5:12; 6:23; Hebrews 9:27).
3. I believe eternal life is God's free gift because Jesus' perfect life and sacrificial death paid for my sins (John 3:16; Romans 6:23).
4. I believe that God takes life by his decision and therefore I reject any attempt to lengthen my life when it is clear God intends to take it (Psalm 78:18-22; Matthew 4:7).
5. I reject any attempt to end my life when God would sustain, regardless of any diminished state of quality to my life (Genesis 9:6).

Dated: _____

****Client**