

## **SUPPLEMENT TO THE ADVANCE DIRECTIVE**

**of**

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I, \*\*\*, being of sound mind, have executed an Advance Directive. I am now signing this Supplement to that document for the purpose of expanding upon the specific terms in that document and to help my family, friends and advisors to understand my wishes and to relieve any party responsible for my care of the emotional burden of making these important decisions for me.

If the time comes when I can no longer take part in decisions for my own welfare, and if there is no reasonable expectation of my recovery from physical or mental disability (including but not necessarily limited to my being in a permanent vegetative or brain dead condition), I request that I be allowed to die and not be kept alive by artificial means or heroic measures. The withdrawal of artificially administered nutrition and hydration (food and water) is within this purview. I make this decision because I fear the indignity of deterioration, dependence and hopeless pain more than death itself.

I ask that treatment be limited to measures to keep me comfortable and to relieve pain, and that drugs be administered mercifully for terminal suffering, even if they hasten the moment of my death. The quality of my life is crucial in determining what medical treatment I will accept and when medical treatment should be withdrawn from me. Maintaining mere biological or vegetative existence is not a valid goal of my medical treatment. The indignities and dehumanization of being maintained in a state of permanent unconsciousness are degrading, demeaning, without dignity, and worse than death. No one else's opinion of what would be an acceptable quality of life for me is relevant. The exclusive focus of medical treatment for me should be on the probability that it will benefit me. A negligible statistical possibility of benefit to someone in my condition should be ignored in evaluating my medical treatment. To be justified, medical treatment should provide me with either: 1) a reasonable expectation of a remission of symptoms enabling me to return to my normal functioning existence; or 2) a significant relief from pain.

I also perceive no legal, moral, or ethical distinction between withholding life sustaining treatment and withdrawing it, the mechanical administration of respiration, the artificial administration of hydration and nutrition, and any other treatment that prolongs the process of dying through mechanical or pharmaceutical means when the body is no longer able to perform a vital bodily function on its own. I regard the artificial administration of nutrition and hydration as medical care, not nursing care, even if it is required for my comfort or to alleviate pain. Death by starvation or thirst after a short period of deprivation of nutrition and hydration is unpleasant to contemplate; being maintained indefinitely as a vegetable is infinitely worse. I am not persuaded that the deprivation of nutrition and hydration would be painful particularly if I were in a permanent state of unconsciousness. I am persuaded that appropriate pain control medication could eliminate any pain that might be caused by withholding or withdrawing nutrition and hydration.

One of my primary purposes in executing this Supplement is to assure that I will die as painlessly as possible. I am advised that allowing a patient to experience unbearable pain or suffering is unethical medical practice. I want to receive all medical treatment necessary to alleviate physical and mental pain and suffering. I believe that the proper dose of pain

medication is the dose that is sufficient to relieve pain and suffering, even to the point of unconsciousness.

Although I do not wish to go to a nursing home or similar facility, I also do not wish to be a burden to my agents or other loved ones. My intent in executing this document is to give my agents maximum flexibility in insuring that I am cared for. Therefore, I request that my agents perform whatever actions are best in providing for me. If my agents feel that it is best for my care that I enter a nursing home, then I do not intend for my agents to feel that they are prohibited from taking such actions.

Another primary purpose of this document is to insure that I get to stay at home until I die, if that is what I wish, if that is what my agents want and if it is not a burden to my agents or others for me to die at home. It is also my intention that I NOT be medically treated if my agent or agents feel that treatment is futile or only prolonging my dying process. When I am unable to make or enforce my medical care decisions, I want and give to my agent(s) absolute power and authority relating to my personal care, medical care and everything else.

This Supplement expresses my legal right to refuse treatment. Therefore, I expect my family, doctors, and everyone concerned with my care to regard themselves as legally and morally bound to act in accord with my wishes, and in so doing to be free of any legal liability for having followed my directions. Although my legally enforceable rights are superior to those of my relatives and friends, and I recognize that the decisions expressed in this Supplement will have significant effect on them, I want to spare them the *prolonged and anguished vigil* that could be caused by my long drawn out death and its debilitating effects on them. One of my other motivations in executing this Supplement is to try to relieve them of some of the guilt and anxiety they would feel if I did not fully express my directions and they would have to make the decisions which I have already made. This Supplement is a solemn pronouncement of what I intend to be *clear and convincing* evidence of how and under what foreseeable circumstances I want to exercise my enforceable rights to determine the course of my own medical treatment and to decide what treatment I will accept and decline. This Supplement expresses my personal treatment preferences. The fact that I may have also executed a document in the form recommended by state law should not be construed to limit or contradict this Supplement.

Signed: \_\_\_\_\_  
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Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_