

## **Suggested Additional Statements for Your Power of Attorney for Health Care Document\***

Listed below are suggested topics to discuss with your health care agent. You can also include your choices in the “Special Provisions” section of the Wisconsin Power of Attorney for Healthcare. It is essential that you discuss your choices with your health care agent (and health care providers) while you are competent so that they fully understand what you want them to do.

Even if you do not complete a Power of Attorney for Healthcare, it is important to discuss these issues with family and close friends. Without a Power of Attorney, a guardian may need to be appointed to make health care decisions for you. A guardian can follow your wishes, but only if your wishes are known.

### **Your wishes on the Removal of Life Sustaining Procedures**

1. I do not wish to be kept alive on life-sustaining procedures. My health care agent may determine the timing of the discontinuation of treatment.
2. My health care agent may make any decisions needed about life support procedures, including the decision to discontinue artificial nutrition and hydration and other treatments.
3. I do not wish to be kept alive on artificial life-sustaining equipment, including nutrition or hydration, if these procedures would only serve to prolong the dying process or maintain me in a persistent vegetative state.
4. Do not start or continue life-sustaining procedures if my condition is stable and full independent functional capacity is not expected to return.
5. I do not want my life to be artificially or forcibly prolonged, unless there is some hope that both my physical and mental health may be restored.
6. I wish all artificial nutrition and dehydration removed except the kind and amount needed to prevent stressful dehydration of the mouth and skin, so as to maximize comfort and minimize nursing care.

### **Your Wishes of the Continued Use of Life-Sustaining Equipment**

1. I wish that all life-sustaining equipment and artificial and hydration be used for as long as possible.
2. I wish that any medical treatment that will prolong my life be used, including chemotherapy, radiation treatment kidney dialysis and artificial nutrition and hydration.

### **Your Wishes on Time Constraints**

1. If I should be in a coma for at least \_\_\_\_\_ days and the coma is certified to be irreversible by the physician, I direct that all life sustaining equipment, including artificial nutrition and hydration be removed.

### **Your Wishes on Resuscitation and Other Heroic Measures**

1. Do not start or continue life-sustaining procedures if my condition is stable and full independent functional capacity is not expected to return.
2. If death is imminent, I want respiration discontinued and no CPR.

### **Your Wishes on Organ Donation**

1. My agent may not donate any organs under any circumstances.
2. My agent may authorize organ donations and autopsy
3. I wish to donate my entire body to medical research.

### **Your Wishes on Nursing Home Placement**

1. I would prefer not to be placed in a nursing home (and/or community-based residential facility) unless it is absolutely necessary and all community resources have been exhausted.
2. I prefer to stay in my own home as long as possible.
3. I prefer to go to a nursing home rather than impose on my children.

### **Your Wishes on Preferred Physician And/Or Long-Term Care Facility**

1. If consistent with my medical treatment, I would prefer to be treated at \_\_\_\_\_ hospital.
2. I prefer to be treated by Physician \_\_\_\_\_, if at all possible.
3. If it were necessary for me to be placed in a nursing home, I would prefer (or prefer to avoid) \_\_\_\_\_ Nursing Home.

### **Your Wishes on Revocation of Prior Living Wills**

1. I revoke any prior executed living will executed on \_\_\_\_\_ (date, if available). My health care agent can make the decision to withhold or withdraw life-sustaining procedures.
2. I authorize my health care agent to make all decisions not already covered in my living will so as to cover those conditions where I am not terminally ill and/or my death is not imminent, as well as all procedures not covered by my living will.

### **Your Wishes on the Use of Experimental Drugs and Treatment**

1. I wish my health care agent to authorize all experimental drugs and treatment available which are supervised by a licensed health care professional.
2. I wish no AZT or other experimental drugs or experimental procedures if these procedures would only serve to prolong the dying process or maintain me in a vegetative state.
3. I authorize my health care agent to disclose my condition and prognosis only to my health care providers and X, Y and Z.
4. I wish my health care agent to authorize all comfort measures, including narcotics, to the extent necessary to alleviate all of my pain, regardless of the possibility of addiction.

### **Your Wishes on the Alleviation of Pain**

1. My desire is that pain should be alleviated to the extent possible, even though its use may lead to physical damage, addiction or even hasten (but not cause) death.

### **Your Wishes on Religious Preferences**

1. I wish to be treated at a (Catholic, Lutheran, etc.) nursing home or hospital, it at all possible.
2. I wish to have religious services provided to me once a week, even if I am unable to fully participate.
3. In the event of a terminal or life-threatening situation, I wish to receive my last rites.
4. I wish to be visited by my minister/priest/pastor on a regular basis.

### **Your Wishes Regarding Visitation**

1. I wish that only X, Y and Z be allowed to visit me.
2. I want all visitors to be able to visit me, unless inconsistent with my medical treatment.

### **Your Wishes on Consultation**

1. I would like my health care agent to consult with \_\_\_\_\_ before making any of my health care decisions.
2. I wish my health care agent to keep my children informed of my health care condition.

\* Adapted from CWAG, Coalition of Wisconsin Aging Groups