

TEXAS DIRECTIVE TO PHYSICIANS AND FAMILY OR SURROGATES

Think about what makes your life worth living and the type of care you want at the end of your life.

STEP 1: Determine your choices if you have six months to live.

If your doctor determines because of your condition that you are likely to pass away in the next six months - regardless of treatment - choose **one** of the following:

Request all treatments be discontinued or withheld except those to keep me comfortable and allow me to die as gently as possible

OR

Request that I be kept alive in this terminal condition using available life-sustaining treatment.

▶ *Initial next to your choice*

STEP 2: Determine your choices if you have an irreversible condition.

If your doctor determines that you have an irreversible condition so that you cannot care for or make decisions for yourself - choose **one** of the following:

Request all treatments other than those needed to keep me comfortable be discontinued or withheld and allow me to pass away as gently as possible

OR

Request that I be kept alive in this irreversible condition using available life-sustaining treatment

▶ *Initial next to your choice*

STEP 3: Consider writing down other treatments you do or do not want.

Think about whether you want treatments such as CPR, breathing machines, or artificial nutrition. Talk with your nurses, social workers or doctors about what the likely success, failure or complications of these treatments might be. Think about whether it is important for you to die in the hospital or at home.

▶ *Place these under Additional Requests*

STEP 4: Sign and date the form.

STEP 5: Have two witnesses sign and date the form.

Please note that at least **one** of the two witnesses may not:

- be your health care agent
- be related to you by blood or marriage
- be entitled to get any part of your estate following your death
- be your attending physician or an employee of that physician
- be involved in providing direct patient care
- be an officer, director, partner or business office employee of the health care facility

OR if you do not have two witnesses, a notary public may sign on

STEP 6: Make copies of this form and give them to your health care agent, your doctor, and other individuals involved in your care.

STEP 7: Discuss your choices with your health care agent, your doctor, and your loved ones.

INSTRUCTIONS FOR COMPLETING THIS DOCUMENT:

This is an important legal document known as an Advance Directive. It is designed to help you communicate your wishes about medical treatment at some time in the future when you are unable to make your wishes known because of illness or injury. These wishes are usually based on personal values. In particular, you may want to consider what burdens or hardships of treatment you would be willing to accept for a particular amount of benefit obtained if you were seriously ill.

You are encouraged to discuss your values and wishes with your family or chosen spokesperson, as well as your physician. Your physician, or other health care provider, or medical institution may provide you with various resources to assist you in completing your advance directive. Brief definitions are listed at the end of this document and may aid you in your discussions and advance planning. Initial the treatment choices that best reflect your personal preferences. Provide a copy of your directive to your physician, usual hospital, and family or spokesperson. Consider a periodic review of this document. By periodic review, you can best assure that the directive reflects your preferences.

In addition to this advance directive, Texas law provides for two other types of directives that can be important during a serious illness. These are the Medical Power of Attorney and the Out-of-Hospital Do-Not-Resuscitate Order. You may wish to discuss these with your physician, family, hospital representative, or other advisors. You may also wish to complete a directive related to the donation of organs and tissues.

DIRECTIVE

I, _____ (insert your name), recognize that the best health care is based upon a partnership of trust and communication with my physician. My physician and I will make health care decisions together as long as I am of sound mind and able to make my wishes known. If there comes a time that I am unable to make medical decisions about myself because of illness or injury, I direct that the following treatment preferences be honored:

If, in the judgment of my physician, I am suffering with a terminal condition from which I am expected to die within six months, even with available life-sustaining treatment provided in accordance with prevailing standards of medical care:

_____ I request that all treatments other than those needed to keep me comfortable be
Initials discontinued or withheld and my physician allow me to die as gently as possible;

OR

_____ I request that I be kept alive in this terminal condition using available life-sustaining
Initials treatment (THIS SECTION DOES NOT APPLY TO HOSPICE CARE).

If, in the judgment of my physician, I am suffering with an irreversible condition so that I cannot care for myself or make decisions for myself and am expected to die without life-sustaining treatment provided in accordance with prevailing standards of medical care:

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_____ I request that all treatments other than those needed to keep me comfortable be
Initials discontinued or withheld and my physician allow me to die as gently as possible;

OR

_____ I request that I be kept alive in this irreversible condition using available life-sustaining
Initials treatment (THIS SECTION DOES NOT APPLY TO HOSPICE CARE).

ADDITIONAL REQUESTS: (After discussing with your physician, you may wish to consider listing particular treatments in this space that you do or do not want in specific circumstances, such as artificial nutrition and fluids, intravenous antibiotics, etc. Be sure to state whether you do or do not want the particular treatment). _____

After signing this directive, if my representative or I elect hospice care, I understand and agree that only those treatments needed to keep me comfortable would be provided and I would not be given available life-sustaining treatments.

If I do not have a Medical Power of Attorney, and I am unable to make my wishes known, I designate the following person(s) to make treatment decisions with my physician compatible with my personal values:

1. _____
2. _____

(If a Medical Power of Attorney has been executed, then an agent already has been named and you should not list additional names in this document)

If the above persons are not available, or if I have not designated a spokesperson, I understand that a spokesperson will be chosen for me following standards specified in the laws of Texas. If, in the judgment of my physician, my death is imminent within minutes to hours, even with the use of all available medical treatment provided within the prevailing standard of care, I acknowledge that all treatments may be withheld or removed except those needed to maintain my comfort. I understand that under Texas law this directive has no effect if I have been diagnosed as pregnant. This directive will remain in effect until I revoke it. No other person may do so.

Signature _____ Date _____

City, County, State of Residence _____

Two competent adult witnesses must sign below, acknowledging the signature of the declarant. The witness designated as Witness 1 may not be a person designated to make a treatment decision for the patient and may not be related to the patient by blood or marriage. This witness may not be entitled to any part of the estate and may not have a claim against the estate of the patient. This witness may not be the attending physician or an employee of the attending physician. If this witness is an employee of a health care facility in which the patient is being cared for, this witness may not be involved in providing direct patient care to the patient. This witness may not be an officer, director, partner, or business office employee of a health care facility in which the patient is being cared for or any parent organization of the health care facility.

Witness 1

Witness 2

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DEFINITIONS:

“Artificial nutrition and hydration” means the provision of nutrients or fluids by a tube inserted in a vein, under the skin in the subcutaneous tissues, or in the stomach (gastrointestinal tract).

“Irreversible condition” means a condition, injury, or illness:

1. That may be treated, but is never cured or eliminated;
2. That leaves a person unable to care for or make decisions for the person’s own self; and
3. That, without life-sustaining treatment provided in accordance with the prevailing standard of medical care, is fatal.

Explanation: Many serious illnesses such as cancer, failure of major organs (kidney, heart, liver, or lung), and serious brain disease such as Alzheimer’s dementia may be considered irreversible early on. There is no cure, but the patient may be kept alive for prolonged periods of time if the patient receives life-sustaining treatments. Late in the course of the same illness, the disease may be considered terminal when, even with treatment, the patient is expected to die. You may wish to consider which burdens of treatment you would be willing to accept in an effort to achieve a particular outcome. This is a very personal decision that you may wish to discuss with your physician, family, or other important people in your life.

“Life-sustaining treatment” means treatment that, based on reasonable medical judgment, sustains the life of a patient and without which the patient will die. The term includes both life-sustaining medications and artificial life support such as mechanical breathing machines, kidney dialysis treatment, and artificial hydration and nutrition. The term does not include the administration of pain management medication, the performance of a medical procedure necessary to provide comfort care, or any other medical care provided to alleviate a patient’s pain.

“Terminal condition” means an incurable condition caused by injury, disease, or illness that according to reasonable medical judgment will produce death within six months, even with available life-sustaining treatment provided in accordance with the prevailing standard of medical care.

Explanation: Many serious illnesses may be considered irreversible early in the course of the illness, but they may not be considered terminal until the disease is fairly advanced. In thinking about terminal illness and its treatment, you again may wish to consider the relative benefits and burdens of treatment and discuss your wishes with your physician, family, or other important persons in your life.