MY MEDICAL DIRECTIVE

This Medical Directive expresses, and shall stand for, my wishes regarding medical treatments in the event that illness should make me unable to communicate them directly. I make this Directive, being 18 years or more of age, of sound mind, and appreciating the consequences of my decisions.

SITUATION A

If I am in a coma or a persistent vegetative state and, in the opinion of my physician and several consultants, have no known hope of regaining awareness and higher mental functions no matter what is done, then my wishes regarding use of the following, if considered medically reasonable, would be:

SITUATION B

If I am in a coma and, in the opinion of my physician and several consultants, have a small likelihood of recovering fully, a slightly larger likelihood of surviving with permanent brain damage, and a much larger likelihood of dying, then my wishes regarding use of the following, if considered medically reasonable, would be:

SITUATION C

If I have brain damage or some brain disease that in the opinion of my physician and several consultants cannot be reversed and that makes me unable to recognize people or to speak understandably, *and I also have a terminal illness*, such as incurable cancer, that will likely be the cause of my death, then my wishes regarding use of the following, if considered medically reasonable, would be:

SITUATION D

If I have brain damage or some brain disease that in the opinion of my physician and several consultants cannot be reversed and that makes me unable to recognize people or to speak understandably, *but I have no terminal illness*, and I can live in this condition for a long time, then my wishes regarding use of the following, if considered medically reasonable, would be:

	Situation A				Situation B				Situation C				Situation D			
	I want	I want treatment tried. If no clear improvement, stop.	I am undecided	I do not want	I want	I want treatment tried. If no clear improvement, stop.	I am undecided	I do not want	I want	I want treatment tried. If no clear improvement, stop.	I am undecided	I do not want	I want	I want treatment tried. If no clear improvement, stop.	I am undecided	I do not want
Cardiopulmonary Resuscitation: if at the point of death, using drugs and electric shock to keep the heart beating; artificial breathing.		Not applicable				Not applicable				Not applicable				Not applicable		
Mechanical Breathing: breathing by machine.																
Artificial Nutrition and Hydration: giving nutrition and fluid through a tube in the veins, nose, or stomach.																
Major Surgery, such as removing the gall bladder or part of the intestines.		Not applicable				Not applicable				Not applicable				Not applicable		
Kidney Dialysis: cleaning the blood by machine or by fluid passed through the belly.																
Chemotherapy: using drugs to fight cancer.																
Minor Surgery, such as removing some tissue from an infected toe.		Not applicable				Not applicable				Not applicable				Not applicable		
Invasive Diagnostic Tests, such as using a flexible tube to look into the stomach.		Not applicable				Not applicable				Not applicable				Not applicable		
Blood or Blood Products, such as giving transfusions.																
Antibiotics: using drugs to fight infection.																
Simple Diagnostic Tests, such as performing blood tests or x-rays.		Not applicable				Not applicable				Not applicable				Not applicable		
Pain Medications, even if they dull consciousness and indirectly shorten my life.		Not applicable				Not applicable										