

Advanced Directive for Healthcare

I, _____ of _____
Name Address

being of sound mind, do state the following as my advance directive concerning my medical care. understand that as a competent adult I have the right to make decisions about my healthcare and I wish to do so. I want to participate in my own medical care as long as I am able, but I recognize that an accident or illness may someday make me unable to do so. If the time comes when I can no longer take part in decisions concerning my health and medical care, I would like this statement to be utilized as an expression of my wishes to guide those who will subsequently be involved in my care.

If I should be in an incurable or irreversible mental or physical condition with no reasonable expectation or recovery, I direct my attending physician to withhold or withdraw treatment that merely prolongs my dying. I further direct that treatment be limited to measures to keep me comfortable and to relieve pain.

I especially do not want (optional) examples: cardiac resuscitation, mechanical respiration, artificial fluids/feeding, organ donation, etc.)

In the event my wishes are not clear, or a situation arises which I did not anticipate, I designate the following person to act on my behalf, as my healthcare representative:

Name _____ Address _____
Relationship _____

If the person named above (is unable to act on my behalf, I authorize the following to do so:
Name _____ Address _____
Relationship _____

I understand the purpose and effect of this document and sign it knowingly, voluntarily, and after careful deliberation.

Signature _____ Date _____
Address _____

WITNESSES: I declare that the person who signed this document did so in my presence and appears to be of sound mine and free of duress or undue influence. I am 18 years of age or older.

1. Witness _____ Address _____
Signature _____ Date _____
2. Witness _____ Address _____
Signature _____ Date _____

Keep the signed original with your personal papers at home. Give signed copies to doctors, family and your healthcare representative. Review your Advance Directive from time to time, initial and date it to show it still represents your intent.



The Right to Make Healthcare Decisions in New Jersey

This sheet explains your rights to make decisions about your own health care under NJ law. It also tells you how to plan ahead for your health care if you become unable to decide for yourself because of an illness or accident. It contains a general statement of your rights and some common questions and answers.

Your Basic Rights:

You have the right to receive and understandable explanation from your doctor of your complete medical condition, expected results, benefits and risks of treatment recommended by your doctor, and reasonable medical alternatives. You have the right to accept or refuse any procedure or treatment used to diagnose or treat your physical or mental condition, including life-sustaining treatment. You also have the right to control decisions about your health care in the event you become unable to make your own decisions in the future by completing an advance directive.

What Happens If I'm Unable to Decide About My Health Care?

If you become unable to make treatment decisions, due to illness or an accident, those caring for you will need to know about your values and wishes in making decisions on your behalf. That's why it's important to write an advance directive.

What is An Advance Directive?

An advance directive is a document that allows you to direct who will make health care decisions for you and to state your wishes for medical treatment if you become unable to decide for yourself in the future. Your advance directive may be used to accept or refuse any procedure or treatment, including life-sustaining treatment

What types of Advance Directives Can I Use?

There are three kinds of advance directives that you can use to say what you want and who you want your doctors to listen to:

1. a **Proxy Directive** (also called a "durable power of attorney for health care) lets you name a "health care representative", such as a family member or friend, to make health care decisions on your behalf.
2. an **Instructive Directive** (also called a "living will") lets you state what kinds of medical treatments you would accept or reject in certain situations.
3. a **Combined Directive** lets you do both. It lets you name a health care representative and tells that person your treatment wishes.

Who Can Fill Out These Forms?

You can fill out an advance directive in NJ if you are 18 years or older and you are able to make your own decisions. You do not need a lawyer to fill it out.

Who Should I Talk To About Advance Directive?

You should talk to your doctor about it and give a copy to him or her. You should also give a copy to your health care representative, family member(s), or others close to you. Bring a copy with you when you must receive care from a hospital, nursing home, or other health care agency. Your advance directive becomes part of your medical records.



What If I Don't Have An Advance Directive?

If you become unable to make treatment decisions and you do not have an advance directive, your close family members will talk to your doctor and in most cases, may then make decisions on your behalf. However, if your family members, doctor, or other caregivers disagree about your medical care, it may be necessary for a court to appoint someone as your legal guardian. (This also may be needed if you do not have a family member to make decisions on your behalf). If you are age 60 or older, and you become unable to decide for yourself, it may also be necessary that the Ombudsman for the Institutionalized Elderly review a decision to forego life-sustaining treatment. That's why it's important to put your wishes to refuse life-sustaining treatment; he or she may have your care transferred to another professional who will carry them out.

Will My Advance Directive Be Followed?

Yes. Everyone responsible for your care must respect your wishes that you have stated in your advance directive. However, if your doctor, nurse or other professional has a sincere objection to respecting your wishes to refuse life-sustaining treatment, he or she may have your care transferred to another professional who will carry them out.

What If I Change My Mind?

You can change or revoke any of these documents at a later time.

Will I Still Be Treated If I Don't Fill Out An Advance Directive?

Yes. You don't have to fill out any forms if you don't want to and you will still get medical treatment. Your insurance company also cannot deny coverage based on whether or not you have an advance directive.

What Other Information and Resources are Available to Me?

A free copy of the Booklet, "Advanced Directives for Health Care," by the NJ Bioethics Commission and endorsed by the state Division on Aging can be obtained by calling 609-451-8000 ext. 357.

Seniors can consult their family attorneys or Senior Citizens Advocate Centers for advice on getting living wills completed.