

## ADVANCE DIRECTIVE AND MEDICAL POWER OF ATTORNEY INSTRUCTIONS

*Disclaimer: This document is meant to help you express your wishes in a form that substantially complies with your state's requirements for an advance directive and medical power of attorney. This is not intended as legal advice and cannot answer every question you may have. This form is not regularly updated to incorporate changes in state law. Nothing can substitute for advice from your attorney and your doctor. If you have a specific question or concern, consult your doctor or attorney.*

If you are 18 years or older, this form substantially complies with the requirements for the District of Columbia and the following states:

Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Iowa, Kentucky, Louisiana, Maine, Maryland,

Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Vermont, Virginia, Washington, West Virginia & Wyoming

If you are currently a resident of an institution in California, Connecticut, Delaware, Georgia, New York, North Dakota, South Carolina, or Vermont, special rules apply. Contact a social worker or patient advocate at your institution for more information.

### INSTRUCTIONS FOR COMPLETING THIS DOCUMENT

This document is an important legal document which you can use to 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. This document also names individuals who you want to make medical decisions for you if you are unable to make them for yourself. These wishes are usually based on personal values. This particular form is designed for people who have elected to be preserved through cryonics after legal death.

You are encouraged to discuss your values and wishes with your family or chosen spokesperson, as well as your physician. Various options are listed below. Initial the options which pertain to you and the treatment choices that best reflect your personal preferences. Provide a copy of your directive to your physician, usual hospital, and those who you appoint to make medical decisions for you if you cannot care for yourself. Consider a periodic review of this document. By periodic review, you can best assure that the directive reflects your preferences.

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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 persons 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.*









