

**The Values History:
A Worksheet for
Advance Directives**

*Courtesy of
Somerset
Hospital's
Ethics Committee*

*Advance Directives
Living Wills
Power of Attorney*

The Values History: A Worksheet for Advanced Directives

Patient Name _____

This Values History serves as a worksheet to address my specific value-based directives for various medical intervention. This worksheet shall be used as a guide in completing a living will. It shall not be used as a substitute for my living will.

Values Section

There are several values important in decisions about terminal treatment and care, this section of the Values History invites you to identify your most important values.

Basic Life Values

Perhaps the most basic values in this context concern length of life versus quality of life. Which of the following two statements is the most important to you?

- _____ 1. I want to live as long as possible, regardless of the quality of life that I experience.
- _____ 2. I want to preserve a good quality of life, even if this means that I may not live as long.

Quality of Life Values

Please use this list to define for yourself what each of these values means in your life. Think about how each statement relates to your concepts about advanced medical directives.

- I want to feel safe and secure.
- I want to avoid unnecessary pain and suffering.
- I want to be treated with respect.
- I want to be treated with dignity when I can no longer speak for myself.
- I do not want to be an unnecessary burden on my family.
- I want to be able to make my own decisions.
- I want to be with my loved ones before I die.
- I want to die at home.
- I want to die in the hospital.
- I want to be treated in accord with my religious beliefs and traditions.
- I want respect shown for my body after I die.
- Other values or clarification of values above.

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Directives Section

Some directives involve simple yes/no decisions. Others provide for the choice of a trial of intervention.

*Glossary - for a better understanding of medical terms, a glossary is attached.

Initials/Date

_____ 1. I want to undergo cardiopulmonary resuscitation.

_____ Yes _____ No

Why?

_____ 2. I want to be placed on a ventilator.

_____ Yes
_____ TRIAL to determine effectiveness using
reasonable medical judgment.

_____ No

Why?

_____ 3. I want to have an endotracheal tube used in order to perform items 1 and 2.

_____ Yes
_____ TRIAL to determine effectiveness using
reasonable medical judgment.

_____ No

Why?

_____ 4. I want to have total parenteral nutrition administered for my nutrition.

_____ Yes
_____ TRIAL to determine effectiveness using
reasonable medical judgment.

_____ No

Why?

_____ 5. I want to have intravenous medication and hydration administered; regardless of my decision, I understand that intravenous hydration to alleviate discomfort or pain medication will not be withheld from me if I so request them.

_____ Yes
_____ TRIAL to determine effectiveness using
reasonable medical judgment.

_____ No

Why?

_____ 6. I want to have all medications used for the treatment of my illness continued; regardless of my decision. I understand that pain medication will continue to be administered, including narcotic medications.

_____ Yes
_____ TRIAL to determine effectiveness using
reasonable medical judgment.

_____ No

Why?

_____ 7. I want to have blood transfusions.

_____ Yes _____ No

_____ 8. I want to have nasogastric, gastrostomy, or other enteral feeding tubes introduced and administered for my nutrition.

_____ Yes
_____ TRIAL to determine effectiveness
using reasonable medical judgment.

_____ No

Why?

_____ 9. I want to be placed on a dialysis machine.

_____ Yes
_____ TRIAL to determine effectiveness
using reasonable medical judgment.

_____ No

Why?

_____ 10. I want to have an autopsy done to determine the cause (s) of death.

_____ Yes _____ No

Why?

_____ 11. I want to be admitted to the Intensive Care Unit.

_____ Yes _____ No

Why?

_____ 12. (For patients in long-term care facilities who experience a life-threatening change in health status): I want 911 called in case of a medical emergency. 911 will activate the emergency medical system, which will take all measures to maintain life.

_____ Yes _____ No

Other Directives you may wish to consider:

_____ 13. Organ Donation

_____ Yes _____ No

_____ 14. Contribution to Medical Education and research

_____ Yes _____ No

_____ 15. Durable Power of Attorney

_____ Yes _____ No

The Values History: A Worksheet for Advanced Directives

Glossary

1. **Cardiopulmonary Resuscitation (CPR)** - A method used to restore stopped breathing and/or heartbeat.
2. **Do Not Resuscitate (DNR)** - A doctor's order which alerts other health care givers that the patient or family, in consultation with the doctor, does not want the patient to be given CPR.
3. **Ventilator/Respirators** - Machines used to keep a patient breathing. In order to utilize this machine, a tube (endotracheal) must be inserted in the nose or mouth to facilitate breathing.
4. **Feeding Tubes** - Tubes inserted through the nose, mouth, stomach, etc., to feed patients who are no longer capable of eating normally.
5. **Intravenous Therapy (I.V. Therapy)** - Provides nutrition and water and/or medication through a thin tube placed in a vein.
6. **Permanently Unconscious** - A condition in which a patient is determined to be in a state of total loss of consciousness which cannot be reversed.
7. **Life-Sustaining Treatment** - A medical intervention given to a patient that prolongs life and delays death.
8. **Surrogate** - The appointment of another person to act on your behalf.
9. **Brain Death** - Complete stopping of all function of the brain that cannot be reversed. A brain-dead person is not in a coma, but is, in fact, dead.
10. **Total Parenteral Nutrition** - Catheters inserted into large vessels, usually in the neck area, to feed patients who are no longer capable of eating normally.
11. **Dialysis (Kidney Machine)** - Performs functions of the kidney by way of a catheter into a blood vessel.

FACT SHEET

1. **Life sustaining treatment:** Medical and surgical procedures that are used in certain situations to prolong life when the underlying medical problem cannot be reversed. Life sustaining treatments are given to people with terminal diseases or severe injuries.
2. **Mechanical ventilation:** Assists people who cannot breathe effectively on their own due to lung diseases, coma, or injury. Air is pumped into the lungs by a machine called a ventilator. The air flows through a tube placed in the windpipe. (Placing the tube is called “intubation”).

Some points to consider:

- The breathing tube can be very uncomfortable (however, when breathing trouble is severe, mechanical ventilation can bring relief).
 - For curable conditions, machinery supports breathing until the patient can breathe independently.
 - For incurable conditions, permanent dependence on mechanical ventilation may result.
 - Removing a ventilator may lead to unconsciousness followed by death – however, patients who remain conscious can be made comfortable with oxygen and medication.
3. **Cardiopulmonary resuscitation (CPR):** Restores circulation and breathing after heart failure. It’s really more a “lifesaving” than a life-sustaining procedure.

Some points to consider:

- While CPR is often routine in accident situations, a terminal patient may or may not wish to be revived if his/her heart fails.
 - Follow-up treatment in intensive care is often required after CPR.
 - Death occurs if CPR is withheld – though without pain.
4. **Nutritional support:** Is given to people who cannot swallow, digest or absorb food taken by mouth. Basic methods include: a) enteral feeding: Feeding tubes are run to the stomach or intestine through the nose or abdomen. Total parenteral nutrition: A special “complete” feeding formula is introduced through a tube into a large, central vein, usually in the chest.

Over

Some points to consider:

- Tube feeding is often given to patients who are unconscious or brain damaged (in this condition, patients are unaware of hunger or thirst).
- A conscious patient may be uncomfortable and confused – physical restraints may be needed to keep the patient from removing tubes.
- Death by dehydration (lack of water) follows withdrawal of feeding tubes. The patient enters a deep sleep before death occurs.

5. Hydration: Maintains proper fluid balance for patients who cannot handle liquids by mouth. Intravenous fluids (IV fluids) are introduced through a small tube placed in a vein in the person's arm or hand.

Some points to consider:

- IV therapy is often considered short-term therapy.
- IV lines are often used to give fluids, medication, blood, basic vitamins and basic minerals.
- Swelling, clotting, or damage to the vein can cause pain in some cases.
- Some types of IV lines are placed in a new vein every 3 days (others are flushed regularly).
- Confused patients may dislodge or pull out IV lines. Restraints may be required to prevent this.

WHY SHOULD I KNOW ABOUT LIFE-SUSTAINING TREATMENTS?

Because they offer benefits and burdens that may one day affect you or someone you love. A terminal illness or severe injury could occur at any time. That's why today, it's important to:

- Imagine yourself in a situation where your sole link to life depends on machinery, drugs and other medical techniques.
- Discuss your feelings about these treatments and their potential impact on you, your loved ones and your quality of life.
- Make your wishes known in advance regarding the role of life sustaining treatments in your future.
- Discuss your feelings with your doctor.

ADVANCE DIRECTIVES ANSWERING YOUR QUESTIONS

IF YOU HAVE ANY ADDITIONAL QUESTIONS PLEASE CALL
443-5139 OR 443-5060.

Advance Directive

A predetermined choice for healthcare when the individual cannot make the decisions themselves. Does NOT require legal counsel.

Healthcare Durable Power of Attorney

Individuals who have been given the right by the patient to make health care decisions for that patient. Does NOT require legal counsel.

Legal Power of Attorney

Individuals who have been given the right to handle monetary situations. This DOES require legal counsel.

Advance Directives May Be In The Form Of:

“ A living will

“ Healthcare Power of Attorney

An individual can have both a Healthcare power of attorney and a living will.

When Do Advance Directives Come Into Play:

When:

“ The individual is declared incompetent by the physician

“ The individual is in a permanent state of unconsciousness

“ The individual has a terminal illness

Living Wills and Healthcare Power of Attorneys Can Be Changed

At any time an individual may change their Advanced Directive.

However – changes in Advanced Directives replaces any previously documented Advanced Directive.

Living Will Declaration

I, _____, being of sound mind, willfully and voluntarily make this declaration to be followed if I become incompetent. This declaration reflects my firm and settled commitment to refuse life-sustaining treatment under the circumstances indicated below.

I direct my attending physician to withhold or withdraw life-sustaining treatment that serves only to prolong the process of my dying, if I should be in a terminal condition or in a state of permanent unconsciousness.

I direct that treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing life-sustaining treatment.

In addition, if I am in the condition described above, I feel especially strong about the following forms of treatment:

- | | | | | | |
|---|--------------------------|----|--------------------------|--------|------------------------------------------------------------------------------------------------------|
| I | <input type="checkbox"/> | do | <input type="checkbox"/> | do not | want cardiac resuscitation. |
| I | <input type="checkbox"/> | do | <input type="checkbox"/> | do not | want mechanical respiration. |
| I | <input type="checkbox"/> | do | <input type="checkbox"/> | do not | want tube feeding or any other artificial or invasive form of nutrition (food) or hydration (water). |
| I | <input type="checkbox"/> | do | <input type="checkbox"/> | do not | want blood or blood products. |
| I | <input type="checkbox"/> | do | <input type="checkbox"/> | do not | want any form of surgery or invasive diagnostic tests. |
| I | <input type="checkbox"/> | do | <input type="checkbox"/> | do not | want kidney dialysis. |
| I | <input type="checkbox"/> | do | <input type="checkbox"/> | do not | want antibiotics. |

I realize that if I do not specifically indicate my preference regarding any of the forms of treatment listed above, I may receive that form of treatment. Other instructions:

- | | | | | | |
|---|--------------------------|----|--------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I | <input type="checkbox"/> | do | <input type="checkbox"/> | do not | want to designate another person as my surrogate to make medical treatment decisions for me if I should be incompetent and in a terminal condition or in a state of permanent unconsciousness. |
|---|--------------------------|----|--------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Name and address of
Surrogate
(if applicable)

Name and address of
substitute surrogate
(if surrogate designated
is unable to serve)

- | | | | | | |
|---|--------------------------|----|--------------------------|--------|----------------------------------------------------------------------------------------------------------|
| I | <input type="checkbox"/> | do | <input type="checkbox"/> | do not | want to make an anatomical gift of all or part of my body, subject to the following limitations, if any: |
|---|--------------------------|----|--------------------------|--------|----------------------------------------------------------------------------------------------------------|

I made this declaration on the _____ day of _____, 20_____.

Declarant's Signature: _____

Declarant's Address: _____

The declarant or the person on behalf of and at the direction of the declarant knowingly and voluntarily signed this writing by signature or mark in my presence.

Witness's Signature: _____

Witness's Address: _____

Witness's Signature: _____

Witness's Address: _____