



Advance Directives for Terminal Care

Few people enter hospice with written statements about their wishes for care when they are in a terminal state. For your own and your family's benefit, you can file such statements early, knowing that you can alter them at any time your thoughts change. The POLST (Physician's Orders for Life Sustaining Treatment) should be completed with your doctor and kept on file in the highly visible pink color. In addition, a personal statement may be included with your will and Durable Power of Attorney, which not only clarifies your wishes about medical care, but describes your attitude toward the dying process, your belief system, and your preferences regarding the atmosphere and activities that take place around you at that time. Page 2 has a sample draft of such a statement. You would naturally make your own, meeting only your needs.

Here are some questions your statement might answer:

1. Who will be your designated agent if you are incapacitated? How will s/he go about making decisions?
2. Would you prefer, if the choice is possible, to die at home, in a hospital, or in some other facility? As best you can imagine at this time, will you want people around? If so, who? Will you want quiet, conversation, music, readings? Will children be welcome?
3. Can you express your attitude toward the dying process and how you believe it would ideally happen? How do you want your agent and doctor to handle pain medication?
4. What can you forecast about how to handle medical crises that arise separate from your terminal condition? Under what circumstances would you want to be treated or forego treatment?
5. What is your preference regarding feeding tubes and intra-venous water? Under what circumstances would you want or not want those interventions? How would you like your agent and doctor to decide if you cannot?



SAMPLE DRAFT

MEDICAL CARE DIRECTIVES

1. I want to make my own decisions until such time as I am unconscious and or mentally incapable of doing so. I name _____ as the designated agent in that case. I ask that s/he make decisions in concert with other family members. If they disagree irreconcilably, then _____ will be the final arbiter.
2. If at all possible, I want to plan for a peaceful death at home, in Hospice care, with family and friends around me. I want to die naturally without having my life prolonged by machines or invasive treatments. I want music and singing, conversation, and laughter for as long as I can participate and even when I am unconscious. Children will be welcome. I want Hebrew prayers, readings from Torah, and rabbinical stories.
3. My overall mind-set echoes both Jewish tradition and modern Hospice guidelines: Do nothing to hasten or impede death. I prefer to enter Hospice care at such time as my condition is deemed terminal, rather than to attempt extreme treatments with a low percentage of success, especially if such procedures would take me away from home, family, and friends. I would like pain medication that relieves undue suffering in such a way that I can be present and relate to people. At the end stage, when I can no longer make the decision about medication, I authorize my agent and doctor to relieve suffering even if I cannot maintain consciousness; however, if there is any way that I can participate in such a decision, including reducing the medication temporarily to wake me up, I would like to participate. I would also want to take that opportunity to say good-bye to loved ones.
4. In the case that a treatable medical issue arises different from whatever ailment is creating my terminal condition, I wish to decide myself how to proceed. In the event that I cannot, my agent should decide based upon the possibility of achieving consciousness and ability to interact after the treatment. If that outcome is impossible or highly unlikely, s/he should consider foregoing the treatment. If I am in the end stages of a terminal illness and/or have other life-limiting diagnoses such as dementia or other failures of cognitive function, I prefer not to be treated for pneumonia or other types of infection. Please consult the Physician's Orders for Life Sustaining Treatment, on file in my doctor's office.
5. I do not want artificial nutrition and hydration under any circumstances except for the treatment of a temporary condition causing inability to eat or drink for a short time. If within a short period, as determined by my agent and doctor, the condition is deemed permanent and/or the possibility of regaining natural ability is highly unlikely, then I instruct that artificial nutrition and hydration be withdrawn. Again, please consult the P.O.L.S.T. form on file in my doctor's office.

