

*Advance Directive and Durable Power of Attorney*

**Advance Directive (Your Durable Power of Attorney for Health Care, Living Will and Other Wishes)**

**District of Columbia**

The Rest of Your Life recommends that you review completed documents with an attorney, especially if there are mitigating circumstances surrounding your Advance Directive or Durable Power of Attorney.

**Advance Directives Electronic Forms**

The ROYL is a leader in offering electronic Advance Directive documents for digital signatures. Electronic Advance Directive Forms are secure and accessible anytime from any device that allows for Internet access.

**Why do an Advance Directive?**

Anyone 18 years of age or older should have an Advance Directive. This document allows for the care you have designated to be respected and followed through in the event you cannot speak for yourself. It allows for you to name someone to speak on your behalf, but most importantly it removes the stress, anxiety and guilt from decisions that your loved ones would otherwise have to make on your behalf.

An Advance Directive is not just for aging people. The cases of Teri Shivo and Karen Ann Quinlan serve as examples of how any adult, regardless of age, can benefit from having one. Both young adults, Shivo and Quinlan were kept alive by machines for years because they did not tell or write down what they wanted in the event of a tragic accident. The court battles that ensued took not only an emotional toll, but required government involvement because of disagreements between spouses and family members.

**Description:**

An Advance Directive, sometimes referred to as a Living Will or an Advance Health Care Directive, allows you to make your wishes known if you are unable to speak for yourself. An Advance Directive provides you and your loved ones with peace of mind that your care is compatible with your wishes. This is truly a gift to those you love as it helps them clearly know what to do in this stressful situation.

Advance Directive requirements vary from state to state. You can download the appropriate state form here at no cost prior to completing the form online so that you have the required information prepared in advance.

**Security:**

Your documents are processed using DocuSign, the leader in global electronic signature and document security.

When you complete your Advance Directive with The ROYL, you can download it as a PDF file to your computer's hard drive. DocuSign will email a final copy to the designees in your Advance Directive. We recommend you print a hard copy and send it via email or mail to others you want to have copies.

Contact us if you have questions in preparing the forms selected.

**NOTICE: You must have the required information available prior to initiating the document (designees, contact information, wishes for care).**

# **ADVANCE DIRECTIVE**

## ***Your Durable Power of Attorney for Health Care, Living Will and Other Wishes***

### **INSTRUCTIONS AND DEFINITIONS**

#### **Introduction:**

This form is a combined Durable Power of Attorney for Health Care and Living Will for use in the District of Columbia, Maryland and Virginia.

With this form, you can:

- \* Appoint someone to make medical decisions for you if you in the future are unable to make those decisions for yourself;

and/or

- \* Indicate what medical treatment you do or do not want if in the future you are unable to make your wishes known.

#### **Directions:**

- \* Read each section carefully.
- \* Talk to the person you plan to appoint to make sure that he/she understands your wishes, and is willing to take the responsibility.
- \* Place the initials of your name in the blank before those choices you want to make.
- \* Fill in only those choices that you want under Parts 1, 2 and 3. Your advance directive should be valid for whatever parts you fill in, as long as it is properly signed.
- \* Add any special instructions in the blank spaces provided. You can write additional comments on a separate sheet of paper, but should indicate on the form that there are additional pages to your advance directive.
- \* Sign the form and have it witnessed.
- \* Give your doctor, nurse, the person you appoint to make your medical decisions for you, your family, and anyone else who might be involved in your care, a copy of your advance directive and discuss it with them.
- \* Understand that you may change or cancel this document at any time.

## **Words You Need to Know:**

**Advance Directive:** A written document that tells what a person wants or does not want if he/she in the future cannot make his/her wishes known about medical treatment.

**Artificial Nutrition and Hydration:** When food and water are fed to a person through a tube.

**Autopsy:** An examination done on a dead body to find the cause of death.

**Comfort Care:** Care that helps to keep a person comfortable but does not make him/her better. Bathing, turning, keeping a person's lips moist are types of comfort care.

**CPR (Cardiopulmonary Resuscitation):** Treatment to try and restart a person's breathing or heartbeat. CPR may be done by pushing on the chest, by putting a tube down the throat, and/or by other treatment.

**Durable Power of Attorney for Health Care:** An advance directive that appoints someone to make medical decisions for a person if in the future he/she cannot make his/her own medical decisions.

**End-Stage Condition:** Any chronic, irreversible condition caused by injury or illness that has caused serious, permanent damage to the body. A person in an end-stage condition requires others to provide most of his/her care.

**Life-Sustaining Treatment:** Any medical treatment that is used to keep a person from dying. A breathing machine, CPR, artificial nutrition and hydration are examples of life-sustaining treatment.

**Living Will:** An advance directive that tells what medical treatment a person does or does not want if he/she is not able to make his/her wishes known.

**Organ and Tissue Donation:** When a person permits his/her organs (such as eyes or kidneys) and other parts of the body (such as skin) to be removed after death to be transplanted for use by another person or to be used for experimental purposes.

**Persistent Vegetative State:** When a person is unconscious with no hope of regaining consciousness even with medical treatment. The body may move and eyes may be open, but as far as anyone can tell, the person cannot think or respond.

**Terminal Condition:** An on-going condition caused by injury or illness that has no cure and from which doctors expect the person to die, even with medical treatment. Life-sustaining treatments will not improve the person's condition and only prolong a person's dying.

## District of Columbia, Maryland and Virginia

### ADVANCE DIRECTIVE

My Durable Power of Attorney for Health Care, Living Will and Other Wishes

I, EXAMPLE, write this document as a directive regarding my medical care.

Put the initials of your name by the choices you want:

#### PART 1. MY DURABLE POWER OF ATTORNEY FOR HEALTH CARE

**As long as I can make my wishes known, my doctors will talk to me and I will make my own health care decisions.**

\_\_\_\_\_ I appoint this person to make decisions about my medical care if there ever comes a time when I cannot make those decisions myself.

_____	_____	_____
name	home phone	work phone
_____		
address		
_____		

\_\_\_\_\_ If the person above cannot or will not make decisions for me, I appoint this person:

_____	_____	_____
name	home phone	work phone
_____		
address		
_____		

\_\_\_\_\_ I have not appointed anyone to make health care decisions for me in this or any other document. I understand that if I do not appoint a Durable Power of Attorney for Health Care, someone may be designated to make my health care decisions by law or by a court.

***I want the person I have appointed, my doctors, my family and others to be guided by the decisions I have made below:***

**PART 2. MY LIVING WILL**

These are my wishes for my future medical care if there ever comes a time when I cannot make these decisions for myself.

**A. In general, these are the goals I have for my care if I am ever seriously ill or have a serious injury (state in your own words what you believe is most important to you):**

---

---

---

---

Put the initials of your name next to important values for you if you are ever seriously ill or have a serious injury:

- Medicines needed to keep me pain-free
- Ability to recognize my family/friends
- other \_\_\_\_\_
- other \_\_\_\_\_

**B. These are my wishes if I have a terminal condition:**

**Life-Sustaining Treatments**

- I do not want life-sustaining treatments (including CPR) started. If life-sustaining treatments are started, I want them stopped.
- I want life-sustaining treatments (including CPR) started on a temporary basis; if I do not show signs of recovery, then I want them stopped.
- I want life-sustaining treatments continued that my doctors think are best for me.
- Other wishes: \_\_\_\_\_

**Artificial Nutrition and Hydration:**

- I do not want artificial nutrition and hydration started if it would be the main treatment keeping me alive. If artificial nutrition and hydration is started, I want it stopped.
- I want artificial nutrition and hydration, even if it is the main treatment keeping me alive.
- Other wishes: \_\_\_\_\_

**C. These are my wishes if I am ever in a persistent vegetative state:**

**Life-Sustaining Treatments**

\_\_\_\_\_ I do not want life-sustaining treatments (including CPR) started. If life-sustaining treatments are started, I want them stopped.

\_\_\_\_\_ I want life-sustaining treatments (including CPR) started on a temporary basis; if I do not show signs of recovery, then I want them stopped.

\_\_\_\_\_ I want life-sustaining treatments continued that my doctors think are best for me.

\_\_\_\_\_ Other wishes: \_\_\_\_\_

**Artificial Nutrition and Hydration:**

\_\_\_\_\_ I do not want artificial nutrition and hydration started if it would be the main treatment keeping me alive. If artificial nutrition and hydration is started, I want it stopped.

\_\_\_\_\_ I want artificial nutrition and hydration, even if it is the main treatment keeping me alive.

\_\_\_\_\_ Other wishes: \_\_\_\_\_

**D. These are my wishes if I ever have an End-Stage Condition (including Alzheimer's or other dementia):**

**Life-Sustaining Treatments**

\_\_\_\_\_ I do not want life-sustaining treatments (including CPR) started. If life-sustaining treatments are started, I want them stopped.

\_\_\_\_\_ I want life-sustaining treatments (including CPR) started on a temporary basis; if I do not show signs of recovery, then I want them stopped.

\_\_\_\_\_ I want life-sustaining treatments continued that my doctors think are best for me.

\_\_\_\_\_ Other wishes: \_\_\_\_\_

**Artificial Nutrition and Hydration:**

\_\_\_\_\_ I do not want artificial nutrition and hydration started if it would be the main treatment keeping me alive. If artificial nutrition and hydration is started, I want it stopped.

\_\_\_\_\_ I want artificial nutrition and hydration, even if it is the main treatment keeping me alive.

\_\_\_\_\_ Other wishes: \_\_\_\_\_

**E. Other Directions:**

You have the right to be involved in all decisions about your medical care, even those not dealing with terminal conditions, persistent vegetative state or end-stage conditions. If you have wishes not covered in other parts of this document, please indicate them here: \_\_\_\_\_

**Part 3. OTHER WISHES**

**A. Organ Donation**

\_\_\_\_\_ I do not wish to donate any of my organs or tissues.  
\_\_\_\_\_ I want to donate all of my organs and tissues.  
\_\_\_\_\_ I only want to donate these organs and/or tissues: \_\_\_\_\_

**B. Autopsy**

\_\_\_\_\_ I do not want an autopsy.  
\_\_\_\_\_ I agree to an autopsy if my doctors wish it.  
\_\_\_\_\_ Other wishes: \_\_\_\_\_

In Process

**Part 4. SIGNATURES**

You and two witnesses must sign this document in order for it to be legal.

**A. Your Signature**

By my signature below, I show that I understand the purpose and the effect of this document.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_

**B. Your Witnesses' Signatures**

I believe the person who has signed this advance directive to be of sound mind, that he/she signed or acknowledged this advance directive in my presence, and that he/she appears not to be acting under pressure, duress, fraud or undue influence. I am not related to the person making this advance directive by blood marriage or adoption, nor, to the best of my knowledge, am I named in his/her will. I am not the person appointed in this advance directive. I am not a health care provider or an employee of a health care providers who is now, or has been in the past, responsible for the care of the person making this advance directive.

**Witness #1**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_

**Witness #2**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_



# A letter to my loved ones...

---

Dear Loved Ones,

I want the best quality of life possible during my last days.  
Therefore, I hereby request as follows...

(a) I ask that medical treatment to alleviate pain, to provide comfort, and to mitigate suffering be provided so that I may be as free of pain and suffering as possible. Please consult with my doctor in this regard.

(b) If my temperature is above normal, I want a cool moist cloth put on my head.

(c) I want my mouth and lips kept moist.

(d) I need to be kept fresh and clean at all times. I wish to have warm baths often or warm showers, if I am stable enough for a shower.

(e) I desire to be massaged with or without warm oils as often as you think will help maintain my skin integrity and provide for my comfort.

(f) I want my personal care such as nail clipping, hair combing, teeth brushing and shaving as long as they do not cause me pain.



*I hope my family and friends would consider that...*

(a) I enjoy your company and want you with me when possible. I desire that one of you stay with me when it seems that my death may be imminent.

(b) Please continue to talk to me about daily happenings and events, even if you think I don't understand, because I might be able to understand.

(c) Please don't be afraid to hold my hand or hug me.

(d) Please tell the members of my church or synagogue I am sick and ask them to pray for me and visit me.

(e) Please maintain a cheerful atmosphere around me.

(f) Please place pictures of my loved ones in my room, near my bed, or near the place I sit during the day.

(g) My clothes and bed linens are to be kept clean, and they are to be changed as soon as possible, if they have been soiled.

(h) If at all possible, allow me to die in my home.

(i) Please arrange for me to watch television or listen to my favorite sports events.

(j) Let me enjoy the outdoors as often as possible by letting me spend time in my yard, garden and other appropriate outdoor places, even if it causes slight discomfort to either you or me.

(k) I want to have my favorite types of music played when possible.

(l) I want to have religious readings read to me when I am near death.

(m) I want to have my favorite poems read to me from time to time.

*I want you to know the following about my thoughts and concerns, if I am disabled and cannot convey these thoughts to you verbally...*

(1) I want you to know that I love you.

(2) I would like to be forgiven for the times I have hurt you.

(3) I forgive you for what you may have done to me in my life.

(4) I want you to know that I do not fear death itself.

(5) I want all of my family members to recommit their love for one another.

(6) Please remember me the way I was before I had a terminal illness.

(7) Please help me maintain meaning to my life during this process of dying by realizing that this is an opportunity for personal growth for all.

(8) Don't be afraid to seek counseling, if you have trouble with my death.

*If friends want to know how I want to be remembered, tell them the following...*

---

---

---

---

*The following person(s) know my funeral plans...*

---

---

---

Additional Pages:

In Process