

TOMORROW'S CHOICES DEMENTIA PROVISION

Most Advance Directives become operative only when a person is unable to make health care decisions because of being “permanently unconscious” or “terminally ill.” There is usually no provision that applies to the situation in which a person suffers from severe dementia, but is neither unconscious nor dying. I have given much thought to this eventuality, and want my wishes to be honored, as I realize that often the consequences of treatment outweigh the benefits in those circumstances. I also am aware that moving a person from home and familiar surroundings to a care center or hospital can be very upsetting and may cause severe anxiety. Therefore:

If I am conscious, but have a progressive dementia that will be fatal and the illness is in a stage where I have been declared mentally incompetent to make decisions for myself, and it is very unlikely that my condition will substantially improve, I would like my wishes regarding specific life-sustaining treatments, as indicated below, to be followed, even though it may appear that stopping any of them may hasten my death.

I want everything done to keep me alive

I want enough pain medication to keep me comfortable, even though it may hasten my death

I do NOT want administration of the life sustaining procedures initialed below:

CPR (Cardio Pulmonary Resuscitation)

Antibiotics to treat infections

Heart regulating drugs

Pacemaker

Invasive diagnostic tests

Oxygen support for breathing

Hospitalization for infection, a fall, or other reason

Surgery

Blood transfusion

Kidney dialysis

Other – as noted: _____

Realizing that feeding a person is considered a form of love, and that often caregivers and family think they must encourage one to eat; and knowing that it is very hard for loved ones to stop feeding, I ask that the following directions be followed regarding food and drink:

If I accept food and drink when offered, I want them.

- I request that oral food and fluids be withdrawn if any of the following occur:
 - I don't desire to eat or drink, as shown by being indifferent to being fed
 - I resist being fed by turning my head or refusing to open my mouth
 - I spit out food and/or drink
 - I cough, gag, choke or aspirate (inhale) when I take food or drink
 - The negative consequences of feeding, in consultation with my medical providers, outweigh the benefits

Under no conditions, do I want to be cajoled into eating or forced to eat or drink; reflexively opening my mouth should not be construed as consent to eat.

- When I am no longer being fed
 - I want artificial hydration administered (tube, nasogastric or IV feedings)
 - I want to allow a natural death

Before I am admitted to a care facility, I want that facility to affirm its willingness to honor these provisions, or I want to be taken to a facility that will honor them.

I hereby incorporate this provision into my Advance Directives for health care decisions.

Signature _____ Date _____

Witness No. 1

Signature: _____ Date: _____

 Print name, address, phone and email

Witness No. 2

Signature: _____ Date: _____

 Print name, address, phone and email

Notarizing is optional. If you wish to have this document notarized, use the following form:

STATE OF COLORADO

CITY _____ COUNTY _____

Subscribed and sworn to before me by _____,

(the Principal), and _____ and

_____, as witnesses, as a voluntary act of

the Principal, this ____ day of _____, 20__.

Notary Public _____

My commission expires: _____