

# Advance Health Care Directive

For

Date of Birth: \_\_\_\_\_

*Alaska Statutes Title 13, Chapter 52 Health Care Decisions Act*

## **PART 1 DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS**

### **(3) WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE.**

*My agent's authority becomes effective when my primary physician determines that I am unable to make my own health care decisions, whether the cause is physical or mental illness.*

### **(5) NOMINATION OF GUARDIAN.**

*Consistent with my wishes set forth on that certain General Power of Attorney executed on this date, if a guardian of my person needs to be appointed for me by a court, I nominate \_\_\_\_\_ to be considered by the court for appointment to serve as my guardian, or in any similar representative capacity. If \_\_\_\_\_ is not willing, able, or reasonably available to act as guardian, I nominate \_\_\_\_\_ to be considered by the court for appointment to serve as my guardian, or in any similar representative capacity.*

*Consistent with my wishes set forth on that certain General Power of Attorney executed on this date, if a conservator of my person needs to be appointed for me by a court, I nominate \_\_\_\_\_ to be considered by the court for appointment to serve as my conservator, or in any similar representative capacity. If \_\_\_\_\_ is not willing, able, or reasonably available to act as conservator, I nominate \_\_\_\_\_ to be considered by the court for appointment to serve as my conservator, or in any similar representative capacity.*

## **PART 2 INSTRUCTIONS FOR HEALTH CARE**

### **(6) END-OF-LIFE DECISIONS.**

(A) Choice To Prolong Life

(B) Choice Not To Prolong Life

Additional instructions:

*It is my belief that the importance of life lies in the interactions between myself and others. I also believe that the common good of all is more important than any one individual. If I am no*

*longer able to have meaningful interactions with others and I am not likely to ever regain the ability to have meaningful interactions, I do not wish to continue consuming the resources of society. The appropriate course for me in that situation would be to assure my comfort and meet my care needs without attempting to extend my life.*

*None of us, including my physicians and agent(s), have the ability to see into the future so I ask that they only have a reasonable amount of certainty that I cannot regain interactive abilities.*

*My agent may ask for support and input from my alternate agents, but consensus is not required.*

(C) Artificial Nutrition and Hydration.

[ X ] Other Instructions:

*Notwithstanding other choices I have made, I wish to receive hydration if it is in my best interest or if lack of hydration contributes to or causes pain or discomfort.*

*If my need for artificial nutrition and hydration is clearly caused by a permanent condition, it does not need to be started as a trial.*

**(7) OTHER WISHES.**

*I direct that: I recognize that I may consent to a life sustaining treatment while I am still able to make my own medical decisions. If I should subsequently become permanently incapacitated, I direct my agent to ask me at least every six months, whether I still want to continue the life sustaining treatment. If I am unable to clearly convey a desire to continue, I instruct my agent to have the treatment discontinued.*

*Conditions or limitations: My agents are not to contest my physician's decision if she/he recommends that cardiopulmonary resuscitation would not be in my best interest.*

**PART 3  
ANATOMICAL GIFT AT DEATH**

**(8) Upon my death:**

*Upon death, my first priority is to donate my body to medical research / education and I donate any needed organs, tissues or other body parts for the purpose of science, education or organ donation, or for any useful purpose. I give any needed organs, tissues, or other body parts, for the transplant, therapy, research, education or any other useful purpose. I make this request as long as it is feasible and depending on the circumstance of my death.*

*Following these instructions, I desire cremation.*

**PART 4**  
**MENTAL HEALTH TREATMENT**

**(9) PSYCHOTROPIC MEDICATIONS.**

[X] I consent to the administration of the following medications: *All medications for the treatment of dementia, Alzheimer's disease, depression, anxiety, psychosis and other related diseases of aging, or to stabilize inappropriate behavior or acting out.*

**OTHER WISHES OR INSTRUCTIONS:**

*I hereby specifically consent to being admitted to a nursing or assisted living facility or the like in the event this becomes necessary and is recommended by my physicians in the event of dementia, Alzheimer's disease, and other related diseases of aging.*

*In the event of a severe mental decline preceding (or accompanying) my physical decline, and accompanied by uncontrolled/embarrassing social behavior, I hereby specifically consent to treatment with any drug regimen that will moderate such behavior, even if it will shorten my life. The last thing I want is to be prolonged burden to others, especially with social behaviors I would not find acceptable under normal circumstances.*

*Otherwise, I leave all mental health decisions to my agent.*