

# INSTRUCTIONS

If you wonder what advanced directives are, the difference between Oregon 'Part A and Part B, and whether you really need an advanced directive see:

[www.ncbioethics.org/pdf/need](http://www.ncbioethics.org/pdf/need)

## PART A: Instructions for completion

1. Pay very close attention to the description entitled “Facts about Part B” and “Facts about Part C.” In almost all cases The Northwest Center for Bioethics recommends **only** completing **Part B, Appointing a Health Care Representative.**

In the rare circumstance when a health care representative cannot be chosen due to value conflicts and death is impending, **Part A, Health Care Instructions,** may be worth considering. Clearly, value compatibility with the health care provider is a must for any assurance that the choices you designate will be honored. If you wish to know about how advanced directives came into practice see [www.ncbioethics.org/pdf/history](http://www.ncbioethics.org/pdf/history)

2. Read the third paragraph entitled “Facts About Completing this Form,” very carefully then answer these questions to determine your understanding of the most important parts:

- (1) Do you feel pressured into completing this form? If so, seek legal counsel.
- (2) Are there emotional or physical burdens that may interfere with your choices? If so, seek to resolve them before completing this form.
- (3) When can you cancel this document?
- (4) When does this document take affect?
- (5) What is the difference between **Part B and Part C**? We suggest that you do not fill out this form until you know what the exact nature of that difference is. Feel free to contact the Center for an explanation.

- **STEP ONE: Make sure that your name, birthdate (example: 01/01/1950), and current address are printed in Part A.**

You may wish to consider the following suggestions regarding the choice to “**initial one**” under the section describing revocation, suspension, or continuance. We do not recommend initialing the “My entire life” designation. The reasons are three-fold:

1. Your health may change requiring **revocation** of this directive and a **new directive** that might specifically address your needs because of the change.

2. Your representative's willingness, value system, or capacity to administer your decisions may change thus requiring revocation of this directive and writing a new directive
3. Medical practice and health care delivery changes rapidly every three-five years requiring re-consideration of your directive.

NOTE: In light of these reasons the Center suggests initialing:

“Other Period ( years ).” If you are healthy and:

- 18-35 years old write in **10** years
- 36-65 years old write in **5** years
- 65 and older write in **3** years

We suggest that you keep a copy paper clipped to your IRS 1040 to remind you that you have this directive and to make sure that the information is current, especially the address and telephone numbers of your representative and alternate.

**Remember if you have a significant change in your health condition, contact those involved in the advanced directive process, consider completing a new form, and if you complete a new form then revoke this form.**

## **PART B: Appointment of a Health Care Representative**

The best way to assure that the person “appointed” by you as your health care representative will honor your treatment wishes is to appoint an individual with similar values and worldview as your own. Please read and use our document entitled “Worldview and Value Profile” ([www.ncbioethics.org/pdf/values](http://www.ncbioethics.org/pdf/values) ).

By appointing a health care representative you are authorizing that individual to direct critical health care decisions when you are unable to do so. Confirm value compatibility with your representative and alternate.

- **STEP TWO:** Fill in the name of the first representative, their address telephone number and cell phone number in the section under **PART B**. Do the same with your alternate.

It is best to arrange an office appointment with your physician after confirming compatible value systems with your representative and alternate. Go over the forms with your representatives before the visit noting any questions for the physician arising from the value profile. **Remember** “you may not appoint your doctor, an employee of your doctor, or an owner, operator or employee of your

health care facility, unless that person is related to you by blood, marriage or adoption or that person was appointed before your admission into the health care facility.”

- **STEP THREE:** You may wish to consider limits of special instructions, like the statements for supportive care, pain relief, and anti-euthanasia statements found under the value profile. Simply, copy them off the website, print them on a separate sheet, initial and date the sheet on the bottom right hand corner. Make a reference note by writing under:
  1. Limits.
  2. Special Conditions and Instructions. Write: “Please see special instructions on attached sheet that bears my initials and date of directive.”
- **STEP FOUR: Draw a line through the sentence:**

~~INITIAL IF THIS APPLIES:~~

~~\_\_\_\_ I have executed a Health Care Instruction or Directive to Physicians. My representative is to honor it.~~

The section referred to above is **Part C** is not needed nor recommended if you are filling our **Part B**.

- **STEP FIVE:** We recommend that you initial this section on “Life Support” since this will be one of the two critical areas needing representation should you become incapacitated.

INITIAL IF THIS APPLIES:

**INITIAL HERE** My representative MAY decide about life support for me. (If you don't initial this space, then your representative MAY NOT decide about life support.)

- **STEP SIX:** We recommend that you initial this section on “Tube Feeding” since this will be the second of the two critical areas needing representation should you become incapacitated. On a Christian perspective addressing “Tube Feeding” known also as “nutrition and hydration” see: [www.cmda.org/policies/nutrition](http://www.cmda.org/policies/nutrition)

Tube Feeding.

One sort of life support is food and water supplied artificially by medical device, known as tube feeding.

INITIAL IF THIS APPLIES:

**INITIAL HERE:** My representative MAY decide about tube feeding for me. (If you don't initial this space, then your representative MAY NOT decide about tube feeding.)

- **STEP SEVEN:** Date this copy on the bottom signing it as well as three other copies filled out in the exact same manner. Make sure you initial and date each copy in the right hand corner.

## **PART C: Health Care Instructions**

- **STEP EIGHT:** Draw diagonal line through the next page that is titled: **Part C: Health Care Instructions. Write “Not Applicable” on the line.** Initial and place date behind the “Not Applicable section.” As another alternative you can use our form 2 found at [www.ncbioethics.org/form2](http://www.ncbioethics.org/form2) which has the section filled out as a strikethrough.

## **PART D: Declaration of Witnesses**

- **STEP NINE:** Make five copies of this form completed up to this point. Your witnesses and representatives should sign the original and the four copies. **You must sign the section entitled “Sign Here to Give Instructions”** in the presence of your **two chosen witnesses** who will verify your signature in step nine. The place where you sign can be found right above **PART D.**
- **STEP TEN:** **Two** witnesses, we suggest at least one be your attorney or a notary public, must **sign and date** the sections

Witnessed By:

Note that the witnesses must watch you sign the form under “Sign Here to Give Instructions”

## **PART E: ACCEPTANCE BY HEALTH CARE REPRESENTATIVE**

- **STEP ELEVEN:** Your two chosen representatives, must **sign and date** the section titled **PART E**.
- **STEP TWELVE:** Review the original with your legal counsel and your legal counsel's approval, have this document and the copies notarized. Maintain one copy with your counsel, one copy with each representative, one copy with your medical files at your physicians office, and one copy at the hospital where you will be most likely to have procedures done. You keep one copy attached to your most recent IRS 1040 form. **Remember**, if you have a change of health or a change in representatives you need to consider revoking this form by writing "revoked" over the signed page along with your signature and date of revocation. At that time you should create an updated directive.

**For further information, please contact the Northwest Center for Bioethics at 503-231-8368 or by e-mail [ncb@teleport.com](mailto:ncb@teleport.com).**