

Temple Physicians

Instructions to My Surrogate

I understand that I can make my own medical decisions as long as I have the ability so. If I can no longer make my own decisions, either permanently or temporarily, I ask you, my surrogate, to use the following information to help you in making decisions for me based on my values and goals.

I. My Most Important Values

The most important things to me with respect to my health and healthcare are: (Check as many as you wish.)

___ To live as long as possible, even if my ability to function becomes impaired. (You may explain further.)

___ To maintain my dignity. (Please explain further.)

___ To have a satisfying quality of life. (Please explain further.)

___ To be able to communicate with other people.
(You may explain further.)

___ To be free from pain. (You may explain further.)

___ Other (Please specify.)

II. Treatment Approaches

Many people have feelings about what kind of treatment they would want to receive in particular circumstances. This section allows you to give your surrogate general guidance for different situations which might occur in the event you become unable to decide for yourself.

In any given situations, there is a range of **treatment approaches**, ranging from comfort care only (in which treatments are used only for the purpose of alleviating pain and controlling symptoms) to selective treatment (in which prolonging life is weighed against the quality of life), and maximum treatment (designed to prolong life as long as possible).

Comfort care only: I would like **limited** treatment; care should be focused on keeping me comfortable and relieving symptoms, without the goal of extending my life. (“Keep me comfortable.”)

Selective treatment: I would like to receive medical treatments **selectively**. Decisions should be based on my wishes and values, considering both the possibility of extending my life and the quality of my life. (“It depends.”)

Maximum treatment: I am asking for all available treatment, with the goal of allowing me to live as long as possible. (“Do everything.”)

Please review the following care situations and mark a point on the continuum (scale) that best describes the treatment approach that you would want if you were in that situation. You do not need to answer every question, and you may write in anything specific that you may want your surrogate to know.

A. Worsening of chronic physical illness

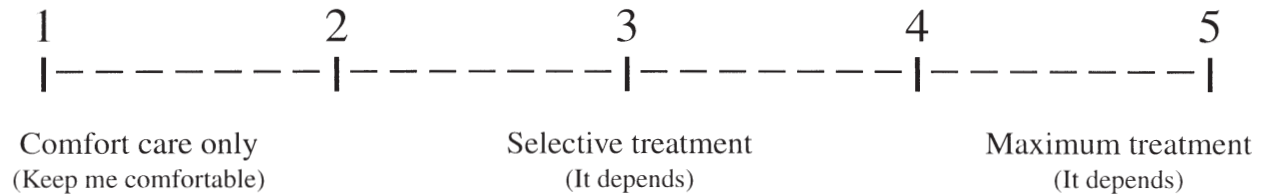
A chronic illness is one that lasts over a long period of time. A person may experience periods of improvement and periods of being sicker; the condition usually cannot be cured or reversed and may or may not be terminal.

A chronic illness may cause pain, trouble with breathing, or loss of mobility. Some examples of chronic illness include heart failure, severe arthritis, severe lung disease, paralysis due to stroke, kidney failure and untreatable pain.

Sometimes chronic illness can become progressively worse and require multiple tests and frequent treatments.

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If my chronic illness were to become progressively worse and threaten my life, I would want:



Comments:

B. Acute and chronic illness

A person with a chronic illness like the examples above may also develop an acute illness in addition to the chronic illness. An acute illness is one which is normally relatively short and has a good likelihood of being cured or reversed by appropriate medical care; it is not usually terminal. Examples of acute illness are pneumonia, urinary infection, or gastroenteritis (stomach distress). The evaluation and treatment of an acute illness may require blood tests or other test, intravenous fluids, antibiotics and other treatments.

D. Specific treatments

Some people have definite feelings regarding specific medical treatments. The following section allows you to let your surrogate know any wishes you might have as to whether you would definitely want, or definitely not want a particular treatment, or if you would want it only in specific circumstances.

My wishes regarding specific treatments are:

Cardio-pulmonary Resuscitation (CPR)*

CPR is an emergency medical intervention. It is initiated when an individual's heart stops beating and/or breathing has stopped. It includes compressions to the chest to circulate blood and oxygen, artificial respiration and/or IV medications.

If my heart or lungs should stop functioning:

- I would want cardio-pulmonary resuscitation.
- I would not want cardio-pulmonary resuscitation.
- I'm not sure.

Comments: _____

*It is very important that you discuss this with your physician.

Respirator (breathing by machine, through a tube in the throat)

If I am unable to breathe independently:

- I **would** want to be placed on a respirator.
- I would **not** want to be placed on a respirator.
- I would want to be placed on a respirator, but would want this treatment discontinued if my physician judges that it is not meeting the treatment goals for which it was intended.
- I'm not sure.

Comments: _____

Artificial Nutrition and Hydration (feeding tube)

- If I am unable to take food and/or fluids by mouth:
- I would want artificial nutrition and/or hydration (feeding tube).
- I would **not** want artificial nutrition and/or hydration (feeding tube).
- I would want this treatment tried, but discontinued if my physician judges that it is not meeting the treatment goals for which it was intended.
- I'm not sure.

Comments: _____

Surgery

If I develop a condition for which my physician presents surgery as an option:

- I **would** want surgery.
- I would **not** want surgery.
- I would want surgery only if the goal of surgery were to provide comfort or alleviate pain.
- I'm not sure.

Comments (please mention any preferences you have about specific surgical procedures): _____

Diagnostic Procedures

If my physician suggests invasive diagnostic procedures or tests (beyond routine blood tests and x-rays):

- I **would** want such tests.
- I would **not** want such tests.
- I would want such tests if my physician felt that the results would provide information which would be helpful in providing comfort or alleviating pain.
- I'm not sure.

Comments: _____

Hospitalization

If my physician judges that I have a condition for which s/he would recommend transfer to a hospital:

- I **would** want to be hospitalized.
- I would **not** want to be hospitalized.
- I would want to be hospitalized only if it were necessary in order to provide comfort or alleviate pain.
- I'm not sure.

Comments: _____

Dialysis (cleaning the blood by machine several times a week)

If my kidneys cease to function and my physician recommends dialysis:

- I **would** want dialysis.
- I would **not** want dialysis.
- I'm not sure.
- I would want dialysis, but would want this discontinued if my physician judges that it is not meeting the treatment goals for which it was intended.

Comments: _____

Other (please specify other treatments about which you would like to give instructions):

To my surrogate:

I am grateful for your willingness to help ensure that decisions regarding my care will reflect my values and goals. I know that I cannot possibly anticipate every situation which might occur, and I trust that you will do your best to make decisions based on what you know of my values and goals; this is all I ask of you.

Signature of resident/patient

Date

I have read and understand the above:

Signature of Surrogate

Date