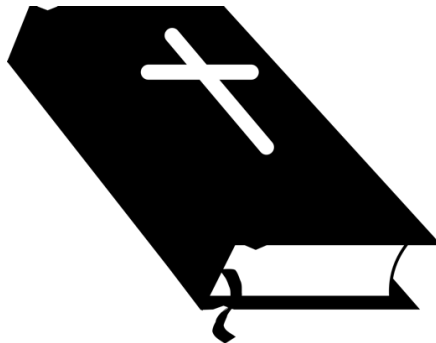


CALIFORNIA ADVANCE HEALTH CARE DIRECTIVE AND SPIRITUAL GUIDANCE

PREPARED FOR:



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DESIGNATION OF HEALTH CARE AGENT

I, _____, of

_____, California, hereby designate
and appoint:

PRIMARY AGENT: _____

ADDRESS: _____

TELEPHONE: _____

as my primary agent to make health care decisions authorized in this document.

DESIGNATION OF ALTERNATIVE AGENTS

If the person I designated as my primary agent above is unable or unwilling to act as my agent, or if I revoke that person's appointment as my agent, then I authorize my agent(s) to approve a successor agent, and if he or she does not, then I designate the following persons to serve as my agent, in the order listed below, to make health care decisions for me, as authorized in this document. If none of my agents named above are able or willing to serve, then any agent named may appoint successor agent(s).

FIRST ALTERNATE AGENT: _____

ADDRESS: _____

TELEPHONE: _____

SECOND ALTERNATE AGENT: _____

ADDRESS: _____

TELEPHONE: _____

NOMINATION OF CONSERVATOR OF PERSON

A. If it becomes necessary to appoint a conservator of my person. I nominate the following persons in the following order to act as the conservator of my person:

NOMINEE: _____

ADDRESS: _____

TELEPHONE: _____

FIRST ALTERNATE NOMINEE: _____

ADDRESS: _____

TELEPHONE: _____

B. I grant to my conservator all the powers specified in the California Probate Code. My conservator shall serve in such capacity without bond, or if a bond is required, I request that a minimum bond be set. I revoke all prior conservatorship nominations.

NOMINATION OF GUARDIAN FOR PROPERTY

If at my death anyone who takes property from me by gift, deed, trust, will, succession, insurance, or benefits of any kind, is a minor, I nominate as guardian and alternate guardian for any of the property the minor takes from me, in the order and priority indicated, the following:

NOMINEE: _____

ADDRESS: _____

TELEPHONE: _____

FIRST ALTERNATE NOMINEE: _____

ADDRESS: _____

TELEPHONE: _____

GENERAL STATEMENT OF AUTHORITY GRANTED:

A. If I become incapable of making informed health care decisions, I hereby grant to my agent full power and authority to consent, refuse consent, or withdraw consent to any type of health care procedure (including any procedure to maintain, diagnose, or treat any physical or mental condition), or to make any other health care decision, to the same extent that I could if I had capacity to do so, subject to the terms of this instrument. My agent shall exercise this power and authority in accordance with my expressed desires, known to my agent, whether contained in this document or not. Before acting, my agent shall attempt to communicate with me regarding my desires unless such attempt would be futile. If my desires are unknown, then my agent should decide for me, having my best interests in mind. My agent is further authorized:

- To authorize, or refuse to authorize, any health care decision or medical treatment if I shall be physically or mentally incapacitated or otherwise unable to make such authorization for myself, including authorization for emergency care, hospitalization, surgery, therapy, and any other kind of treatment or procedure that, in my agent's sole discretion, my agent thinks necessary for my benefit and well-being.
- To consult with and advise any physicians, nurses, therapists, dentists, or any other medical or health care institutions on my behalf, as such consultations relate to my health and welfare. All such personnel and institutions are specifically requested to abide by all decisions and instructions of my agent and to release to my agent all information that my agent may request concerning my health and well-being.
- To receive into my agent's sole possession all items of personal property and effects that may be recovered from or about my person by any hospital, police agency, or any other person at the time of my illness, disability, or death; this to specifically include my remains, if applicable.

B. "Health care decisions" includes a decision regarding the selection and discharge of health care providers and institutions, approval or disapproval of diagnostic tests, surgical procedures, and programs of medication; the term also includes directions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of health care, including cardiopulmonary resuscitation. It means consent, refusal of consent, or withdrawal of consent for any care, treatment, service, or procedure to affect my physical or mental condition, as well as consent to release of medical information.

C. I trust my agent, who knows and understands my desires and in whose judgment I have absolute faith, to exercise discretion in a manner that would be satisfactory to me if I had the capacity to give or refuse to give consent.

D. Before acting, my agent shall attempt to communicate with me regarding my desires unless such attempt would be futile. If I am unreachable by such communication, and my desires regarding a particular health care decision are unknown, my agent should make the health care decision guided by the following: my personal values, any preferences that I have previously expressed, preferences stated herein, and information received from the attending physician(s) concerning my prognosis, all the while having my best interests in mind. In determining my best interests, my agent shall consider my personal values to the extent known to my agent.

WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE:

[Must select one below]

☐ My agent's authority shall become effective when my primary physician determines that I am unable to make my own health care decisions.

☐ My agent's authority shall become effective only when both my primary physician and my agent, in consultation with each other, agree that I am unable to make my own health care decisions.

☐ My agent's authority to make health care decisions for me shall take effect **immediately** on my signing this directive.

INSTRUCTIONS FOR HEALTH CARE:

A. I wish to make my own decisions as long as I am able to do so. If I am incapacitated, then I give my agent full authority and discretion to make decisions about medical treatment for me within the context of the following personal values:

1. I want to die a natural death without having my life prolonged by machines or non-beneficial treatment if there is no hope for recovery.
2. I want my religious and/or spiritual beliefs to be honored as detailed herein.
3. I trust my agent to make my medical decisions within the context of these values.

Goals for the end of life

To serve God for His glory, the following factors are to be prayerfully considered by my appointed agent as guidance for my end-of-life treatment:

- I need to be able to think, reason, pray, and exchange ideas in fellowship with others, even if only from my bed.
- I desire the mental capacity to spend time in prayerful reflection at the end of life.
- I desire active prayer and fellowship with loved ones and other believers, even if only from my bed.
- I desire to glorify God through His written Word. Any debilitating, terminal illness that would impair my ability to communicate God's Word is abhorrent to me.
- When I say "communicate," I refer not to gestures but to the lively exchange of ideas.
- I am willing to endure physical discomfort, dependence on others, and long-term ventilator dependence if I may still communicate and exchange ideas meaningfully.
- I do not wish for aggressive, life-prolonging measures if they are futile or in the event of end-stage terminal illness, advanced dementia, or brain injury sufficiently severe that it eliminates my abilities to reason and communicate.

Specific Directives for Medical Care – Reversible Illness

In the event of potentially reversible life-threatening illness, I wish to be a **FULL CODE** and to receive all interventions to save my life, **if recovery is possible**, with the ultimate aim of returning home and seeking the goals listed above.

Such measures include but are not limited to:

- endotracheal intubation;
- mechanical ventilation;
- cardiopulmonary resuscitation;
- electrical defibrillation;
- dialysis; and
- artificially administered nutrition.

Limitations to Care

I consent to the above measures presuming they will enable my recovery from critical illness. With regard to nonrecoverable illness, or partially recoverable illness with disability, I would accept aggressive measures if they could help me meet the goals listed above.

In particular, I wish for prolongation of my life if I still possess my mental faculties and can interact meaningfully with others. I would accept long-term ventilator dependence, paralysis, dependence upon others for activities of daily living, and pain if I am still able to communicate as defined herein.

In contrast, I would **not** accept CPR, endotracheal intubation, mechanical ventilation, or defibrillation in the event of:

1. Nonrecoverable fatal illness;
2. Any illness or disability that permanently impairs my ability to communicate, including but not limited to coma, persistent vegetative state, and minimally conscious state;
3. Advanced dementia; or
4. End-stage terminal illness with a life expectancy of six months or less.

I would be unwilling to accept dialysis or artificially administered nutrition for conditions (1) to (3) and would ask for friends, family, and caregivers to instead feed me by hand as I am able to tolerate. However, I would accept dialysis and artificially administered nutrition for condition (4), only if these measures would grant me more days spent in fellowship, prayer, and reflection, as listed above in my goals.

Spiritual guidance for my agent

As a servant of Christ, I seek above all to serve him faithfully. My hope resides in His death and resurrection, for salvation and the forgiveness of sins. This side of the cross, I have no fear of death but only joy in His saving work and in the life to come.

I ask that my agents not lose heart. Though my outer self is wasting away, my inner self is being renewed day by day. For this light momentary affliction is preparing for me an eternal weight of glory beyond all comparison. (2 Cor. 4:16-17)

It is my desire to be an ambassador for Christ. (2 Cor. 5:20) I desire to serve Him in any way I can, for as long as I can, if recovery is possible.

The following questions are provided to my agent to ask of my health care providers to assist in prayerfully assessing and considering the medical options for me:

Questions for health care professionals:

- What is the condition that threatens my loved one's life?
- Why is the condition life threatening?
- What is the likelihood for recovery?
- How do my loved one's previous medical conditions influence his/her likelihood for recovery?
- Can the available treatments bring about cure?
- Will the available treatments worsen suffering, with little chance of benefit?
- What are the best and worst expected outcomes?

Biblical principles for end-of-life care

In receiving answers to these questions, I ask my agent to prayerfully consider the answers and options with the four following biblical principles in mind:

1. Sanctity of mortal life;
2. God's authority over life and death;
3. Mercy and compassion; and
4. Hope in Christ.

INSPECTION AND DISCLOSURE OF INFORMATION RELATING TO MY PHYSICAL OR MENTAL HEALTH:

My agent has the power and authority to do all of the following:

- (a) Request, review, and receive any information, verbal, written, or electronic, regarding my physical or mental health, including medical and hospital records;
- (b) Sign any releases or other documents that may be required in order to obtain this information;
- (c) Consent to disclosure of this information.

SIGNING DOCUMENTS, WAIVERS, AND RELEASES:

My agent has the power to execute all documents and perform all acts required to carry out his/her duties as my agent in all authorizations contained in this document.

VISITATION

While I am a patient in any hospital or health care facility, including any intensive care or coronary care unit of any medical facility, my agent and those selected by my agent shall have preference when it becomes necessary to restrict my visitors. If, in addition, my agent determines that a visitor is distressing me or interfering with my treatment, my agent shall have sole discretion to limit or prevent such visitation.

DONATION OF ORGANS AT DEATH:

[Must select one below]

On my death, my agent ☐ is [or] ☐ is not authorized to donate any of my organs, tissues, or parts.

DISPOSITION OF REMAINS:

On my death, my agent is authorized to dispose of my remains as follows:

AUTOPSY:

[Must select one below]

On my death, my agent ☐ is [or] ☐ is not granted the power to authorize my autopsy.

EFFECT OF COPY

A copy of this form shall have the same effect as the original.

Executed on _____ at _____, California.

Signature of principal

[Per California law, an Advance Health Care Directive may be signed by **either** 1) two witnesses, **or** 2) signed by you in front of a Notary Public. Both are not required.]

STATEMENT OF WITNESSES

I declare under penalty of perjury under the laws of California that (1) the person who signed or acknowledged this advance health care directive is personally known to me, or that the identity of the individual was proved to me by convincing evidence, (2) the individual signed or acknowledged this advance directive in my presence, (3) the individual appears to be of sound mind and under no duress, fraud, or undue influence, (4) I am not the person appointed as agent by this advance health care directive, and (5) I am not the individual's health care provider, an employee of the individual's health care provider, the operator of a community care facility, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly, or an employee of the operator of a residential care facility for the elderly.

Witness #1 Signature

Address

Print Name

Date

Witness #2 Signature

Address

Print Name

Date

[SEE NEXT PAGE FOR ADDITIONAL SIGNATURES]

(At least one witness must also sign the following)

I further declare under penalty of perjury under the laws of California that I am not related to the individual executing this advance health care directive by blood, marriage, or adoption, and, to the best of my knowledge, I am not entitled to any part of the individual's estate upon his or her death under a will now existing or by operation of law.

Signature

FOR NURSING HOME RESIDENTS ONLY:

I further declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and that I am serving as a witness as required by California Probate Code §4675(a).

Signature

Address

Print Name

Date

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)

)

County of _____)

On _____ before me, _____, personally appeared:

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Officer

Officer's seal

God's Seven Permissions in Grief

1: God gives us permission to be mad at him.

*"Therefore I will not restrain my mouth;
I will speak in the anguish of my spirit;
I will complain in the bitterness of my soul."*

Job 7:11 (ESV)

2: God gives us permission to doubt him.

*"Will the Lord spurn forever,
and never again be favorable?
Has his steadfast love forever ceased?
Are his promises at an end for all time?
Has God forgotten to be gracious?
Has he in anger shut up his compassion?"*

Psalms 77:7-9 (ESV)

3: God gives us permission to cry.

"Jesus wept." John 11:35 (ESV)

4: God gives us permission to give our worries over to Him.

"Humble yourselves, therefore, under the mighty hand of God so that at the proper time he may exalt you, casting all your anxieties on him, because he cares for you. 1"

Peter 5:6-7 (ESV)

5: God gives us permission to grieve with others.

"Then [Jesus] said to them, 'My soul is very sorrowful, even to death; remain here, and watch with me.'" Matt 26:38 (ESV)

6: God gives us permission to pray for peace, healing, and relief from our grief.

"[D]o not be anxious about anything, but in everything by prayer and supplication with thanksgiving let your requests be made known to God. 7 And the peace of God, which surpasses all understanding, will guard your hearts and your minds in Christ Jesus."

Philippians 4:6-7 (ESV)

7: God gives us permission to believe in Him and find hope in Heaven.

"He will wipe away every tear from their eyes, and death shall be no more, neither shall there be mourning, nor crying, nor pain anymore, for the former things have passed away." Rev. 21:4 (ESV)