

Appointment of a Health Care Agent / Advanced Directive

I. GENERAL

(1) I _____
appoint _____
(name, home address & telephone number)
as my health care agent to make health care decisions for me if I am unable to do so. If he/she
cannot or will not serve, I appoint _____
(name, home address & telephone number)
as my agent.

I direct that my agent, family and doctors be guided by the specific directions given below:

I know that these directions do not cover all possibilities. In cases not described below, my
agent shall make health care decisions for me after consulting with my doctors. However, I
direct that in all cases food and liquids be given.

(2) **Concurrence of an Orthodox rabbi.** Prior to my agent making a decision about my health
care, in any case not covered by these directions one of the following rabbis shall be consulted.
The Rabbi's decision shall govern my agent and my doctors.

- (a) _____
(name, home address & telephone number)
- (b) _____
(name, home address & telephone number)
- (c) _____
(name, home address & telephone number)

(d) If none of these Rabbis is available, my agent shall consult with the Bio-ethics Commission
of the Rabbinical Council of America (212) 807-7888, or an Orthodox Rabbi designated by it.

II. SPECIFIC INSTRUCTIONS

1. If I am in an irreversible coma or a persistent vegetative state and, in the opinion of my
doctor and at least two other doctors, have no known hope of regaining awareness and
higher mental functions, then my wishes are:

Cardiopulmonary Resuscitation: at the point of death, using drugs and electric shock to keep the
heart beating.

I want _____ I do not want _____

Mechanical Breathing: breathing by machine

I want _____ I do not want _____

Major Surgery: such as removing the gall bladder or part of the intestines.

I want _____ **I do not want** _____

Kidney Dialysis: cleaning the blood by machine or by fluid passed through the belly.

I want _____ **I do not want** _____

Chemotherapy: using drugs to fight cancer.

I want _____ **I do not want** _____

Invasive Diagnostic Tests: such as using a flexible tube to look into the stomach.

I want _____ **I do not want** _____

Blood or Blood Products: such as giving transfusions.

I want _____ **I do not want** _____

Antibiotics and simple diagnostic tests should be administered.

2. If I am in a coma and in the opinion of my doctor and at least two other doctors, have a small possibility of recovering fully, a slightly greater possibility of living with permanent brain damage, and a much larger possibility of dying, then my wishes would be:

Cardiopulmonary Resuscitation: at the point of death, using drugs and electric shock to keep the heart beating.

I want _____ **I do not want** _____

Mechanical Breathing: breathing by machine

I want _____ **I do not want** _____

Major Surgery: such as removing the gall bladder or part of the intestines.

I want _____ **I do not want** _____

Kidney Dialysis: cleaning the blood by machine or by fluid passed through the belly.

I want _____ **I do not want** _____

Chemotherapy: using drugs to fight cancer.

I want _____ **I do not want** _____

Invasive Diagnostic Tests: such as using a flexible tube to look into the stomach.

I want _____ **I do not want** _____

Blood or blood products, antibiotics, simple diagnostic tests, such as blood tests or x-rays, and, pain medication, even if it dulls consciousness and indirectly shortens my life, should be provided.

3. If I have brain damage that in the opinion of my doctor and at least two other doctors cannot be reversed and which makes me unable to recognize people or to communicate in any way, and I also have a terminal illness, such as incurable cancer, that will likely cause my death, then my wishes are:

Cardiopulmonary Resuscitation: at the point of death, using drugs and electric shock to keep the heart beating.

I want _____ I do not want _____

Mechanical Breathing: breathing by machine

I want _____ I do not want _____

Major Surgery: such as removing the gall bladder or part of the intestines.

I want _____ I do not want _____

Kidney Dialysis: cleaning the blood by machine or by fluid passed through the belly.

I want _____ I do not want _____

Chemotherapy: using drugs to fight cancer.

I want _____ I do not want _____

Invasive Diagnostic Tests: such as using a flexible tube to look into the stomach.

I want _____ I do not want _____

Blood or Blood Products: such as giving transfusions.

I want _____ I do not want _____

Antibiotics: using drugs to fight infection.

I want _____ I do not want _____

Simple Diagnostic Tests: such as performing blood tests or x-rays.

I want _____ I do not want _____

Pain Medications, even if they dull consciousness and indirectly shorten my life.

I want _____ I do not want _____

4. If I have brain damage that in the opinion of my doctor and at least two other doctors cannot be reversed and that makes me unable to recognize people or to communicate in any fashion, but I have no terminal illness, and I can live in this condition for a long time, then my wishes are:

Cardiopulmonary Resuscitation: at the point of death, using drugs and electric shock to keep the heart beating.

I want _____ I do not want _____

Mechanical Breathing: breathing by machine

I want _____ I do not want _____

Major Surgery: such as removing the gall bladder or part of the intestines.

I want _____ I do not want _____

Kidney Dialysis: cleaning the blood by machine or by fluid passed through the belly.

I want _____

I do not want _____

Chemotherapy: using drugs to fight cancer.

I want _____

I do not want _____

Invasive Diagnostic Tests: such as using a flexible tube to look into the stomach.

I want _____

I do not want _____

Blood or blood products, antibiotics, simple diagnostic tests, such as blood tests or x-rays, pain medication, even if it dulls consciousness and indirectly shortens my life, should be provided.

I want _____

I do not want _____

III. ORGAN DONATION

Upon my death I wish to donate life-saving organs such as my cornea(s), kidney(s), heart, lung(s), liver and pancreas for the sole purpose of transplantation. In all cases, concurrence of an Orthodox rabbi is necessary before my organs are taken for transplantation. If no orthodox rabbi is available, my agent or treating physician shall consult with the Bio-ethics Commission of the Rabbinical Council of America at (212) 807-7888.

IV. MY MEDICAL DIRECTIVE

This Medical Directive expresses my wishes regarding medical treatments in the event that I am unable to communicate them directly. I make this Directive, being 18 years or more of age, of sound mind, and understand the effects of signing this document.

Signed _____ Date _____

V. WITNESSES' SIGNATURES

Each of us believes that the person making this advance directive is of sound mind, that he/she signed or acknowledged this advance directive in our presence, and that he/she appears not to be acting under pressure, duress, fraud, or undue influence. Neither of us is related to the person making this advance directive by blood, marriage or adoption, nor, to the best of our knowledge, are either of us named in his/her will. Nor are we a person appointed in this advance directive, a health care provider or an employee of a health care provider who is now, or has been in the past, responsible for the care of the person making this advance directive.

Witness _____ Date _____

Address _____

Witness _____ Date _____

Address _____