



Overriding years of court rulings, Florida's legislature empowered Governor Jeb Bush to order a feeding tube reinserted to deliver artificial food and hydration to Terri Schiavo, a Florida resident and wife, whose heart stopped temporarily in 1990, leaving her able to breathe on her own, but severely damaging her brain.

Since that day, Mrs. Schiavo has been unable to feed herself, and while she is not comatose, she evidences no cognitive function, according to most doctors. Her husband asked that the tube be removed in 1998; her parents fought his decision. The Courts, however, have consistently ruled in favor of Mr. Schiavo, citing his assertion that before her "illness," Terri had clearly asserted her desire not to be kept alive artificially. Why, then, are we finding it so difficult to say goodbye?

Our hearts go out to Terri, to her husband and parents, and to all persons of conscience and compassion whose lives and settled opinions are turned upside down by the necessity of making such hard decisions. That said, however, it is part of our common humanity to face such decisions with courage and single-mindedness. Our intention to comfort the dying person and her family must be the fulcrum: not politics, not power struggles, not ideologies. Yet we appear to have lost that fulcrum in this case. Everyone seems to want something from Terri, more than they want to recognize her dignity and right to make her own decisions.

For several decades, a national movement to improve end-of-life care has been growing in this country that I think can help Terri's family and Florida's governor – and all of us – face these difficult cases with better courage and more humility. The movement's emphasis is on improving care for the seriously ill and dying and their families; and it does that by helping people talk about these

decisions, make their wishes known in advance, and name their own durable power of attorney for healthcare decisions.

Whether the advance directive is verbal, as it was in Mrs. Shiavo's case, or written, or delegated to a friend or family member in a durable power of attorney, it is a powerful guide to decisions that have to be made even when we are walking in the darkness and uncertainty of illness and impending death. If we let them, advance directives can instill in us the courage and single-mindedness to let go of our own desires long enough to say "Goodbye. We love you, Terri."

We are putting our Healthcare Directive and Durable Power of attorney forms in this issue of the Forum. For more information about end-of-life decision making or advance care planning, or for copies of the *Caring Conversations* Workbook and these forms, please visit Midwest Bioethics Center's website at www.midbio.org. Follow the links to "caring conversations") or call the Center at 816 221-1100.

Healthcare Directive

■ **Take a copy of this with you whenever you go to the hospital or on a trip** ■

I, _____, SS# _____ want everyone who cares for
(please print)
me to know what healthcare I want **when I cannot let others know what I want.**

I always expect to be given care and treatment for pain or discomfort even when such care might make me sleepy, make me feel like not eating, slow down my breathing, or be habit-forming.

I want my doctor to try treatments that may get me back to an acceptable quality of life, with the understanding that treatment will be withdrawn if my condition does not improve to a quality acceptable to me. By an "acceptable quality of life," I mean living in a way that lets me do the things that are important and necessary to me. Those things are

Examples: the ability to

- recognize family or friends
- make decisions
- communicate
- feed myself
- take care of myself

I want to have a natural death; therefore, I direct that no treatment (including food or water by tube) be given just to keep me alive when I have

- a condition that will cause me to die soon, or
- a condition so bad (including substantial brain damage or brain disease) that there is no reasonable hope that I will regain a quality of life acceptable to me (as described above).

However, in these conditions, I **would** consent to

Examples:

- resuscitation (CPR)
- dialysis
- ventilator
- food or water by tube
- chemotherapy
- transfusions
- surgery
- antibiotics

I also want _____

Examples:

- to donate my organs
- hospice care
- to die at home

Please refer to my *Caring Conversations* Workbook which is located _____

■ **Be sure to sign this form on the reverse side of this page** ■

If you only want to name a Durable Power of Attorney for Healthcare Decisions, draw a large X through this page.

Talk about this form and your ideas about your healthcare with the person you have chosen to make decisions for you, your doctor(s), family, friends, and clergy, and give each of them a completed copy.

You may cancel or change this form at any time. You should review it often. Each time you review it, put your initials and the date here _____

This document is provided as a service by Midwest Bioethics Center, the Kansas City Metropolitan Bar Association, and the Metropolitan Medical Society of Greater Kansas City. It may be downloaded from our web site.

This form may be copied and distributed. Revised June 2000.

For more information, call Midwest Bioethics Center 816-221-1100
e-mail – bioethic@midbio.org • web site – www.midbio.org

Durable Power of Attorney for Healthcare Decisions

It is important to choose someone to make healthcare decisions for you when you cannot. Tell the person (agent) you choose what you would want. The person you choose has the right to make any decision to ensure that your wishes are honored. If you DO NOT choose someone to make decisions for you, write NONE on the line for the agent's name.

I appoint the person named below to be my agent to make healthcare decisions for me when and only when I cannot make decisions or communicate what I want done. This is a Durable Power of Attorney for Healthcare Decisions and the power of my agent shall not end if I become incapacitated or if there is uncertainty that I am dead. This revokes any prior Durable Power of Attorney for Healthcare Decisions. My agent may not appoint anyone else to make decisions for me. I and my estate hold my agent and my caregivers harmless and protect them against any claim based upon following this Durable Power of Attorney for Health Care or my Healthcare Directive. My agent shall not be responsible for any of these costs. I grant to my agent full power to make all decisions for me about my healthcare, including the power to direct the withholding or withdrawal of life-prolonging treatment. In exercising this power, I expect my agent to be guided by my directions as stated in my Healthcare Directive (*see reverse side*). My agent is also authorized to

- Consent, refuse or withdraw consent to any care, treatment, service or procedure (including artificially supplied nutrition and/or hydration/ tube feeding) used to maintain, diagnose or treat a physical or mental condition;
- Make all necessary arrangements for any hospital, psychiatric treatment facility, hospice, nursing home, or other healthcare organization; and, employ or discharge healthcare personnel (any person who is authorized or permitted by the laws of the state to provide healthcare services) as he or she shall deem necessary for my physical, mental, or emotional well being;
- Request, receive, and review any information regarding my physical or mental health, or my personal affairs, including medical and hospital records; and, execute any releases that may be required to obtain such information;
- Move me into or out of any state or institution for the purpose of complying with my Healthcare Directive or the decisions of my agent;
- Take legal action, if needed, to do what I have directed;
- Make decisions about autopsy and organ donation, and the disposition of my body; and
- Become my guardian if one is needed.

If you DO NOT want the person (agent) you name to be able to do any of the above things, draw a line through it, and put your initials at the end of the line.

Agent's name _____ Phone _____

Address _____

*If you do **not** want to name an alternate, write "none."*

First Alternate Agent
Name _____

Second Alternate Agent
Name _____

Address _____

Address _____

Phone _____

Phone _____

SIGN HERE for the *Durable Power of Attorney* and/or *Healthcare Directive* forms. Many states require notarization. Please ask two (2) persons to witness your signature who are not related to you or financially connected to you or your estate.

Signature _____ Date _____

Witness _____ Date _____ Witness _____ Date _____

Notarization:

On this day of , in the year of , personally appeared before me the person signing, known by me to be the person who completed this document and acknowledged it as his/her free act and deed. IN WITNESS WHEREOF, I have set my hand and affixed my official seal in the County of , State of , on the date written above.

Notary Public _____ Commission Expires _____