# ADVANCE CARE PLAN (Living Will)

When your condition is terminal and there is no use in trying any other treatments, you can decide to stop further medical care and accept only care that will make you more comfortable. This means there will be no more tubes or unwanted treatment. The Advance Care Plan (Living Will) goes into effect only when you are too sick or injured to speak for yourself and when doctors believe you will die without the use of machines or aggressive treatment. If there is a reasonable chance you can be restored to health, your Advance Care Plan (Living Will) will not apply.

An Advance Care Plan (Living Will) is located on the back of this page. You may wish to use the Tennessee Advance Care Plan, a separate form. Either is binding under Tennessee law.

Additionally, there are two options in the Advance Care Plan (Living Will) to consider -

- Do you want food and water to be given through tubes? If not, you can say so. You will still be offered food and water by mouth if you are physically able to take them.
- Do you want to donate your organs/tissues for transplant after you die? You can say so in your Advance Care Plan (Living Will).

#### IT'S YOUR DECISION

The Advance Care Plan (Living Will) gives you control of decisions about your medical care when you have a terminal condition and are unconscious or too sick to communicate. It lets people caring for you know exactly what you want, so that you, and not others, choose how you are treated. It is the best way to make sure your wishes will be respected and maintained by doctors, by other healthcare providers, and by friends and family members.

#### **IT'S A GIFT**

The Advance Care Plan (Living Will) is a gift to your family and friends, who otherwise would be left to guess what you want. Families may not have the emotional strength to make those decisions for you. Family members may also disagree among themselves or with your doctors. And when disagreement occurs, the lack of direction often leads to continuation of treatment you may not want. Don't let this happen to them - or to you!

#### WITNESSING YOUR SIGNATURE

Under Tennessee law, your Advance Care Plan (Living Will) may be (1) witnessed by two people, one of whom must NOT be related to you by blood, marriage, or adoption; OR (2) notarized by a notary public. If your signature is notarized, you do not have to have witnesses.

### WHEN SHOULD I SIGN AN ADVANCE CARE PLAN (LIVING WILL)?

Now. The best time to think about your Advance Care Plan (Living Will) and talk about it with your doctor and your family is before you have a life-threatening illness or injury. Spend some time thinking about what is important to you. Talk with your doctor, friends, and family about your wishes. Ask questions. Then, when you are sure about what you would want, sign your Advance Care Plan (Living Will).

#### WHAT IS A "TERMINAL CONDITION"?

A "terminal condition" is any disease, illness, injury, or condition where there is no reasonable medical expectation of recovery. It will result in death whether life-sustaining treatments and equipment are used or not. Common examples of a terminal condition include severe heart failure or final stages of cancer.

### WHAT SHOULD I DO WITH MY ADVANCE CARE PLAN (LIVING WILL)?

- Provide a copy to your physician(s)
- Keep a copy in your personal files where it is accessible to others
- Tell your closest relatives and friends what is in the document
- Provide a copy to the person(s) you named as your health care agent

## HOW CAN I CANCEL OR CHANGE MY ADVANCE CARE PLAN (LIVING WILL)?

You may cancel or change your Advance Care Plan (Living Will) at any time - orally or in writing.

### ARE THERE ANY OTHER DOCUMENTS I SHOULD CONSIDER?

You can also have an Appointment of Health Care Agent. It gives a specific person the responsibility to make decisions for you when you are too sick to speak, including making sure your Advance Care Plan (Living Will) is followed by your family and your doctor. You need to make sure that person agrees with your desires and is strong enough to carry them out. If you want to have an Appointment of Health Care Agent, contact Social Services at Cookeville Regional Medical Center to receive a free copy of the form or go to www2.state.tn.us/health/boards/AdvanceDirectives.

### **ADVANCE CARE PLAN (LIVING WILL)**

I want my family and doctors to know that, if I have a terminal condition and there is no real chance I will recover no matter what is done, I want aggressive medical treatment stopped. I want to die naturally. Give me only those medicines and treatments that will make me comfortable and pain free. I want cleanliness, privacy, and peace in my final hours. Furthermore,

I want to be offered real food and water that I can eat and drink if I am hungry or thirsty. If I am unable to eat

I want to be offered real food and water that I can eat a or drink, $\square$ I do $\square$ I do not want a tube placed in stomach to give me artificial food and fluids.	
☐ I do ☐ I do not want to be an organ / tissue donor a be maintained long enough for organs to be removed.	
SIGNATURE SHOULD Either be witnessed by two conness should be the person you appointed as your agent who is not related to you or entitled to any part of your specific control of the person who is not related to you or entitled to any part of your specific control of the person you appoint the person you appear	t, and at least one of the witnesses should be someone
Signature:	Date:
Print Name:	
WITN	ESSES
1. I am a competent adult who is not named as the agent. I witnessed the patient's signature on this form.	
2. I am a competent adult who is not named as the agent. I am not related to the patient by blood, marriage, or adoption and I would not be entitled to any portion of the patient's estate upon his or her	Signature of witness number 1
death under any existing will or codicil or by operation of law. I witnessed the patient's signature on this form.	Signature of witness number 2
	OR CONTRACTOR OF THE CONTRACTO
STATE OF TENNESSEE COUNTY OF	CARY
I am a Notary public in and for the State and County named above. The proved to me on the basis of satisfactory evidence) to be the person me and signed above or acknowledged the signature above as his or to be of sound mind and under no duress, fraud, or undue influence	who signed as the "patient". The patient personally appeared before r her own. I declare under penalty of perjury that the patient appears
My commission expires:	
	Signature of Notary Public