

Natural Dying—Living Will for John A. Doe

My **Date of Birth** is 01/30/1925 I understand Natural Dying (**ND**) means: 1) **No** medical treatment to me alive; 2) **No** food or fluid by tube or another's help with oral feeding & drinking; and, 3) **ALL** needed Comfort Care. If I cannot speak for myself, this is how to decide if it is time for Natural Dying: Compare my future condition with the items below designated as: **TF** = **Treat & Feed** to try to keep me alive (**Not for ND**); **ND** = Natural Dying but consider **along with other items**; **E** = **Enough suffering—by itself**—for Natural Dying. I will sign this Living Will in front of a notary or two qualified witnesses. They will sign on a separate "Signature Page." I will give copies of this Living Will to my physician and future decision-makers, and send a copy to a national registry so future physicians & authorized people can request an immediate FAX/Internet download.

- (1.1) E I do not seem to know it is me when I look in the mirror. I cannot tell others anything about me.
- (1.2) ND I cannot remember important events of my life. If reminded, I don't know why they are important.
- (1.3) ND If someone calls my name, I do not even turn to that person. Yet my hearing is fine.
- (1.4) ND I cannot remember my basic values, my life's goals or what I felt was important for my life to be good.
- (1.5) E The way I act shows I forgot my life-long ideals. If I could see my actions now, I would feel shame and I'd feel sorry since my actions would hurt my husband or my wife, and others, like children.
- (1.6) ND I cannot recall my past. I no longer know what gave my life deep meaning. Yet I can still enjoy living.
- (2.1) E I cannot say what I want by using words, moving my hands, or changing the look on my face.
- (2.2) ND I cannot make sounds or move parts of my body so others are really sure I mean "Yes" or "No."
- (2.3) ND I do not know how to get what I want by myself. I cannot follow any plans others have made for me.
- (2.4) ND I cannot imagine my life in the future. I cannot understand how actions now lead to future goals.
- (2.5) ND I cannot tell people what is on my mind. But I still can think. This makes me sad and lonely.
- (2.6) E I have severe pain. But I cannot say what bothers me. Doctors don't see my pain. They do not treat me.
- (3.1) E When I see people in my close family or see my dear friends, I do not know who they are.
- (3.2) E As others enter & say hello, or leave & say goodbye—I cannot say anything or move a part of my body.
- (3.3) ND I cannot remember people I was very fond of. I cannot remember people I worked with.
- (3.4) ND Unless someone gets me to join in, I will just sit by myself. I hardly ever start anything on my own.
- (3.5) ND I hardly ever say or do anything to show I love someone. Or show that I like them a lot.
- (3.6) I cannot pray to a Supreme Being or feel personally connected to God, or feel I am a spiritual person.
- (4.1) E I depend on others to take care of me for all of my needs.
- (4.2) ND I cannot take a bath without a lot of help from others.
- (4.3) ND I cannot dress myself without a lot of help from others.
- (4.4) E I get confused and fight people who try to help me, even though I should let them help me.
- (4.5) ND I don't use bathrooms. I let my clothes get wet & dirty. Others must change my diapers (nappies).
- (4.6) E The way I act is hurtful/shameful. I may yell insulting words or take off my clothes in front of strangers.

For items 5.1 to 5.6: Doctors try to treat my mood and my behavior, but I still have severe problems:

- (5.1) ND I hardly ever show joy or pleasure. I almost never smile.
- (5.2) ND Almost all the time, I stay very quiet by myself. I look very sad. I have no interest or energy to do anything. I cannot share joy or have fun with others.
- (5.3) E I get very confused. I worry a lot. I get very frustrated. For hours and hours, I walk back and forth. I talk to myself under my breath. What I say makes no sense.
- (5.4) E I fear something horrible will happen to me. I see things or hear things. I may know that what I see or hear is not real—but still, I feel very scared.
- (5.5) E I am restless. I cannot sit still. I am afraid when others—even my loved ones—come near me. I jump even if they touch me gently.
- (5.6) E So I do not hurt others or myself, I need to be tied down to my bed or given a lot of medicine. Otherwise, I may get angry and hit people—even if they are nice to me.
- (6.1) E To keep me alive, others must take care of me and watch over me almost all the time—night & day.
- (6.2) E To keep me alive, doctors must order many medical treatments that take almost every hour I am awake.
- (6.3) E Doctors and medicines can keep me alive, but cannot make me feel better. I will get sicker until I die.

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- (6.4) E To keep me alive, I must stay in a hospital or skilled nursing home to get intense medical treatment.
- (6.5) ND I am too weak to sit up. I cannot even hold up my head unless I have a pillow to rest it on.
- (6.6) E I do not want to endure endless, severe pain. Give me enough medication so I don't suffer. I understand that even the lowest amount I need for relief might put me to sleep until I die. [See note, below.]
- (7.1) My care costs a lot of money. I won't get better. I'd rather use my savings to help my family.
- (7.2) My family pays for my care. I won't get better. Now, they don't have enough money for their own needs.
- (7.3) My family works long & hard caring for me. They are so tired they can hardly take care of themselves.
- (7.4) Taking care of me leaves my family little time to enjoy their own lives, or to care for others, like their own children.
- (7.5) ND It is not easy for my family to see me doing so badly and getting worse. This makes them very sad.
- (7.6) E My family cannot finish grieving for me since my body is being kept alive. Yet the "old me"—the kind of person I was—is almost completely gone. Their grief goes on and on.
- (8.1) ND To get me to eat & drink by myself, skilled helpers must encourage me a lot and show me how.
- (8.2) E Helpers try hard to feed me and use many skills. But they cannot get enough food in me. I am very thin. I will starve to death—slowly.
- (8.3) E I cannot eat in the usual way. I forget to swallow so food stays in my mouth. Helpers place very soft food at the back of my tongue—so I SWALLOW by REFLEX. This is forced-feeding.
- (8.4) E Others try to feed me but I turn my head away. Or I close my teeth tightly. Or I spit out the food. These actions show that I do NOT want others to force-feed me.
- (8.5) E Food could go down the "wrong way." If it enters my lungs I could get very sick (pneumonia). Feeding me through a tube will NOT lower the risk of this happening. Tube-feeding is forced feeding.
- (8.6) E First I can enjoy things like sing-alongs, finger painting, eating, and being touched. Then I get very sick. Ask my doctor if I might get better. If "Yes," TREAT me (full treatment for a reasonable time).

Note: If 6.6 is **ND** or **E**, I will discuss Palliative Sedation with my physician. If I decide that I do want to consent, I will ask my physician to sign these two forms: the Natural Dying Physician's Orders, which turns my Living Will **REQUESTS** into doctor's future actionable **ORDERS**, and the Consent Form for Palliative Sedation.

Please also honor these instructions (*I crossed out any instruction I did NOT want*): i) Always place food & fluid near me—if I am awake. ii) I signed the Natural Dying Agreement because I do want to give up my right to object to my proxy saying, "No help feeding or drinking," if I cannot make my own medical decisions. iii) "Let my proxy decide about item 8.6 regardless of my choice in the paragraph below." Additional instructions:

Based on indicating my choices of **TF**, **ND**, and **E** for the 48 items above, the day may come when I would want Natural Dying. By then I will be too ill to tell others how *strictly* I want them to follow my original instructions. This is why I will be clear now: I want **NO** high-tech medical treatment to try to keep me alive, *and* I want one of these 4 choices: (*I crossed out the 3 choices I do not want*): A) I **ALWAYS** want others to try hard to help me with feeding & drinking for as long as it is possible. B) I permit others to decide if help with feeding & drinking should, or should not, stop. C) I want to stop all help from others with feeding & drinking—**UNLESS** I clearly show I want help with feeding & drinking. D) I want to stop all help from others with feeding & drinking—**EVEN IF** I show I want help with feeding & drinking. Instead, give me Comfort Care for dry mouth. I want D) because I do not want my dying to take a long time and I do not want more pain before I die. (*I completed this sentence*): "I selected (I wrote in: A, B, C, or D) because..."

I selected D because that clearly states my decision for end-of-life care: no manual help eating or drinking- no fluids- comfort care only.

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