

**IS, AN INCURABLE CONDITION THAT WILL ~~KEEP GETTING WORSE~~
CONTINUE IN ITS COURSE UNTIL DEATH AND THAT HAS ALREADY
RESULTED IN LOSS OF CAPACITY AND COMPLETE PHYSICAL
DEPENDENCY:**

- 1. KEEP ME COMFORTABLE AND ALLOW NATURAL DEATH TO OCCUR. I DO NOT WANT ANY MEDICAL INTERVENTIONS USED TO TRY TO EXTEND MY LIFE. I DO NOT WANT TO RECEIVE NUTRITION AND FLUIDS BY TUBE OR OTHER MEDICAL MEANS.

((OR))

- 2. KEEP ME COMFORTABLE AND ALLOW NATURAL DEATH TO OCCUR. I DO NOT WANT MEDICAL INTERVENTIONS USED TO TRY TO EXTEND MY LIFE. IF I AM UNABLE TO TAKE ENOUGH NOURISHMENT BY MOUTH, HOWEVER, I WANT TO RECEIVE NUTRITION AND FLUIDS BY TUBE OR OTHER MEDICAL MEANS.

((OR))

- 3. TRY TO EXTEND MY LIFE FOR AS LONG AS POSSIBLE, USING ALL AVAILABLE INTERVENTIONS ~~IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS~~ THAT IN REASONABLE MEDICAL JUDGMENT WOULD PREVENT OR DELAY MY DEATH. IF I AM UNABLE TO TAKE ENOUGH NOURISHMENT BY MOUTH, I WANT TO RECEIVE NUTRITION AND FLUIDS BY TUBE OR OTHER MEDICAL MEANS.

E. PAIN RELIEF

NO MATTER WHAT MY CONDITION, GIVE ME THE MEDICINE OR OTHER TREATMENT I NEED TO RELIEVE PAIN.

F. IN CASE OF PREGNANCY

(OPTIONAL, FOR WOMEN OF CHILD-BEARING YEARS ONLY; FORM VALID IF LEFT BLANK)

IF I AM PREGNANT, MY DECISION CONCERNING LIFE-SUSTAINING PROCEDURES SHALL BE MODIFIED AS FOLLOWS:

G. EFFECT OF STATED PREFERENCES

(READ BOTH OF THESE STATEMENTS CAREFULLY. THEN, INITIAL ONE ONLY.)

- 1. I REALIZE I CANNOT FORESEE EVERYTHING THAT MIGHT HAPPEN AFTER I