



**TOUCHSTONE  
LIFE CARE**

# ADVANCE CARE DIRECTIVE

## MY DETAILS

**Legal First Name:** .....

**Legal Surname:** .....

**Email Address:** .....

**Date of Birth:** .....

**Gender:**

Male

Female

Other: .....

## EMERGENCY CONTACTS

**Emergency Contact One:**

First Name:..... Last Name:.....

Relationship:..... Phone Number:.....

Email Address:.....

- Responsible Person. This is the person you have nominated as your primary decision maker. You may nominate more than one responsible persons.

**Emergency Contact Two:**

First Name:..... Last Name:.....

Relationship:..... Phone Number:.....

Email Address:.....

- Responsible Person. This is the person you have nominated as your primary decision maker. You may nominate more than one responsible persons.

## MY PRIORITIES FOR CARE

1. I require the following things in order to live my minimum quality of life and still want to stay alive (choose as many as you like):

- Moving or stretching my body
- Eating good food
- Having enough money for the things I need
- Visiting other places
- Having my family around me
- Being able to participate in cultural or religious activities
- Having time alone
- Sleeping well
- Having a laugh
- Having independence
- Being pain free, or without too much pain
- Learning
- Being able to speak and communicate to others
- Having my friends around me
- Using a computer
- Other:.....

## IF I LOSE CAPACITY

The next questions refer only to situations where you cannot speak for yourself and others have to make decisions about your medical treatment. Rate each situation as if it was to occur within the next 12 months.

**2. I cannot hear anything:**



Life Is Not Worth Living

Not Sure

Life Is Still Worth Living

**3. I cannot see anything:**



Life Is Not Worth Living

Not Sure

Life Is Still Worth Living

**4. I cannot talk to my loved ones, but I can hear them and understand what they say:**



Life Is Not Worth Living

Not Sure

Life Is Still Worth Living

**5. I have mild to moderate pain and medication isn't helping:**



Life Is Not Worth Living

Not Sure

Life Is Still Worth Living

**6. I have severe pain and medication isn't helping:**



Life Is Not Worth Living

Not Sure

Life Is Still Worth Living

**7. I can only sleep for a few hours every night and medication isn't helping:**



Life Is Not Worth Living

Not Sure

Life Is Still Worth Living

**8. I have persistent nausea and medication isn't helping:**



Life Is Not Worth Living

Not Sure

Life Is Still Worth Living

**9. I cannot eat or swallow anything except sips of water:**



Life Is Not Worth Living

Not Sure

Life Is Still Worth Living

## IF I LOSE CAPACITY (cont.)

**10. I have lost all control of my bladder:**

—————  —————  —————  —————

Life Is Not Worth Living

Not Sure

Life Is Still Worth Living

**11. I have lost all control of my bowels:**

—————  —————  —————  —————

Life Is Not Worth Living

Not Sure

Life Is Still Worth Living

**12. I am dependent on other people for all or most of my activities of daily living:**

—————  —————  —————  —————

Life Is Not Worth Living

Not Sure

Life Is Still Worth Living

**13. I am breathless for most of the day and medication is not helping:**

—————  —————  —————  —————

Life Is Not Worth Living

Not Sure

Life Is Still Worth Living

**14. No-one is coming to visit me:**

—————  —————  —————  —————

Life Is Not Worth Living

Not Sure

Life Is Still Worth Living

**15. My condition is impacting the lives of my loved ones and they are distressed by it:**

—————  —————  —————  —————

Life Is Not Worth Living

Not Sure

Life Is Still Worth Living

**16. I do not recognise my family or my whereabouts:**

—————  —————  —————  —————

Life Is Not Worth Living

Not Sure

Life Is Still Worth Living

**17. I need to be admitted to hospital for intravenous antibiotic therapy:**

—————  —————  —————  —————

Life Is Not Worth Living

Not Sure

Life Is Still Worth Living

## IN AN EMERGENCY

The following questions address your medical intervention requests/preferences in case of a serious life changing issue, for example a stroke, heart attack, a complication in an operation, major accident or a deterioration in a major illness like widespread cancer.

Please select your preferred medical intervention for each question (notes can be added next to each question).

**18. If I am in the same state of health and same quality of life that I have now and my heart stops beating causing me to stop breathing and have no pulse then:**

- I want to receive CPR regardless of the expected quality of my life.
- I only want CPR if it is expected I will have my\* minimum quality of life.
- I do not want CPR.

\* Note: Review your answers to minimum quality of life in question 1.

**19. If I suffer a catastrophic event like a stroke, a major accident, a complication in an operation or a major deterioration in my health causing me to stop breathing and have no pulse, then:**

- I want to receive CPR regardless of the expected quality of my life.
- I only want CPR if it is expected I will have my\* minimum quality of life.
- I do not want CPR.

\* Note: Review your answers to minimum quality of life in question 1.

**20. If I suffer a catastrophic event like a stroke, a major accident, a complication in an operation, or major deterioration in my health, and life sustaining treatment is available, then I agree to only the treatments I have selected as YES and refuse the treatments I have selected as NO:**

Breathing machine (ventilator)

- Yes       No

Artificial feeding tube into the stomach (PEG)

- Yes       No

Artificial feeding tube through the nose (nasogastric tube)

- Yes       No

Kidney machine (dialysis)

- Yes       No

## IN AN EMERGENCY (cont.)

Blood transfusions

- Yes       No

Operations

- Yes       No

In hospital intravenous antibiotic therapy

- Yes       No

## REFUSING FUTILE LIFE EXTENDING TREATMENT

Please note:

**'Futile' medical treatment is treatment focused on extending your life but may not reduce your pain or symptoms.**

**Palliative Care is treatment focused on minimising your pain and symptoms rather than curing your illness or extending your length of life. Palliative treatments can still include medications, surgery and even radiotherapy to control and manage symptoms rather than extending life.**

**21. If my medical treatment is deemed ineffective (futile) and palliative care is available to manage my pain and symptoms then I choose the following:**

- I would like to receive palliative care rather than futile (life extending) treatments when my death is imminent in 24-72 hours.
- I would like to receive palliative care rather than futile (life extending) treatments when my death is expected in less than six months.
- I would like to receive palliative care rather than futile (life extending) treatments when my death is expected in less than one year.
- I do not wish to receive palliative care. I only wish to receive life extending treatments.

**22. If I have a terminal condition, I would prefer:**

- To be told as much information as possible about my illness and treatment.
- Not to be told that I have a terminal condition or the details of my treatment.

## REFUSING FUTILE LIFE EXTENDING TREATMENT (cont.)

23. If I have a terminal condition, I would prefer to stay:

- In a hospital or similar, as an inpatient.
- Where it is easiest for my family and loved ones to be with me.
- At home.
- Other:.....

24. Are there any cultural, religious or family End-of-Life beliefs, customs and traditions that are important to you and your loved ones?

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25. Are there any other messages, comments, explanations or directions you would like to make about your medical care to inform those who might have to make a decision on your behalf?

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## CONFIRMATION

If you are ready to complete your questionnaire please confirm the following:

- I make these choices voluntarily with no coercion.
- I am mentally competent.
- I have considered my current and future possible states of health.

**We know life circumstances change. Therefore you will still be able to easily update, edit, or change your answers to this questionnaire at any time after finishing.**