

Dementia Provision

Advance Directive Addendum

I, **Edward Holland**, am creating this document because I want my healthcare representatives/agents/proxies, medical providers, family members, caregivers, long-term care providers, and other loved ones to know and honor my wishes regarding the type of care I want to receive if I develop an advanced stage of Alzheimer's Disease or other incurable progressive dementia.

Under the conditions of advanced dementia, including my inability to communicate rationally with loved ones or caregivers, and/or my physical dependence on others for all aspects of bodily care, continuing life would have no value for me. In those conditions, and if my condition is unlikely to improve, I would want to die peacefully and as quickly as legally possible to avoid a drawn-out, prolonged dying that would cause unnecessary suffering.

Regardless of my physical and mental state, I would like the following treatment:

Care that's medically appropriate and reasonably possible given my current performance status, prognosis and the availability of competent and compassionate caregivers. Hospice care, VSED, and the option of MAiD if legal and available where I'm living.

Keep me comfortable, and stop or avoid any treatments that are preventing me from dying from other diseases (e.g. antibiotics, heart medication) if I am experiencing just one of the following:

- I have forgotten everything about my past, but still recognize those closest to me
- I am able to live according to my spiritual beliefs (food preferences, meditating or praying, attending services, etc.)
- I no longer recognize my loved ones, but I still smile and seem happy in my own world
- Competent and effective management of my pain and symptoms is a basic expectation. My definition of "quality of life" includes awareness of who I am, where I am, and who I'm with. It includes the ability to recognize and interact meaningfully with people and my surroundings, to enjoy food and beverages, to be able to participate in and enjoy conversations, reading, listening to music, and watching TV/movies. It also includes the capacity to look forward to (hope for) a reasonably desirable, meaningful and satisfying future.

Keep me comfortable while stopping all treatments and withholding food and water so that I can die peacefully:

- I no longer recognize my loved ones, and more often than not I seem unhappy, sad or anxious
- I am suffering mentally from anxiety, and you are not able to control it with medication
- I am angry or violent, but with medication I am normally OK
- I am angry or violent and it is not controlled with medication
- I can no longer communicate with my loved ones through words
- I can no longer feed myself
- I can no longer bathe myself
- I can no longer toilet myself
- I can no longer dress myself
- The only option to care for me is in a nursing home

- I no longer seem interested in food, but I will swallow if a spoon is held to my lips
- I am unable to leave my bed.
- As my "quality of life" as defined above deteriorates with little or no hope of improvement, stopping "treatments" and limiting and/or withholding nutrition/hydration would be my preference and choice.
- I no longer recognize my loved ones, and more often than not I seem unhappy, sad or anxious **and** I am suffering mentally from anxiety, and you are not able to control it with medication **and** I am angry or violent and it is not controlled with medication **and** I can no longer communicate with my loved ones through words **and** I can no longer feed myself **and** I can no longer bathe myself **and** I can no longer toilet myself **and** I can no longer dress myself **and** I no longer seem interested in food, but I will swallow if a spoon is held to my lips **and** Competent and effective management of my pain and symptoms is a basic expectation. My definition of "quality of life" includes awareness of who I am, where I am, and who I'm with. It includes the ability to recognize and interact meaningfully with people and my surroundings, to enjoy food and beverages, to be able to participate in and enjoy conversations, reading, listening to music, and watching TV/movies. It also includes the capacity to look forward to (hope for) a reasonably desirable, meaningful and satisfying future. **and** As my "quality of life" as defined above deteriorates with little or no hope of improvement, stopping "treatments" and limiting and/or withholding nutrition/hydration would be my preference and choice.

Patient Information:

Edward Holland

Address:

Healthcare Proxy Information:

Alternative Healthcare Proxy Information:

Address:

Shoreview, _____ 55126

Phone: _____

Email: _____

Patient Signature _____

Printed Name: Edward Holland

Date of Birth _____

Signature Date _____

We, whose names are provided below, declare that the person who signed this document is personally known to us, appears to be of sound mind and acting of their own free will, and signed this document (or asked another to sign this document) in our presence.

WITNESS 1 SIGNATURE _____ Signature Date

_____ Printed Name

Phone

Address

WITNESS 2 SIGNATURE _____ Signature Date

_____ Printed Name

Phone

Address
