

## **Advance Healthcare Directive for Viki Kind – dated 11/1/2012**

### **Types of illnesses where this advance directive would apply whether I am terminal or not terminal.**

I can never list every type of disease that might make me begin to lose my mental capacity but the list might include but not be limited to: all types of dementias, stroke, brain injury, mental illness, anoxic event, etc. I don't have to be completely out of it like being in a coma, PVS or minimally conscious state for this document to go into affect. And I don't have to be terminal. The point is that I don't want to have my life prolonged/sustained if my brain no longer works well enough to enjoy what is important to me

### **What is important to me? (The loss of any of these might be enough for my decision maker to implement my wishes documented in this advance directive.)**

To make a difference in the world.

To be able to communicate with those I love.

To receive the joy that comes from personal relationships.

To have some independence.

To be able to give love, not just receive people's kindness.

To not be a burden on my family/friends - financially, emotionally or physically.

To have a good death as defined by me (see below).

### **What conditions would I find reprehensible to live with long term? (Please give me the chance to recover if recovery is possible, but if I am not recovering to a level of functioning that I would think is worthwhile, whether terminal or not, then choose comfort care and hospice.)**

All of the following conditions do not have to be present at the same time for the decision to be made to allow me to die from my illness/injury. Any one of these conditions may be sufficient enough to change my course of treatment from prolonging my life to comfort care.

This list of "Conditions I would not want to live with" includes but is not limited to:

Not recognizing my loved ones.

Not being able to communicate by voice, computer or sign language.

Wandering around aimlessly.

Suffering that isn't necessarily pain related.

Significant pain that can not be controlled.

Significant pain that requires so much medicine that I am sleeping all the time.

Having to live in a skilled nursing facility or sub-acute facility permanently with my cognitive impairment. Nursing homes create such sadness in me every time have I visited or have stayed overnight with a loved one. I am too empathetic and take in

people's suffering too easily to be in that environment. It would destroy me long term. A short-term stay in a SNF/rehab/sub-acute is okay if I can recover to a life that I would consider worth living, but if it looks like I am not recovering, then no thank you.

### **Okay, now the CPR, ventilator and feeding tube conversation.**

My overall guideline is that if CPR, ventilator support or a feeding tube/TPN can return me to what I would consider to be a meaningful existence, (what is important to me), then please give me CPR, ventilator support and/or a feeding tube/TPN. But there has to be value in these medical options and any other medical treatment choices that are being considered. Don't do things, including but not limited to, antibiotics, etc that are just to sustain my poor condition.

I am not opposed to living with a feeding tube/TPN if it gives me many years of being able to enjoy what is important to me. But if the feeding tube/TPN is just to sustain my miserable condition, (what I would consider reprehensible) then don't put it in or give me feedings through it; and please take the feeding tube out if it is already in. (Okay, if I am on hospice and the feeding tube gives you access for administering the pain and suffering meds I need, then you can leave it in. But don't put food or additional liquids in it.) The feeding tube, like all medical decisions, needs to create value in my life, not just sustain my life.

If I am still healthy and can still experience lots of the things that are important to me, then give me CPR. But as my health declines and CPR becomes less statistically successful, then make me a DNR. Just like you doctor, I don't want to die by CPR. I want to die peacefully without life-prolonging medical interventions. (Doctor, please ask yourself the surprise question: Would I be surprised if Viki died during this hospitalization or died in the next 6 months? If the answer is no, I wouldn't be surprised, then talk to my decision maker about end-of-life choices including putting me on hospice.)

### **Reassurances for the decision maker**

You are allowed to make the best decisions you can based on the circumstances and what you know at the time. You do not need to know for certain or absolutely that you have all the answers. The decision doesn't have to be perfect. Use your heart and your head. I trust you to do the best you can. (What I would consider the best you can Ed, not what you, the perfectionist would consider the best you can.)

I believe love does not obligate a person to sacrifice themselves to be the caregiver for another. The damage done to the caregiver, emotionally, physically and mentally is too costly. I do not expect someone to give up their mental, emotional and physical health for me. Look at the MetLife studies. Caregiving sucks. And I love my decision maker and alternates too much to impose such a burden on them.

(Ed, if you need some time to make peace with what has happened, then you can take the time you need. I don't want the decision to feel rushed or uninformed which would cause you a lifetime of regret.)

For you doctor, this decision really isn't any of your business. Your role is to give my decision maker as much information as you can so he/she can make an informed decision. I encourage you to share your wisdom, guidance and experience but ultimately, it is my decision as expressed through my decision maker and this document. Remember, this document is an act of autonomy and should not be ignored by my decision maker/s, doctors or worst case, the courts. (I will definitely come back and haunt a judge who isn't respecting my wishes.)

### **What is a good death in my opinion?**

I would prefer to die at home but I realize that sometimes, a person needs to die somewhere else so I accept that. I would like to have my family/friends with me which includes and is limited to those I interact with on a regular basis. Those family/friends who have chosen to not be in my life while I was living should certainly not be there as I am dying. Because I like control over my life, I would like to be able to clean up my desk and to get my financial information updated. I would like to be able to write love letters, record messages and to say my goodbyes. (I will do my Go Wish Cards and leave a copy for my family.) I would like to die with reasonable pain control. For the days leading up to the death, I would be willing to tolerate a certain amount of pain if that allowed me to have meaningful time with family/friends. But at the end, there had better be no pain and definitely, no air hunger. (That doesn't mean ventilator support; it means manage my air hunger with medications.) And you better not be force feeding me by mouth, by IV or by tube as that would increase my suffering. (And that includes you at the skilled nursing facility, sub-acute facility or other care community if I happen to be dying there. I know you have your regulations but I also know you can't assault someone with food if they have said no when they had capacity.)

That's it for now.

Wiki Kind \_\_\_\_\_

Date: 11/1/12

