**Massachusetts Personal Health Care Directive**

Directive made this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (month, year).

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being of sound mind, willfully and voluntarily make this Directive for my Health Care Agent, family members, physicians and all others concerned with my care. I want to make know my desires on health care and medical treatment.

END OF LIFE DECISIONS

If I should have an incurable or irreversible condition that, without the administration of life-sustaining treatment, will, in the opinion of my attending physician, cause my death within a relatively short time and I am no longer able to make or communicate decisions regarding my medical treatment, I direct my attending physician to withhold or withdraw treatment in accordance with the choice I have initialed below in one of the following three spaces:

\_\_\_\_\_ I choose not to prolong life.

I do not want treatment that only prolongs the process of dying and is not necessary to provide comfort care or pain alleviation.

\_\_\_\_\_ I choose to prolong life.

I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

\_\_\_\_\_ I choose to let my Health Care Agent decide.

I want my Health Care Agent named in a Health Care Proxy to make decisions about life support and treatments on my behalf. When making those decisions, I want my Heath Care Agent to follow the guidelines I have provided.

OTHER WISHES

(If you wish to write your own instructions or if you wish to add to the instructions you have given above, you may do so here. For instance, you may state whether or not you wish to have specific medical intervention such as cardiopulmonary resuscitation (CPR), respirator, ventilator, dialysis machine, feeding tube, or blood transfusion.)

I direct that:

I understand the full import of this directive and I am emotionally and mentally competent to make this decision.

SIGNATURE

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, County, State of Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESSES

The signatory voluntarily signed this document in my presence.

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*This personal directive is an indication of my wishes and preferences and is not legally binding in the Commonwealth of Massachusetts.*