

APPOINTMENT OF A HEALTH CARE AGENT /
ADVANCE DIRECTIVE

I. GENERAL

(1) I _____

appoint _____

(name, home address, and telephone number)

as my health care agent ("agent") to make health care decisions for me if I am unable

to do so. The determination that I am unable to make health care decisions is to be

certified in writing by two licensed physicians. If at any time this agent cannot or will

not serve, I appoint _____

(name, home address, and telephone number)

as my agent. I recognize that this document cannot set forth all medical possibilities.

Therefore in cases not described in Section (III), my agent shall be authorized,

subject to the provisions of paragraph (2) of this section (I), to make any and all health

care decisions on my behalf after consulting with my doctors. However, I direct that

in all cases, both those governed by Section (III) and those governed by this Section

(I), food and liquids be given.

(2) Concurrence of an Orthodox Rabbi.

Prior to making a decision about my health care, in any case not covered by

Section (III), one of the following Rabbis shall be consulted by my agent. The Rabbi's decision shall govern my agent and my doctors.

(a) _____
(name, home address & telephone number)

(b) _____
(name, home address & telephone number)

(c) _____
(name, home address & telephone number)

(d) If none of these Rabbis are available, my agent shall consult with the Bio-ethics Commission of the Rabbinical Council of America (212) 807-7888, or an Orthodox Rabbi designated by it.

(e) If responses are received from more than one of the above, priority shall be given to them in the order they are listed.

II. DEFINITION OF DEATH IN JEWISH LAW

Three competing definitions are currently under debate in the Jewish Community:

- (1) Cessation of all breathing for a significant period of time, including respirator assisted breathing.
- (2) Cessation of all blood circulatory function for a significant period of time, including mechanically aided blood circulation.
- (3) Brain death, including brain stem death as measured by neuralgic and apnea tests. Radioactive Isotope blood flow studies may be required to confirm.

My agent shall consult the Rabbis listed above or the Bio-ethics Commission of the Rabbinical Council of America in any case where I am on life support and where it is necessary to determine whether my death has occurred.

III. SPECIFIC INSTRUCTIONS

1. If I am in an irreversible coma or a persistent vegetative state and, in the opinion of my doctor and at least two other doctors, have no known hope of regaining awareness and higher mental functions, then my wishes are:

Cardiopulmonary Resuscitation: at the point of death, using drugs and electric shock to keep the heart beating.

I want _____ I do not want _____

Mechanical Breathing: breathing by machine.

I want _____ I do not want _____

Major Surgery: such as removing the gall bladder or part of the intestines.

I want _____ I do not want _____

Kidney Dialysis: cleaning the blood by machine or by fluid passed through the belly.

I want _____ I do not want _____

Chemotherapy: using drugs to fight cancer.

I want _____ I do not want _____

Invasive Diagnostic Tests: such as cardiac catheterization or tissue biopsy.

I want _____ I do not want _____

Blood or Blood Products: such as giving transfusions.

I want _____ I do not want _____

Antibiotics and simple diagnostic tests should be administered.

2. If I am in a coma and in the opinion of my doctor and at least two other doctors have a small possibility of recovering fully, a slightly greater possibility of living with permanent brain damage, and a much larger possibility of dying, then my wishes are:

Cardiopulmonary Resuscitation: at the point of death, using drugs and electric shock to keep the heart beating.

I want _____ I do not want _____

Mechanical Breathing: breathing by machine.

I want _____ I do not want _____

Major Surgery: such as removing the gall bladder or part of the intestines.

I want _____ I do not want _____

Kidney Dialysis: cleaning the blood by machine or by fluid passed through the belly.

I want _____ I do not want _____

Chemotherapy: using drugs to fight cancer.

I want _____ I do not want _____

Invasive Diagnostic Tests: such as cardiac catheterization or tissue biopsy.

I want _____ I do not want _____

Blood or blood products, antibiotics, simple diagnostic tests, such as blood tests or x-rays, and pain medication, even if it dulls consciousness and indirectly shortens my life, should be provided.

3. If I have brain damage that in the opinion of my doctor and at least two other doctors cannot be reversed and which makes me unable to recognize people or to communicate in any way, and I also have a terminal illness, such as incurable cancer, that will likely cause my death, then my wishes are:

Cardiopulmonary Resuscitation: at the point of death, using drugs and electric shock to keep the heart beating.

I want _____ I do not want _____

Mechanical Breathing: breathing by machine.

I want _____ I do not want _____

Major Surgery: such as removing the gall bladder or part of the intestines.

I want _____ I do not want _____

Kidney Dialysis: cleaning the blood by machine or by fluid passed through the belly.

I want _____ I do not want _____

Chemotherapy: using drugs to fight cancer.

I want _____ I do not want _____

Invasive Diagnostic Tests: such as cardiac catheterization or tissue biopsy.

I want _____ I do not want _____

Blood or Blood Products: such as giving transfusions.

I want _____ I do not want _____

Antibiotics: using drugs to fight infection.

I want _____ I do not want _____

Simple Diagnostic Tests: such as performing blood tests or x-rays.

I want _____ I do not want _____

Pain Medications, even if they dull consciousness and indirectly shorten my life.

I want _____ I do not want _____

4. If I have brain damage that in the opinion of my doctor and at least two other doctors cannot be reversed and that makes me unable to recognize people or to communicate in any fashion, but I have no terminal illness, and I can live in this condition for a long time, then my wishes are:

Cardiopulmonary Resuscitation: at the point of death, using drugs and electric shock to keep the heart beating.

I want _____ I do not want _____

Mechanical Breathing: breathing by machine.

I want _____ I do not want _____

Major Surgery: such as removing the gall bladder or part of the intestines.

I want _____ I do not want _____

Kidney Dialysis: cleaning the blood by machine or by fluid passed through the belly.

I want _____ I do not want _____

Chemotherapy: using drugs to fight cancer.

I want _____ I do not want _____

Invasive Diagnostic Tests: such as cardiac catheterization or tissue biopsy.

I want _____ I do not want _____

Blood or blood products, antibiotics, simple diagnostic tests, such as blood tests or x-rays, pain medication, even if it dulls consciousness and indirectly shortens my life, should be provided.

I want _____ I do not want _____

IV. ORGAN DONATION

Upon my death I wish to donate the following life-saving organs, as specified, for the sole purpose of transplantation. In all cases, concurrence of an Orthodox Rabbi shall be necessary before my organs are taken for transplantation. If no Orthodox Rabbi is available, my agent or treating physician shall consult with the Bio-ethics Commission of the Rabbinical Council of America at (212) 807-7888.

I choose to donate (not donate) the following organs:

All organs permissible under Jewish law as decided by an Orthodox Rabbi.

I want to donate _____

I don't want to donate _____

Cornea(s)

I want to donate _____

I don't want to donate _____

Kidney(s)

I want to donate _____

I don't want to donate _____

Heart

I want to donate _____

I don't want to donate _____

Lung(s)

I want to donate _____

I don't want to donate _____

Liver

I want to donate _____

I don't want to donate _____

Pancreas

I want to donate _____

I don't want to donate _____

V. STATEMENT OF INTENT

This Medical Directive expresses my wishes regarding medical treatments in the event that I am unable to communicate them directly. The document should take effect on my incapacity or disability. Should any specific provision of this directive be held unenforceable, with the exception of any provision requiring the concurrence of, or consultation with, a Rabbi or the Bio-ethics Commission of the Rabbinical Council of America, such unenforceability shall not affect the remaining provisions of this directive. I make this directive, being 18 years or more of age, and of sound mind. I understand the effects of signing this document. The directive is binding on my heirs, personal representatives and assignees and it revokes and supersedes any prior living wills, declarations, powers of attorney, advance directives and the like.

Signed _____

Date _____

VI. WITNESSES' SIGNATURES

(Witnesses may not be related to you by blood, marriage or adoption nor may they be named in your will. They shall not knowingly be entitled to any portion of your estate, whether by any testamentary instrument or by operation of law. Further, witnesses shall not be financially responsible for your medical care, nor shall they be creditors of yours. They must be over 18, must witness your signature and cannot sign for you.)

Each of us believes that the person making this advance directive is of sound mind, that he/she appears not to be acting under pressure, duress, fraud, or undue influence. Neither of us is related to the person making this advance directive by blood, marriage or adoption, nor, to the best of our knowledge, are either of us named in his/her will. Nor are we a person appointed in this advance directive, a health care provider or an employee of a health care provider who is now, or has been in the past, responsible for the care of the person making this directive.

Witness _____

Date _____

Address _____

Witness _____

Date _____

Address _____

Notarization:
(optional)