

Medical Durable POA Examples of “Instructions to Agent” Optional Language

(Examples are optional and not legal advice.)

- *I would / would not want life sustaining treatment:*
 - If I am unconscious, in a coma, or in a vegetative state and there is little or no chance of recovery.
 - If I have permanent, severe brain damage that makes me unable to recognize my family or friends (for example, severe dementia).
 - If I have a permanent condition where other people must help me with my daily needs (for example, eating, bathing, toileting).
 - If I need to use a breathing machine and be in bed for the rest of my life.
 - If I have pain or other severe symptoms that cause suffering and can't be relieved.
 - If I have a condition that will make me die very soon, even with life-sustaining treatments.
- Preference for pets being allowed in room or at bedside.
- Preference of where one would like to pass away (hospital/hospice/care facility/home or other).
- Preference for Organ Donation.
- Consider palliative care consult regarding goals of care.
- Continue life sustaining procedures only if I am likely to return to engaging in daily self-care abilities and provide greater benefit than burden to my family.
- Don't prolong my death if I am unable to return to baseline functioning...able to eat, breathe and otherwise able to function naturally. Keep me comfortable and pain free.
- Please allow me to pass naturally, not on machines of any kind if there is little hope of recovery.
- Continue support if I have a significant hope of recovery. No prolonged support without hope of improvement to baseline functioning.
- Please keep me company, be vigilant, and keep me lucid but as comfortable as possible.
- Please allow my family and friends to be by my side as much as they need.
- Please limit the cost of my care, do not prolong the inevitable if it is clear I am dying.
- Quality of life is essential; withdraw/withhold aggressive care if in a terminal/vegetative condition.
- Preference for when an agent's powers begin (if not on form):
 - Immediately upon my signature (standing power as needed)
 - When my physician or other qualified medical professional has determined that I am unable to make or express my own decisions, and for as long as I am unable to make or express my own decisions. (Springing power determined by medical professionals)

Do Not Use the Instructions to Agent Optional Section on the MDPOA form to State the Following:

- Your preference for CPR - a MOST Form or CPR Directive must be completed with your provider. Only seek a CPR Directive or MOST Form if you DO NOT want anyone to attempt CPR from the moment you sign one of these documents.