SUPPLEMENTAL ADVANCE DIRECTIVE FOR DEMENTIA CARE

This Supplemental Advance Directive is made by:

Name: _____

Address: _____

I make this Supplemental Advance Directive for Dementia Care to inform my health care providers, loved ones, and health care agent of my treatment instructions in the event I lack capacity to give instructions myself. I am fully competent at this time. I have a separate, general advance directive in place. I ask that my general advance directive be maintained in my patient chart and applied according to its terms and that it be supplemented by this Advance Directive for Dementia Care.

I have also completed a legal form to appoint a health care agent and trust my agent to demand that my general advance directive be enforced in circumstances where it applies and this Supplemental Advance Directive for Dementia Care be enforced in the circumstances where it applies.

This Supplemental Advance Directive for Dementia Care should be applied when my dementia has progressed to the point at which, in the opinion of my health care agent, I have reached advanced late-stage dementia defined as Stage 6 or 7 on the Functional Assessment Staging Test (FAST). I will call this "My Chosen End Point." I would wish to die quickly and peacefully under those circumstances.

At My Chosen End Point, I wish to receive the best available palliative and/or hospice care and refuse any medical treatment that would serve only to postpone my death, including, for example, vaccines, antibiotics, or other antimicrobial drugs, antiarrhythmics, cardiopulmonary resuscitation, blood transfusions, or any artificial or mechanical means of life support. I do not wish to extend my life or prolong the dying process.

At My Chosen End Point, I wish to be allowed to die by SED, or the stopping of eating and drinking. I do not want to be encouraged, persuaded, or forced to eat or drink. I do not want food or fluid to be held near my mouth to provoke me to open my mouth reflexively. I ask that the scent of food not be present in my room. I instruct that I not be hand fed or hydrated unless, in my Agent's view, the lack of hand feeding and hydration appear to cause me physical or emotional distress and I affirmatively appear to seek to be hand fed or hydrated to relieve the distress. Any palliative or sedative medication should not be given orally, if possible. Moistening of my lips to keep them comfortable should not be considered a form of prohibited hydration.

I insist that nothing I do be deemed a revocation of this Advance Directive unless I revoke it in writing at a time when I have the mental capacity to make and revoke an advance directive. In my view, hand feeding and hydration are forms of medical treatment and require the patient's consent.

Today, while I am competent, I insist that I be allowed to die naturally by not eating or drinking at My Chosen End Point. Given that any other advance directive signed while I am competent is honored after I lack capacity, even if I would die as a result, there is no reason for my instructions regarding hand feeding and hydration to be treated differently.

I intend that my health care agent alone be the one to determine whether I have reached My Chosen End Point. I authorize my health care agent to take any legal action necessary to enforce my choice to die from SED if I have reached My Chosen End Point.

I ask that any health care institution providing treatment for me maintain my advance directives in my chart and document prominently that these advance directives are in place, as required by 42 U.S.C. § 1395cc(a)(1)(Q) and (f), 42 V-11-12-220 - 3 - U.S.C. § 1395i-3(c)(1)(E), and any applicable state law. I ask that the health care institution's management review these documents and determine if the health care institution has any policy against the enforcement of their terms. If so, I ask that I be transferred to an appropriate health care institution that does not have such a policy.

Signed, _____ Dated on _____, 20_____

We, the following witnesses, testify that we know the signer of this document and believe, based on our experience, the signer is competent to make the decisions reflected herein.

WITNESS NO. 1:

Printed Name_____

Address: _____ _____

Signature _____

WITNESS NO. 2:

Printed Name_____

Address: _____ _____

Signature _____ _____

English

(https://endoflifeoptionsnm.org)

505-393-1321 (tel:15053931321)

Dementia Directives

English

Dementia or Living Will Directives

What if I had Dementia? Planning for the Future

Alzheimer's disease is one of the most common problems people face in their 70's and 80's. One of the most important things you can do is tell people who would be taking care of you what medical care you think you would want if you were to develop worsening dementia.

Download PDF (/wp-content/uploads/2021/07/dementia-directive.pdf)

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At My Chosen End Point, I wish to be allowed to die by SED, or the stopping of eating and drinking. I do not want to be encouraged, persuaded, or forced to eat or drink. I do not want food or fluid to be held near my mouth to provoke me to open my mouth reflexively. I ask that the scent of food not be present in my room. I instruct that I not be hand fed or hydrated unless, in my Agent's view, the lack of hand feeding and hydration appear to cause me physical or emotional distress and I affirmatively appear to seek to be hand fed or hydrated to relieve the distress. Any palliative or sedative medication should not be given orally, if possible. Moistening of my lips to keep them comfortable should not be considered a form of prohibited hydration.

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February 2024

(https://endoflifeoptionsnm.org/wp-content/uploads/2024/02/Sup-Adv-Directive-Dementia-Care-2-9-24.pdf)

Updated February, 2024

English

Supplemental Advance Directive for Dementia Care

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Functional Assessment Staging Test (FAST)

FAST is a seven-stage system based on one's level of functioning and ability to perform activities of daily living (ADLs).

Functional Assessment Staging Test (FAST)			
Stage	**Patient Condition**	**Level of Functional Decline**	**Expected Duration of Stage**
Stage 1	Normal adult	No functional decline.	N/A
Stage 2	Normal older adult	Personal awareness of some functional decline.	Unknown
Stage 3	Early Alzheimer's disease	Noticeable deficits in demanding job situations.	The average duration of this stage is 7 years.
Stage 4	Mild Alzheimer's	Requires assistance in complicated tasks such as handling finances, traveling, planning parties, etc.	The average duration of this stage is 2 years.
Stage 5	Moderate Alzheimer's	Requires assistance in choosing proper clothing.	The average duration of this stage is 1.5 years.
Stage 6	Moderately severe Alzheimer's	Requires assistance with dressing, bathing, and toileting. Experiences urinary and fecal incontinence.	The average duration of this stage is 3.5 months to 9.5 months.
Stage 7	Severe Alzheimer's	Speech ability declines to about a half-dozen intelligible words. Progressive loss of ability to walk, to sit up, to smile, and to hold head up.	The average duration of this stage is 1 year to 1.5 years.

(https://endoflifeoptionsnm.org/wp-content/uploads/2024/02/FAST-table.pdf)