New Hampshire Alliance for End of Life Options

***SAMPLE***

## Dementia Supplement to Advance Directive

Dear Proxy/Health Agent and all Medical and Healthcare Providers:

If you are reading this because I can't make my own medical decisions due to dementia, please understand I don't wish to prolong my living or dying even if I seem relatively happy and content. My Advanced Directive has been long ago completed but lacks authority in cases other than a terminal illness or imminent death. Please consider my dementia a terminal illness. It is.

As a human being who currently has the moral and intellectual capacity to make my own decisions, I want you to know that I care about the emotional, financial, and practical burdens that dementia places on those who love me. Above that, my humanness is based on my ability to be in relationship. In serious or profound dementia, if I am no longer able to be in relationship to you, I no longer feel human.

Please let my wishes as stated here guide you in making decisions for me.

1. I wish to remove all barriers to a natural, peaceful, and timely death
2. Please ask my medical team to provide comfort care Only
3. Try to qualify me for hospice and if denied, wait the shortest time possible and try again
4. I do not wish any attempt at resuscitation. Ask my doctor to sign a do-not-resuscitate order with bracelet. Consider and call it by its positive term: Allow Natural Death
5. As my proxy – where legal – have a POLST completed for me with comfort care choices.
6. Do not transport me to a hospital except for trauma care – i.e., a fall with broken bone. I prefer to die in the place I have come to know as home.
7. Do not intubate or provide resuscitative fluids.
8. Do not provide any feeding tubes or artificial feeding.
9. If I no longer feed myself when food is placed in front of me, do not tickle my lips with spoonfuls. I am not a baby bird. Do not coax me to eat. Allow me to Voluntarily Stop Eating and Drinking – it is my right. I consider it legal that you have offered me food if it is placed within my reach.
10. Ask my doctors to deactivate all medical devices such as defibrillators or pacemakers that might delay my death
11. Stop – or better – do not start dialysis.

12. Do not agree to any tests that would not alter the course of treatment. I choose to avoid treatments that are burdensome, agitating, painful or prolonging of my death
13. Do not give me “preventive” vaccines such as pneumonia, flu or Covid if it becomes available.
14. Use opioids and other classifications of medications to provide comfort

These are instructions intended to supplement my Advanced Directive previously witnessed and filed with my doctor, hospital, lawyer and family members.