

COVID-19 Addendum to My Advance Health Care Directive

Dear (Partner/Caregiver) or Medical Advocate:

You're reading this because I can't make my own medical decisions likely due to COVID-19. Please refer to my complete Medical Advance Directive for all other medical situations.

I don't wish to prolong my living or dying if it means going on a ventilator. 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 recovering or dying from COVID-19 would likely place on me, medical workers, and those who love me.

So please let my wishes as stated below guide you (check all that apply):

If I am seriously ill from COVID-19, I understand that a visit to a medical center, hospital or emergency room may be able to provide some pain relief, pharmaceutical treatments, and non-invasive breathing support that could ease my suffering and increase my chance of survival. I would welcome that.

If the same services can be provided at home, with guidance through telemedicine and adequate home care, I would prefer it.

Do keep me out of physical pain, with opioids as necessary.

Do not agree to any tests whose results would be meaningless, given my desire to avoid treatments that might be burdensome, agitating, painful, or prolonging of my life or death.

If I go to a hospital, ask for a doctor's order making me **"DNR" (Do Not Resuscitate) and "DNI" (Do Not Intubate) upon my arrival.**

Ask my doctor to fill out the medical orders known as POLST (Physician Orders for Life-Sustaining Treatment) or MOLST (Medical Orders for Life-Sustaining Treatment) to confirm the wishes I've expressed here, when/if I am discharged from the hospital.

What I do **not** want is for a visit to the ER or hospitalization to escalate into a stay in an ICU.

If my condition deteriorates to the point where doctors are recommending I be moved to an ICU for intubation and ventilation:

Please ask my medical team to provide Comfort Care Only, also known as Comfort Measures Only, (CMO.)

Try to secure hospice and /or palliative care for home support in dying.

I prefer to die in my home, if there is time to move me.

If not, please ask I be moved to a "comfort suite" or hospice unit.

I absolutely do not wish any attempt at ventilation, intubation or resuscitation

Ask my doctor to sign a do-not intubate (DNI) order and a do-not-resuscitate order (DNR) if this has not already been done

I do not want treatments that may prolong or increase my suffering or put medical workers at unnecessary risk.

I wish to remove all barriers to a natural, peaceful, and timely death.

My health care agent is: _____ Phone: _____

My alternate health care agent is: _____ Phone: _____

Signature _____ Date _____

*This Advance Health Care Directive Addendum for COVID-19 was posted by Frank Ostaseski on his Facebook page. An adaption of a letter by Katy Butler from her book *The Art of Dying Well*, (c) 2019. Feel free to make it your own.