

Addendum to Living Will (If Any) Dated _____ / _____ / _____

This Living Will is intended to "Broaden Rights" rather than limit rights as provided in State Statutes.

LIVING WILL: Declaration Relating to Alzheimer's Disease (AD)

I, _____ of the City of _____, County of _____, State of _____, do willfully and voluntarily make known that my dying not be prolonged under the circumstances set forth below.

- **Whereas** Alzheimer's Disease is a **Progressive** and **Degenerative** brain disease.
- **Whereas** Alzheimer's Disease is **Terminal**.
- **Whereas** it is a medical fact that the brain is central to human beings potential for quality of life.
- **Whereas** I know that Alzheimer's Disease cannot be absolutely determined without an autopsy.
- **Whereas** I accept the known medical and psychiatric assessments to determine whether or not I have Alzheimer's Disease; absolute assurance not required.
- **Whereas** the **Progression** and **Degeneration** is predictable per the medically accepted Global Deterioration Scale for Assessment of Primary Degenerative Dementia. Reprinted with permission from the *American Journal of Psychiatry* (Copyright 1982). American Psychiatry Association.
- **Whereas** the Sixth and Seventh Stages are defined as follows:

Sixth – Severe cognitive decline (Middle Dementia)

May occasionally forget the name of the spouse upon whom they are entirely dependent for survival. Will be largely unaware of all recent events and experiences in their lives. Retain some knowledge of their past lives but this is very sketchy. Generally unaware of their surroundings, the year, the season, etc. May have difficulty counting from 10, both backward and, sometimes, forward. Will require some assistance with activities of daily living, e.g., may become incontinent, will require travel assistance but occasionally will be able to travel to familiar locations. Diurnal rhythm frequently disturbed. Almost always recall their own name. Frequently continue to be able to distinguish familiar from unfamiliar persons in their environment. Personality and emotional changes occur. These are quite variable and include: (a) delusional behavior, e.g., patients may accuse their spouse of being an impostor, may talk to imaginary figures in the environment, or to their own reflection in the mirror; (b) obsessive symptoms, e.g., person may continually repeat simple cleaning activities; (c) anxiety symptoms, agitation, and even previously nonexistent violent behavior may occur; (d) cognitive abulia, i.e., loss of willpower because an individual cannot carry a thought long enough to determine a purposeful course of action.

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Seventh - Very severe cognitive decline (Late Dementia) stage

All verbal abilities are lost over the course of this stage. Frequently there is no speech at all – only unintelligible utterances and rare emergence of seemingly forgotten words and phrases. Incontinent of urine, requires assistance toileting and feeding. Basic psychomotor skills, e.g., ability to walk, are lost with the progression of this stage. The brain appears to no longer be able to tell the body what to do. Generalized rigidity and developmental neurologic reflexes are frequently present.

Therefore:

When two medically licensed physicians determine that I am in either the **Sixth** or **Seventh** Stage.

I hereby provide this Advanced Directive and thought basis concerning the decisions to be made concerning my care as a victim of Alzheimer's Disease.

1. All decisions are to be based on **Quality of Life** not **Prolonging Life**.
2. Concerning any ethical challenges to my Living Will relating to new treatments, medications and procedures; I insist the medical profession be able to clearly state with a preponderance of evidence based on then current knowledge that my **Alzheimer's Disease** can be reversed, prior to any decision against my Living Will.
3. When I cannot or do not recognize, desire or understand the need for food or drink as beneficial to sustaining my life; I desire no artificial intervention or coercion to feed me be done. I consider mechanically altered or texture modified food and supplements as artificial intervention.
4. Medical procedures, medical treatments, prescribed medications and therapy (not limited to physical, occupational, speech, respiratory) interventions are not necessarily beneficial to my life and **Alzheimer's Disease** will likely not allow me to respond with appropriate interaction or receive the short or long term benefits. The overall desired positive value of the intervention does not exist.
5. I request that all parties guard against interventions that may be considered exploitation of personal and government financial resources, not sufficiently considering **Quality of Life** vs. **Prolonging Life**.
6. I consider non intervention to be humane, allowing the natural dying process.
7. I consider palliative care as appropriate, including medications to affect positive behavioral responses.

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I designate (Print) _____ to make the treatment decisions for me. If for any reason (Print) _____ is unwilling or unable to make the decisions for me, I designate (Print) _____ to serve as alternate.

I understand the full import of this declaration, and am emotionally and mentally competent to make it.

Signature of Declarant

Address of Declarant

The **Declarant** is known to us, and we believe _____ to be of sound mind.

Witness Name (Print)

Witness Name (Print)

Witness Signature

Witness Signature

Witness Address:

Witness Address:

I Hereby Certify that on this _____ day, before me, the undersigned authority, personally appeared _____ who is personally known to me or who has produced _____ as identification, and who executed the foregoing instrument, and he/she acknowledges before me that he/she executed the same freely and voluntarily for the purposes therein expressed.

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20_____

Notary Public – State of _____

Printed Name:

My Commission Expires:

My Commission Number is: