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## MASSACHUSETTS ADVANCE DIRECTIVE

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*Please note: Cake is providing this form to help you plan. In supplying this form, Cake is not providing legal advice. For legal advice, please consult with an attorney or estate planner. Cake did not author this form, nor does it lay ownership claim to the contents therein.*

## PERSONAL WISHES STATEMENT

This form is an expression of my wishes and not legally binding.

I, \_\_\_\_\_, sign this form for the purpose of offering my Health Care Agent guidance so that he or she may make decisions based on an assessment of my personal wishes as well as medical information provided by my physicians. My Health Care Agent has authority to make such decisions in accordance with Massachusetts law. This form is an expression of my wishes and not legally binding.

**If there is no reasonable expectation for my recovery and, in the opinion of my physician, I will die without life sustaining treatment that only prolongs the dying process,** I ask that my Health Care Agent consider the following (initial lines that express your wishes)

\_\_\_\_\_ Treatment should be given to maintain my dignity, keep me comfortable and relieve pain.

\_\_\_\_\_ If my heart stops, I do not want it to be restarted.

\_\_\_\_\_ If I stop breathing, I do not want to have a breathing tube put into my throat and be hooked up to a breathing machine.

\_\_\_\_\_ My physician may withdraw or withhold treatment that only serves to prolong the dying process. Some examples of types of such treatment include:

\_\_\_\_\_ If I cannot drink, I do not want to receive fluids through a needle placed in my vein unless necessary to keep me comfortable.

\_\_\_\_\_ If I cannot eat, I do not want a tube inserted in my nose, mouth or surgically placed to give me food.

\_\_\_\_\_ If I have an infection, I do not want antibiotics administered to prolong my life without hope of cure unless necessary to keep me comfortable.

\_\_\_\_\_ If possible, I would like to die at home with hospice care, if needed.

\_\_\_\_\_ Unless necessary for my comfort, I would prefer NOT to be hospitalized.

\_\_\_\_\_ My faith tradition is \_\_\_\_\_.

My spiritual contact person is \_\_\_\_\_.

My faith community is \_\_\_\_\_.

\_\_\_\_\_ I wish to have spiritual support.

\_\_\_\_\_ I do not wish spiritual support.

\_\_\_\_\_ If possible, I wish to be an organ donor.

\_\_\_\_\_ Following is additional guidance for my Health Care Agent's consideration:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **CRITICAL STEP: SHARE YOUR COMPLETED DOCUMENT!**

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**Your document is only helpful if people know where to find it when it is needed.** It's important to discuss the decisions outlined in your document with anyone you designate to act on your behalf in a health emergency. Here's a quick guide to sharing your document once it has been completed and satisfies the legal requirements for your state (if applicable).

### **WHO NEEDS A COPY OF YOUR DOCUMENT?**

- Anyone assigned a decision-making role in the document
- A spouse or significant other
- A trusted family member or friend
- Any doctors you see on a regular basis
- Any hospital or facility in which you regularly receive care
- A lawyer and/or estate planner, if you have one

### **HOW TO SHARE YOUR DOCUMENT**

- 1) **Use Cake!** Upload your document to a free Cake account for safekeeping. Share 24/7 secure document access with anyone that has an email address\*

**Create your free Cake account: [www.joincake.com/share-free](http://www.joincake.com/share-free)**

- 2) **Or, print** and provide copies to everyone who needs one

### **WHY PLAN & SHARE WITH CAKE?**

- Get a personalized checklist that guides you through each step
- Make healthcare, financial, funeral, and legacy decisions
- Create, upload, and print all your end-of-life documents
- Share 24/7 document access with anyone that has an email address\*

**Create your free Cake account: [www.joincake.com/share-free](http://www.joincake.com/share-free)**

*\* Some healthcare providers may require a paper copy of your document to be able to enter it into their records.*