

Hypothetical Scenario Analysis Form

Name: _____

* Record your preferences by placing a checkmark (✓) in the box that best corresponds with your wishes. To eliminate any ambiguity regarding this scenario, ***please make certain you record a preferred course of action for each medical treatment/procedure.***

Situation A

If I am in a coma or a persistent vegetative state and, in the opinion of my physician and several consultants, have no known hope of regaining awareness and higher mental functions no matter what is done, then my wishes regarding use of the following, if considered medically reasonable, would be:

Medical Treatment / Procedure	I want treatment.	I want treatment, if no clear improvement, stop treatment.	I am undecided .	I do not want treatment .
Cardiopulmonary Resuscitation		Not Applicable		
Mechanical Breathing				
Artificial Nutrition and Hydration				
Major Surgery		Not Applicable		
Kidney Dialysis				
Chemotherapy				
Minor Surgery		Not Applicable		
Invasive Diagnostic Tests		Not Applicable		
Blood or Blood Products				
Antibiotics				
Simple Diagnostic Tests		Not Applicable		
Pain Medications (Even if they dull consciousness and indirectly shorten my life)		Not Applicable		

Hypothetical Scenario Analysis Form (continued)

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Situation B

If I am in a coma and, in the opinion of my physician and several consultants, have a small likelihood of recovering fully, a slightly larger likelihood of surviving with permanent brain damage, and a much larger likelihood of dying, then my wishes regarding use of the following, if considered medically reasonable, would be:

Medical Treatment / Procedure	I want treatment.	I want treatment, if no clear improvement, stop treatment.	I am undecided	I do not want treatment
Cardiopulmonary Resuscitation		Not Applicable		
Mechanical Breathing				
Artificial Nutrition and Hydration				
Major Surgery		Not Applicable		
Kidney Dialysis				
Chemotherapy				
Minor Surgery		Not Applicable		
Invasive Diagnostic Tests		Not Applicable		
Blood or Blood Products				
Antibiotics				
Simple Diagnostic Tests		Not Applicable		
Pain Medications (Even if they dull consciousness and indirectly shorten my life)		Not Applicable		

Hypothetical Scenario Analysis Form (continued)

* Record your preferences by placing a checkmark (✓) in the box that best corresponds with your wishes. To eliminate any ambiguity regarding this scenario, ***please make certain you record a preferred course of action for each medical treatment/procedure.***

Situation C

If I have brain damage or some brain disease that in the opinion of my physician and several consultants cannot be reversed and that makes me unable to recognize people or to speak understandably, *and I also have a terminal illness*, such as incurable cancer, that will likely be the cause of my death, then my wishes regarding use of the following, if considered medically reasonable, would be:

Medical Treatment / Procedure	I want treatment.	I want treatment, if no clear improvement, stop treatment.	I am undecided .	I do not want treatment .
Cardiopulmonary Resuscitation		Not Applicable		
Mechanical Breathing				
Artificial Nutrition and Hydration				
Major Surgery		Not Applicable		
Kidney Dialysis				
Chemotherapy				
Minor Surgery		Not Applicable		
Invasive Diagnostic Tests		Not Applicable		
Blood or Blood Products				
Antibiotics				
Simple Diagnostic Tests		Not Applicable		
Pain Medications (Even if they dull consciousness and indirectly shorten my life)		Not Applicable		

Hypothetical Scenario Analysis Form (continued)

* Record your preferences by placing a checkmark (✓) in the box that best corresponds with your wishes. To eliminate any ambiguity regarding this scenario, ***please make certain you record a preferred course of action for each medical treatment/procedure.***

Situation D

If I have brain damage or some brain disease that in the opinion of my physician and several consultants cannot be reversed and that makes me unable to recognize people or to speak understandably, *but I have no terminal illness and I can live in this condition for a long time*, then my wishes regarding use of the following, if considered medically reasonable, would be:

Medical Treatment / Procedure	I want treatment.	I want treatment, if no clear improvement, stop treatment.	I am undecided .	I do not want treatment .
Cardiopulmonary Resuscitation		Not Applicable		
Mechanical Breathing				
Artificial Nutrition and Hydration				
Major Surgery		Not Applicable		
Kidney Dialysis				
Chemotherapy				
Minor Surgery		Not Applicable		
Invasive Diagnostic Tests		Not Applicable		
Blood or Blood Products				
Antibiotics				
Simple Diagnostic Tests		Not Applicable		
Pain Medications (Even if they dull consciousness and indirectly shorten my life)		Not Applicable		

Hypothetical Scenario Analysis Form (continued)

The following Hypothetical Medical Scenarios reflect my feelings about the type of care I wish to receive under different medical scenarios

I have hereunto set my hand this _____ day of _____, 20____ .

Signature

Witness

Witness