

醫療保健指示書

我的姓名是_____。

我的出生日期是_____。

我具備決策能力。我自願簽書本指示書。如果無法自行做出決定，我的親屬、朋友、代理人和醫務人員應充分尊重本指示書的每一部分。如果本指示書的任何部分無效，則應尊重本指示書的其餘部分。我撤銷以往簽署的任何醫療服務指示書。

1. 醫療服務價值觀：應遵循以下意願和選擇作出關於我的所有醫療決策：

a. 讓我保有生命價值的事項。

☐ 一些絕癥或嚴重疾病可能讓我**永遠**無法從事保有生命價值的事情。這種情況下，如果我**再也不能**從事以下活動，那麼除關懷護理、緩解疼痛和姑息治療外，我希望終止所有治療：

☐ 以任何有意義的方式認出我的親友和家人

☐ 鍛煉

☐ 戶外活動

☐ 閱讀

☐ 看電視/電影

從事以下活動：

Health Care Directive

My name is _____.

My birth date is _____.

I am a person with decision-making capacity. I voluntarily sign this directive. If I cannot make decisions for myself, my relatives, friends, agents, and medical providers should fully honor every part of this directive. If any part of this directive is invalid, the rest should be honored. I revoke any health care directives I have signed in the past.

1. Health Care Values: The following wishes and preferences should guide all decisions made about my care:

a. What makes my life worth living.

Some terminal or serious conditions may stop me from **ever** doing the things that make life worth living for me. In that situation, I want you to stop all treatment except comfort care, pain relief and palliative care if I **cannot ever again**:

Recognize my close friends and family in any meaningful way

Exercise

Be outdoors

Read

Watch tv shows/movies

Do the following:

☐ 其他：

Other:

☐ 始終保有生命價值。盡可能維持生命。

Life is always worth living. Do everything you can to keep me alive.

b. 我的希望。 在最後時光裏，我希望：

b. My hopes. In my last days, I hope to spend my time:

☐ 與我的親密朋友和家人在一起：

With my close friends and family:

☐ 與以下慰藉物品和/或寵物在一起：

With the following comfort items and/or pets:

☐ 食用/飲用以下物品（如可能）：

Eating/drinking the following items, if possible:

☐ 聽以下音樂：

Listening to the following music:

☐ 其他：

Other:

c. 疼痛管理。 治療疼痛的藥物通常伴有嗜睡和頭腦不清的副作用。在最後時光裏，我希望採用以下方式在鎮痛的同時能夠保持頭腦清晰：

c. Pain Management. Medications used to treat pain often come with the side effect of drowsiness and decreased mental clarity. In my last days, I hope to balance pain management and mental clarity in this way:

☐ 我希望盡可能減少疼痛，即使神智不清也無妨。

I hope to spend my time in as little pain as possible, even if I'm not mentally clear.

☐ 我願意在神智比較清醒的情況下忍受以下程度的疼痛：

I am willing to tolerate the following level of pain in the hopes of having more mental clarity:

<input type="checkbox"/> 1 = 幾乎注意不到的疼痛	1 = Pain I hardly notice
<input type="checkbox"/> 2 = 感到疼痛，但不幹擾任何活動	2 = Pain I notice but does not interfere with activities
<input type="checkbox"/> 3 = 有時會因疼痛分散注意力	3 = Pain that sometimes distracts me
<input type="checkbox"/> 4 = 會因疼痛分散注意力，但可以從事日常活動	4 = Pain that distracts me, but I can do usual activities
<input type="checkbox"/> 5 = 因疼痛而中止一些活動	5 = Pain interrupts some activities
<input type="checkbox"/> 6 = 無法忽視的疼痛，需要避免日常活動	6 = Pain is hard to ignore, I avoid usual activities
<input type="checkbox"/> 7 = 疼痛成為關注焦點，並妨礙日常活動	7 = Pain is my focus of attention, prevents daily activities
<input type="checkbox"/> 8 = 疼痛劇烈，難以從事任何事情	8 = Pain is awful, it's hard to do anything
<input type="checkbox"/> 9 = 疼痛無法忍受，無法從事任何事情	9 = Pain is unbearable, I'm unable to do anything
<input type="checkbox"/> 10 = 所能想象的最劇烈疼痛。務必保持最大限度的頭腦清醒。	10 = Pain as severe as I can imagine. Maximum mental clarity is the most important.
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>d. 我的恐懼。我對一些情況或治療心存芥蒂，並希望進行預防或避免（如有可能）。</p> <p><input type="checkbox"/> 我害怕（例如：呼吸困難、口渴、窒息感、惡心、頭痛）：</p> <p>_____</p> <p>。</p> <p>請盡一切可能通過關懷護理緩解這種感覺。</p> <p><input type="checkbox"/> 我不希望在疾病晚期使用救生措施。請為我的臨終治療提供成本最低的關懷護理。</p> <p><input type="checkbox"/> 其他： _____</p> <p>_____</p> <p>_____</p> </div> <div style="width: 48%;"> <p>d. My fears. There are situations or treatments I am concerned about and want to prevent or avoid if possible.</p> <p>I have a fear of (examples: shortness of breath, thirst, choking sensation, nausea, headaches):</p> <p>_____</p> <p>Please do everything possible to relieve me of that feeling through comfort care.</p> <p>I don't want to spend our life savings on my final illness. Please provide the least costly comfort care for my end-of-life care.</p> <p>Other: _____</p> <p>_____</p> <p>_____</p> </div> </div>	

e. 我希望待在哪裏？如有可能，我希望在以下地點接受護理：

- ☐ 家裏
- ☐ 臨終關懷機構
- ☐ 輔助生活機構
- ☐ 成人家庭之家
- ☐ 療養院
- ☐ 醫院
- ☐ 我知道，鑒於當時的需求和客觀條件，我可能無法在希望的地點獲得護理。我相信我的醫療決策者，並知道他們會在考慮我的價值觀並諮詢我的親人和醫護人員後為我做出最佳決策。
- ☐ 其他： _____

f. 有關我的其他事項：

- ☐ 我希望我的朋友和家人知悉我的病情，並有機會跟我道別。
- ☐ 如果需要，我希望能短時間延長生命，讓朋友和家人有時間遠道趕來道別。
- ☐ 如有可能，我希望在彌留之際能夠看到窗外風景或者看到大自然。

e. **Where I want to be.** I would like to receive care in the following place/s if possible:

My home

Hospice care

An assisted living facility

An adult family home

A nursing home

A hospital

I know that it may not be possible for me to receive care where I want, given my needs and circumstances at the time. I trust my healthcare decision-maker/s and know that they will make the best decisions for me after considering my values, and consulting with my loved ones and care providers.

Other: _____

f. **Other things to know about me:**

I would like my friends and family to be notified of my condition and given an opportunity to visit me to say goodbye.

I would like to be kept alive for a short period of time if needed to allow friends and family time to travel and say goodbye.

If possible, I would like to be able to look out a window or see nature during my last days.

- ☐ 我的宗教或文化傳統要求採取以下做法提供醫療服務和臨終關懷：

- ☐ 其他：

My religious or cultural traditions require the following practices around health care and end of life care:

Other:

2. 疾病終末期或永久性昏迷狀態。如果主治醫生診斷我處於疾病終末期，或者兩名醫生認定我處於永久性昏迷狀態，而且醫生認定生命維持治療只會人為延長死亡過程時，我希望：

2. Terminal Illness or Permanent Unconscious Condition. If my attending physician diagnoses me with a terminal condition or two physicians determine that I am in a permanent unconscious condition, and if my physician/s determine that life-sustaining treatment would only artificially prolong the process of dying, I want:

a. 關懷護理和止痛藥物。（請勾選一項）

a. Comfort Care and Pain Medication.
(check one)

- ☐ 如果我看起來正在經歷疼痛或痛苦，我希望接受一些讓我感到舒服的治療和藥物，即使醫療人員認為這樣作可能會在無意中加速死亡。
- ☐ 如果一些治療和藥物可能加速死亡，則我不希望接受這些讓我感覺舒服的治療和藥物。即使感到疼痛，也要盡一切可能活下去。請使用不會加速死亡的疼痛管控方法。

If I appear to be experiencing pain or discomfort, I want treatment and medications to make me comfortable, even if my medical providers believe it might unintentionally hasten my death.

I don't want treatment and medications to make me comfortable if those treatments and medications might hasten my death. Do everything possible to keep me alive even if I am in pain. Please use pain management methods that will not hasten my death.

b. 人工生命維持 (請勾選一項)

☐ 請使用所有治療選項人為延長死亡過程，或者維持一種永久無意識狀態。

☐ 經過 (期限) 之後，應該拒絕或撤銷以下治療措施

(請勾選所有適用項)：

☐ 人工營養

☐ 人工補水

☐ 人工呼吸 (呼吸機)

☐ 心肺復蘇 (CPR)，包括人工通氣、心臟調節藥物、利尿劑、興奮劑，或任何其他心力衰竭治療措施

☐ 通過手術延長生命或者維持生命

☐ 因喪失腎功能而進行的血液透析或過濾

☐ 輸血以補充失血或替換受汙染的血液

☐ 通過藥物延長生命，而不是鎮痛

☐ 用來延長生命或者人工維持生命的任何其他醫療措施

3. 死後事項

a. 器官、部分身體和組織

b. Artificial Life Support. (check one)

Please use all treatment options to artificially prolong the process of dying or sustain me in a permanent unconscious condition.

The following treatment should be **withheld** or **withdrawn** from me after (period of time) _____ (check all that apply):

Artificial nutrition

Artificial hydration

Artificial respiration (ventilator)

Cardiopulmonary Resuscitation (CPR), including artificial ventilation, heart regulating drugs, diuretics, stimulants, or any other treatment for heart failure

Surgery to prolong my life or keep me alive

Blood dialysis or filtration for lost kidney function

Blood transfusion to replace lost or contaminated blood

Medication used to prolong life, not for controlling pain

Any other medical treatment used to prolong my life or keep me alive artificially

3. After Death

a. Organs, body parts, and tissues

- ☐ 我希望捐贈器官、部分身體和組織。（如果有，請具體說明）：

- ☐ 我不希望捐贈器官、部分身體和組織。

b. 醫學教育或研究

- ☐ 我同意將全部或部分身體用於醫學教育或研究。
- ☐ 我不同意將全部或部分身體用於醫學教育或研究。

c. 屍檢

- ☐ 我同意接受屍檢。
- ☐ 我不同意接受屍檢。

d. 返還屍體和遺骸

- ☐ 去世後，可以將我的屍體和遺骸返還給以下人員：
（姓名和聯繫資訊）：

- 4. 醫療服務機構。**如果住院或入住其他醫療機構時，這些機構因宗教或其他信仰無法尊重本指示書：（1）我同意入院，但並不默認同意接受治療；以及（2）我希望盡快轉院到能夠尊重本醫療指示書的醫院或其他醫療機構。

I want to donate organs, body parts, and tissues. (*Specific instructions, if any*):

I don't want to donate organs, body parts, and tissues.

b. Medical education or research

I consent to use all or part of my body for medical education or research.

I **don't** consent to use all or part of my body for medical education or research.

c. Autopsy

I consent to an autopsy.

I **don't** consent to an autopsy.

d. Releasing my body and remains

Upon my death, my body and remains can be released to the following person/s: (*Name/s and contact information*):

4. Health Care Institutions. If I am admitted to a hospital or other medical institution that will not honor this directive due to religious or other beliefs: (1) my consent to admission is not implied consent to treatment, and (2) I want to be transferred as soon as possible to a hospital or other medical institution that will honor my directive.

5. 更改和取消。我知道，簽署本指示書之前，我可以更改指示書措辭。我還知道，我可以隨時取消本指示書。

5. Changes and Cancellation. I understand that I can change the wording of this directive before I sign it. I also understand that I can cancel this directive at any time.

日期： _____

← Date

我的簽名（在公證人或證人面前）

← My signature (in front of a notary or witnesses)

Notarization (preferred)(公證(首選))

State of Washington (Washington 州)

County of (所在郡縣) _____

Signed or attested before me on (date) _____

(於此(日期)在我的面前簽名)

by (name) I (人員(姓名)) _____。

Signature of Notary (公證員簽字)

Notary Public for the State of Washington.
(Washington州公證員。)

My commission expires (公證職責截止日期)

證人聲明（僅適用於無法找到公證人時）

(姓名) _____，
於(日期) _____，在本人在場的情況下簽署了本醫療保健指示書。其本人認識我，或者獲取了我的身份證明。我相信其具備醫療決策能力。

- 我與此人沒有任何血緣關係或婚姻關係。

Statement of Witnesses (only if you cannot find a notary)

On (date) _____,
(name) _____
signed this Health Care Directive in my presence. They are personally known to me or provided proof of identity. I believe they are capable of making health care decisions.

- I am not related to this person by blood or marriage.

- 我沒有資格繼承此人的任何金錢或財產。
- 我從未對此人提出過法律索賠。
- 我不是此人的主治醫生。我並非對此人進行治療的醫生或醫療機構的雇員。

證人 1

▶ _____
簽名

正楷體姓名

地址 _____

電話 _____

證人 2

▶ _____
簽名

正楷體姓名

地址 _____

電話 _____

- I am not eligible to inherit money or property from this person.
- I do not have a legal claim against this person.
- I am not this person's attending physician. I am not an employee of their physician, or of any health facility where they are a patient.

Witness 1

← Signature

← Print name

← Address

← Phone

Witness 2

← Signature

← Print name

← Address

← Phone

《醫療服務指示書》：聯繫資訊

Health Care Directive Attachment: Contact Info

我的資訊

My information

我的姓名 _____

My name

我的出生日期 _____

My date of birth

我的電話號碼 _____

My phone number

我的電子郵箱 _____

My email address

我的郵寄地址 _____

My mailing address

我的初級保健醫生 _____

My primary care medical provider

授權書

Power of attorney

☐ 我簽署過一份《持久性授權書》，可以讓其他人（我的「代理人」）在我失能時為我作出醫療決策。

I have a **Durable Power of Attorney** form that lets someone else (my “agent”) make health care decisions for me if I am not able.

我的醫療決策代理人（如果有）

My health care agent (if any)

姓名 _____

Name

與我的關係（例如朋友、伴侶、配偶、姐妹等）

Relationship to me (Examples: friend, partner, spouse, sister, etc.)

電話 _____

Phone

電子郵件 _____

Email

我的醫療決策後備代理人（如果有）

My alternate health care agent (if any)

姓名 _____

Name

與我的關係（例如朋友、伴侶、配偶、姐妹等）

Relationship to me (Examples: friend, partner, spouse, sister, etc.)

電話 _____

Phone

電子郵件 _____

Email

我的醫療決策後備代理人（如果有）	My 2 nd alternate health care agent (if any)
姓名 _____	Name _____
與我的關係（例如朋友、伴侶、配偶、姐妹等） _____	Relationship to me (Examples: friend, partner, spouse, sister, etc.) _____
電話 _____	Phone _____
電子郵件 _____	Email _____
其他事先規畫	Other advance planning
我有與事先規畫或生命末期有關的以下其他文件（ <i>文件列表</i> ）： _____ _____ _____ _____ _____	I have the following other documents about advance planning or end-of-life (<i>list document/s</i>): _____ _____ _____ _____ _____