

Michigan Living Will.®

Your Wishes Guide for Compassionate Advanced Care Planning – Married Couples

Spouse 1: _____ Spouse 2: _____



A Living Will is a written declaration which sets forth your wishes on life support when you have an end-of-life medical condition or are permanently unconscious and only takes effect when you are unable to make or communicate decisions about your care. Its use is recognized by the Michigan Supreme Court in *In re Martin*, 450 Mich. 204 (1995).

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My General Wishes on Life Support

If I have a medical crisis in which life-support treatment ¹ may be needed, the following are my wishes (choose **ALL** options you agree with by checking the selected boxes):

	Spouse 1	Spouse 2
<i>I understand that I have the right to decide my own healthcare treatment wishes, including the right to refuse life support and surgery.</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I agree
<i>I understand that I also have the right to make advance directives on life support and have them honored by my attending medical personnel.</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I agree
<i>I direct that the medical personnel treating me make every attempt to inform me of my medical condition and my care options – even if it appears I cannot understand.</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I agree
<i>I direct that I receive appropriate pain medication, even though such medication may indirectly hasten my death when I have a terminal illness, am in a PVS state or permanent coma.</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I agree
<i>I want my need for hospice care, palliative care, and MI-POST² (Michigan Physician Orders for Scope of Treatment) to be assessed by my patient advocate³ and attending physician.</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I agree
<i>I understand that by choosing to refuse life support, this decision could or would allow me to die.</i>	<input type="checkbox"/> I agree	<input type="checkbox"/> I agree

1. Life-support treatment for purposes of my Michigan Living Will includes medical devices or equipment that helps me to breath, nutrition and fluids supplied by tubes, major surgery, blood transfusions, dialysis, and other medical interventions that prolong my life.

2. MI POST is a two-page medical order authorized by Michigan statute for patients with a serious advanced illness or frailty that covers CPR and other critical care. MI-POST can be downloaded at no cost at **MI-POST-State of Michigan**.

3. A Patient advocate, also known as a health care agent or proxy, makes medical treatment decisions for you when you no longer can. A patient advocate is appointed in a written document under Michigan law, being MCL 700.5506-700.5515.

Wish 1: Terminal Illness

Assume I have an irreversible terminal condition, as determined by both my attending physician and another health professional, who have personally examined me. Also assume they determine I will likely die within a short time and that *life-support treatment* would only delay the moment of my death, and that I am aware of my surroundings. The following are my wishes (choose only **ONE** of these options by checking the selected box):

	Spouse 1	Spouse 2
<i>I do not want life-support treatment. If it has been started, I want it stopped. I do want to receive comfort care, and food and fluids by mouth if feasible.</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>
<i>I want to have a trial period of life-support treatment, but if my treating physician decides that such treatment is not helping my condition or symptoms, I want it stopped. I do want to receive comfort care and food and fluids by mouth if feasible.</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>
<i>I want to prolong my life and receive all life-support treatment available.</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>

Additional Choices for Terminal Cancer:

Assume that my terminal illness is incurable cancer, as determined by both my attending physician and another healthcare professional, who have personally examined me, and they also determine that further surgery, chemotherapy, and/or radiation will serve only to prolong my life for a short time. The following are my wishes (choose only **ONE** of these options by checking the selected box):

	Spouse 1	Spouse 2
<i>I direct that all surgery, chemotherapy, and radiation be withheld or discontinued. I do want to receive comfort care and foods and fluids by mouth if feasible.</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>
<i>I want to have a trial period of chemotherapy and/or radiation, but if my treating physician decides that such treatment is not helping my condition or symptoms, I want it stopped. I do want to receive comfort care and food and fluids by mouth if feasible.</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>
<i>I want to prolong my life and receive all surgery, chemotherapy, and/or radiation available.</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>

Wish 2: Persistent Vegetative State (PVS)⁴ or Permanent Coma⁵

Assume I am in a PVS state or permanent coma from which I am not expected to wake up or recover, as determined by both my attending physician and another health care professional, who have personally examined me, and also assume they determine that *life-support treatment* would only delay the moment of my death. The following are my wishes (choose only **ONE** of these options by checking the selected box):

	Spouse 1	Spouse 2
<i>I do not want life-support treatment. If it has been started, I want it stopped. I do want to receive comfort care, and food and fluids by mouth if feasible.</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>
<i>I want to have a trial period of life-support treatment, but if my treating physician decides that such treatment is not helping my condition or symptoms, I want it stopped. I do want to receive comfort care and food and fluids by mouth if feasible.</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>
<i>I want to prolong my life and receive all life-support treatment available.</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>

Wish 3: Advanced Dementia: Inability to Recognize and Communicate with People

Assume I have Alzheimer's, Parkinson's, or other advanced dementia, as determined by both my attending physician and another health care professional, who have personally examined me, and also assume they determine that I have become permanently unable to recognize and communicate with people, have no quality of life, am conscious and can feel pain, and that my life expectancy is limited.

In such a situation, if I have a medical crisis in which *life-support treatment* may be needed to save my life, the following are my wishes (choose only **ONE** of these options):

	Spouse 1	Spouse 2
<i>I do not want life-support treatment. If it has been started, I want it stopped. I do want to receive comfort care, and food and fluids by mouth if feasible.</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>
<i>I want to have a trial period of life-support treatment, but if my treating physician decides that such treatment is not helping my condition or symptoms, I want it stopped. I do want to receive comfort care and food and fluids by mouth if feasible.</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>
<i>I want to prolong my life and receive all life-support treatment available.</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>

4. A PVS state is a state of wakefulness with complete lack of cognitive functions and cortex damage.

5. A permanent coma is a state of permanent unconsciousness where the person cannot be awakened.

Wish 4: How I Want Health Care Personnel to Treat Me

When it is determined that I am near death due to an advanced illness or accident (choose **ALL** that you agree with by checking selected boxes):

	Spouse 1	Spouse 2
<i>I do not want to be in pain. I want my doctor to give me enough medicine to relieve my pain, even if that means I will be drowsy or sleep more than I would otherwise and even if it may hasten my dying.</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>
<i>I wish to have hospice and palliative care (relief from pain, intending neither to hasten nor postpone death).</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>
<i>If I am not able to control my bowel or bladder functions, I wish for my clothes and bed linens to be kept clean and for them to be changed as soon as they can be if they have been soiled.</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>
<i>I wish to have a fever treated with a moist cloth and any dryness in my mouth be treated with ice and a moist cloth.</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>

Wish 5: How I Want Loved Ones to Treat Me

When it is determined that I am near death due to an advanced illness or accident (choose **ALL** that you agree with by checking selected boxes):

	Spouse 1	Spouse 2
<i>I wish to have people with me when possible. I want someone to be with me when it seems that death may come at any time.</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>
<i>I wish to die in my home if that is feasible.</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>
<i>I wish to have my hand held and be talked to and prayed for, even if I don't seem to respond.</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>
<i>I wish to be forgiven for the times I have hurt my family, friends, and others.</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>
<i>I wish to have my family, friends and others know that I forgive them for times they may have hurt me in my life.</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>
<i>I wish for my family and friends to know that I do not fear death. I believe death is not the end, but a new beginning for me.</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>

Wish 6: Specific Religious or other Wishes – Married Couples

The following are our specific religious or other wishes when we have a medical crisis in which life support may be needed to save life:

*Add additional sheets as needed

Values and Beliefs *When is life not worth living?*

INSTRUCTIONS: This checklist will help you think about and express what really matters to you and will guide your loved ones and caregivers. For each question, select **ONE** answer.

When life is ...	Difficult, but acceptable		Not worth living	
	Spouse 1	Spouse 2	Spouse 1	Spouse 2
I have severe discomfort most of the time (such as nausea, diarrhea, or shortness of breath).	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>
I am in severe pain most of the time.	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>
I rely on a feeding tube to keep me alive.	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>

When life is ...	Difficult, but acceptable		Not worth living	
	Spouse 1	Spouse 2	Spouse 1	Spouse 2
I rely on a kidney dialysis machine to keep me alive.	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>
I can no longer control my bladder or bowels.	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>
I can no longer recognize family and friends and am confused most of the time.	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>
I can no longer talk and be understood by others.	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>
My situation causes a severe emotional burden for my family (such as feeling worried or stressed all of the time).	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>
I now live in a nursing home and have little or no contact with my family and friends.	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>
Other (write in):	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>	<input type="checkbox"/> <i>I agree</i>

How to Sign your Michigan Living Will

Please make sure you sign in the presence of two witnesses who are not related to you and are not the healthcare personnel treating you.

Signature (Spouse #1)

Dated: _____

Signature (Spouse #2)

Dated: _____

First Witness Sign Here

Printed Name of First Witness

Second Witness Sign Here

Printed Name of Second Witness

How to Implement your Michigan Living Will

- Talk to your loved ones and read over your Michigan Living Will with them. Give them permission to follow your stated wishes.
- Keep your original Living Will at home and give a copy to your agent/advocate under HC POA.
- Give a copy of your Living Will to your primary care physician and/or to your hospital to be placed in your records.
- Bring a copy of your Living Will with you when you are admitted to a hospital or long-term care facility.
- Give a copy of your Living Will to your estate-planning attorney and discuss it with her/him.
- Bring a copy of your Living Will with you when you travel.
- Healthcare Personnel should contact my Patient Advocate who is:

Name of Patient Advocate

Telephone Number

General Discussion of Advance Care Planning, Living Wills, HC POA, & MI-Post

• **Goals of Advance Care Planning.** The primary goals of *Advance Care Planning (ACP)* are to promote dignity and personal autonomy—to make sure your directives—written when you have capacity—are later honored when you can no longer make them. *ACP* is also the ongoing process of having *caring conversations* with those you care about to discuss your values, determine your life-support wishes, such as in the *Michigan Living Will*, and appoint someone in a written document to speak for you when you no longer can—a **Health Care POA**.

Collectively, these documents are called *Advance Directives*. Since they are legal documents, the advice of an attorney is recommended.

• **Living Wills are recognized in Michigan.** Although not mentioned in Michigan statutes, **Living Wills** are expressly recognized by the Michigan Supreme Court in *In re Martin*, 450 Mich. 204 (1995).

• **Limitations of Living Wills and need for Health Care POAs.** Living Wills have limitations. First, the language in Living Wills contains legal terms that are difficult for medical personnel to quickly read and understand. The MI-POST form improves on this limitation. Second, the coverage of Living Wills is limited and often does not cover every future medical situation. Your Health Care Agent has the authority to act on your behalf in unlimited future situations. That is why appointing a trusted agent in a **Health Care Power of Attorney (HC POA)**—also called a **Patient Advocate** is so important.

• **MI-POST** stands for *Physician Order for Scope of Treatment*. It is a two-page medical order—reflecting your life support wishes and is authorized by Michigan law. Since it is written in medical terms and signed by your physician, it is readily accepted by medical personnel outside of a hospital. Only persons with a life expectancy of 12 months or less can do one. **MI-POST** fills an important gap, and its optional use is encouraged in the **Michigan Living Will**.

Useful Additional Resources

- **Michigan resources on Advance Care Planning** by Making Choices Michigan
Research: mihin.org/advance-care-planning-resources/
- **Patient Advocate Form, free fillable form** by University of Michigan
Research: *Designation of Patient Advocate Form—MyMichigan Health*
- **MI-Post Form and Guidelines** by Michigan Dept. of Health & Human Services
Research: *MI-Post-State of Michigan*
- **Catholic Guidelines for End of Life Decisions** by Michigan Catholic Conference
Research: <https://www.micatholic.org/advocacy/publications/guidelines-for-end-of-life-decisions/>
- **Five Wishes** - Nation's first publisher of a living will called *Five Wishes* which costs \$15.
Research: <https://www.fivewishes.org/>

About the Author

Attorney Robert C. Anderson has practiced Elder Law for more than 30 years in Michigan. Robert has law degrees from MSU College of Law and Georgetown University-Masters in Taxation. He has been active with the State Bar's Elder Law and Disability Rights Section. Robert is a former *Certified Elder Law Attorney*, a designation by National Elder Law Foundation which is accredited by the American Bar Association. He served on the Board of Directors of the National Academy of Elder Law Attorneys (NAELA). Robert played an instrumental role on Michigan POST Taskforce and in writing the MI-POST legislation.

Note: This publication is not intended to constitute legal advice. You should seek the advice of your own legal counsel on these matters.