

DOWNLOAD COVERSHEET:

This is a “standard” advance directive made available to you as a courtesy by Lifecare Directives, LLC. You should be aware that extensive research has demonstrated that there are significant drawbacks to using a very brief state-standard document. As one researcher has noted, “the development of statutory forms occurs in the legislative arena, [so] their content is the result of a political rather than a ‘scientific’ process.” Because of “political compromise, ...many of the forms ultimately passed by the legislatures are not optimal from a consumer perspective” (see: Hoffmann, Diane E; Zimmerman, S; Tompkins, C. The dangers of directives, or the false security of forms. *Journal of Law, Medicine & Ethics*. 1996;24(1) (Spring):5-17).

American Bar Association concurs, noting that “The statutory advance directive is not necessarily the exclusive, or even the best, pathway for individuals to follow,” and suggesting that revised and enhanced documents “may be especially helpful as a...replacement for statutory forms where restrictions in a statutory directive prevents the individual from fully expressing his or her wishes” (see: American Bar Association. (1991). *Patient Self Determination Act State Law Guide*. Government printing office, Washington, DC).

Lifecare Directives staff have reviewed more than 6,000 medical, legal, academic, and news media articles on advance directives, as well as reviewing hundreds of document forms. They have also conducted formal research with scores of medical, legal, and academic professionals along with more than 1,000 lay public participants. From this process, more than 30 additional key living will and medical power of attorney enhancements have been identified that should be included in any living will and medical power of attorney forms that you may use.

Please consider obtaining the *Lifecare Advance Healthcare Directive* to obtain these important additions and benefits. To better understand the important enhancements available through this combined living will and medical power of attorney, you may wish to obtain the booklet, “*Should I Use a Shorter Standard Directive?*” available through Lifecare Directives, LLC.

If you have any other questions about this document or other Lifecare resources, please do not hesitate to contact our staff who will make every effort to fully respond your inquiries and address any questions you may have. We can be reached at the following:

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~ Lifecare Directives ~



*Statutory
Living Will Declaration
For
Residents of Guam*



*Statutory Compliant
Advance Directives for
Health Care Choices*

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Important Notice:

A Living Will Declaration is not a substitute for medical, legal or other necessary advice or direction. This document should not be construed as offering counseling, medical, legal, financial, or estate planning or advice, nor any other similar guidance or direction. Such counsel should be obtained from qualified, certified, and licensed professionals in your locale who are experienced in the specific areas of concern. Completion of this document constitutes acceptance of its content both in whole and in part, as well as a determination of its utility for the purposes indicated. Lifecare Directives, LLC, and all involved in this document's design, publication, and distribution assume no liability for its use, including that which may arise from omissions, technical inaccuracies, and typographical errors. Diligent efforts notwithstanding, this document is not warrantied to be in compliance with state and local laws. All warranties, including those of merchantability, fitness for a particular purpose, and non-infringement are expressly disclaimed. The utilizer agrees to seek appropriate outside review prior to completion. The utilizer and all heirs, assigns, designees, devisees, representatives, and all others involved, agree to assume all liability for its use and any subsequent outcomes, and to release and hold harmless all involved in its design, publication, advertising and distribution. The utilizer also agrees that any physician, health care provider, agent, proxy, surrogate, representative, mediator, court officer, and all others relying on the document's content are similarly free of all liability, when they act in good faith and with due diligence to follow the recorded wishes and directions.

Living Will Declaration

For Residents of Guam

Print Full Name

Date of Birth

Your right (when age 18 or older): To Document Your Personal Wishes,
and to have these wishes followed ~~

The Guam legislature has provided statutes governing the content and use of a Living Will Declaration by the public. Their stated goal is “protecting individual autonomy” in situations where “continued medical treatment does not improve the prognosis for recovery [and] may violate patient dignity and cause unnecessary pain and suffering” (§91101). The legislature also states that “in the absence of controversy, a court normally is not the proper forum in which to make decisions regarding life-sustaining treatment” (§91101). Thus, an additional goal is to avoid unnecessary court involvement where concerns could otherwise be appropriately resolved through use of the Living Will Declaration.

Understanding Your Declaration

To make the *best* choices for your medical care, your physician needs to know your wishes. In fact, the law requires doctors to seek your permission before giving you *any* treatment. However, if you are ever unable to make your own decisions due to severe illness or injury, this may not be possible. Completing this living will Declaration will help your family and physicians understand what you want done if you can no longer speak for yourself.

You can **revoke** (cancel) this Declaration at any time by: **1**) writing “revoked” across the front of the document, followed by your signature and date, and the signature of at least one witness aged 18 years or older ; or **2**) by completing a Notice of Revocation; or **3**) by *telling* an adult witness that you want it revoked (who must then sign and date a statement, which becomes effective only when given to your doctor or health care provider); or **4**) *by simply completing a new Declaration* in which you state that the prior document is no longer valid.

You can add any personal instructions when first completing your Declaration, but *no changes are recommended after the document is witnessed*. Any content changes needed after the document has been witnessed should be made by completing a new Declaration. First-time changes can be made by lining out anything in the document and writing “deleted” beside that clause or section (or initialing above any word(s) you have lined out), followed by your signature, and the signature of at least one of the persons serving as a witness to this document, placed in the margin immediately beside the change.

If you are **unable to write**, you may tell your required witnesses what you want to have excluded, limited, or added to your Declaration. They should then make the changes you have

requested, secure a third person to sign in your behalf and at your direction, and then witness this document with the limitations and exclusions as you have described them. Remember, unless you direct otherwise, your living will Declaration will **only** be used to guide your family and doctors if you are unable to make and communicate medical treatment decisions for yourself.

Instructions for Completing the Declaration:

You are not required to complete a living will Declaration. However, this may leave your family and others without any evidence to support your wishes, or leave them unsure how to make difficult decisions in your behalf in the future. Thus, failing to complete a living will Declaration may cause your loved ones difficulty if they must eventually make medical choices in your behalf. So, you are strongly encouraged to complete the entire document.

To complete the Declaration, you should ***initial*** in the underlined spaces provided beside all the questions that are asked, and fill in any blank lines as directed. Feel free to write “No,” “None,” or “Does Not Apply” in areas that would otherwise be left blank.

LIVING WILL DECLARATION

and Personal Instructions

(Pursuant to Guam Code Annotated, Title 10, Div. 4, Chap. 91 §91100 to §91117)

1. INTRODUCTION: *Guam statutes provide for an adult having capacity, to leave individual health care instructions in a living will “declaration”. The declaration was designed to assist persons wishing to control their medical care in either a terminal, or a permanently unconscious condition. The statutes define a “**terminal condition**” as “an incurable and irreversible condition that, **without** the administration of life-sustaining treatment, will, within reasonable medical judgment, result in death within a relatively short time” (§91102(j)). A “**permanently unconscious condition**” is defined as “an incurable and irreversible condition that, within reasonable medical judgment, renders the patient in an irreversible coma or persistent vegetative state” (§91102(j)). “**Life-sustaining treatment**” is defined as “any medical procedure or intervention that...will serve only to prolong the process of dying, or an irreversible coma or persistent vegetative state” (§91102(d)).*

As there are any number of medical conditions which, if left entirely untreated, could result in death in a “relatively short time” (particularly if you were already in poor health or seriously ill), you should complete this section with directions that are as clear as possible, to better guide others in the event you are unable to make treatment decisions or communicate your health care wishes at any time in the future.

DECLARATION

2. If I should have an *incurable and irreversible condition* that has been diagnosed by two physicians and *that will result in my death* within a relatively short time *without* the administration of life-sustaining treatment, or which has produced an irreversible coma or persistent vegetative state, and I am no longer able to make decisions regarding my medical treatment, I direct my attending physician, pursuant to the Natural Death Act of

Guam, to withhold or withdraw life-sustaining treatment that only prolongs the process of dying or an irreversible coma or persistent vegetative state and is not necessary for my comfort, nutrition, hydration or to alleviate pain. If I have been diagnosed as **pregnant**, and that diagnosis is known to my physician, this declaration shall have no force or effect during my pregnancy.

3. *Additional Personal Instructions:* _____

_____ (you may add pages, if needed).

Signature of Declarant

4. Signed this _____ day of _____, in the year _____.
Signature _____
Residence Address _____

Statement of Witnesses

5. The declarant (above) voluntarily signed this writing in my presence. I declare that am not entitled to any portion of the estate of the declarant upon his or her death under any will or codicil thereto of the declarant now existing or by operation of law. I am not a health care provider, an employee of a health care provider, the operator of a community care facility, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly, or an employee of an operator of a residential care facility for the elderly.

6. 1st Witness: _____
(Signature)

(Name Printed) (Date)

(Residence Address)

7. 2nd Witness: _____
(Signature)

(Name Printed) (Date)

(Residence Address)

SPECIAL REQUIREMENT FOR NURSING HOME RESIDENTS:

8. If you are a patient in a skilled nursing facility, Guam statutes require that you have a patient designated advocate or ombudsman sign as one of the witnesses, above, as well as the *Statement of Patient Advocate or Ombudsman*, below.

Statement of Patient Advocate or Ombudsman

9. I declare under penalty of perjury: (1) that the person who signed or acknowledged this Advance Directive for Health Care is personally known to me, or that the individual's identity was proven to me by convincing evidence, (2) that the individual appears to be of sound mind and under no duress, fraud, or undue influence, (3) that I am not a person appointed as an agent by this Advance Health Care Directive, and (4) that I am not the individual's health care provider nor an employee of that health care provider, nor an operator or employee of an operator of a community care facility or a residential care facility for the elderly. I further declare under penalty of perjury that I am a patient advocate or ombudsman and am serving as a witness for this individual's advance directive

10. Signature: _____ Date: _____
Name/Title Printed: _____
Address: _____
Telephone: _____