加州醫療照護
事前指示

ENGLISH

1 • This form has both Chinese and English pages.

2 • Both pages say the **same thing.**

3 • This is so your doctors will know your wishes.

4 • You **only** need to fill out the Chinese pages.

中文

1 • 本指示書有中文頁和英文頁。

2 • 中文頁和英文頁的內容**完全相同**。

3 • 如此一來，您的醫生才會明白您的意願。

4 • 您**只**需要填寫中文頁。

請翻到下頁

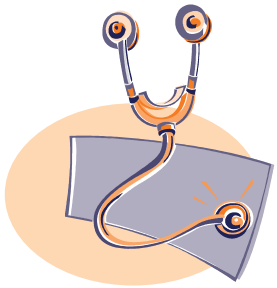
California Advance Health Care Directive

This form lets you have a say about how you want to be treated if you get very sick.

- **This form has 3 parts. It lets you:**

Part 1: Choose a health care agent.

A health care agent is a person who can make medical decisions for you if you are too sick to make them yourself.



Part 2: Make your own health care choices.

This form lets you choose the kind of health care you want.

This way, those who care for you will not have to guess what you want if you are too sick to tell them yourself.

Part 3: Sign the form.

It must be signed before it can be used.

You can fill out Part 1, Part 2, or both.
Fill out only the parts you want.
Always sign the form in Part 3.

Go to the next page

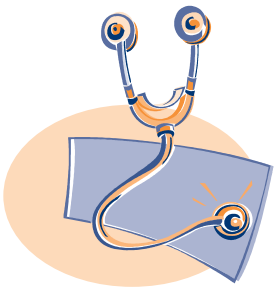
加州醫療照護
事前指示

這份指示書讓您可事前表達在病重時希望得到何種的療護。

- **本指示書分爲三部份。它可讓您：**

第一部份： **選擇一位醫療代理人。**

在您病重無法做任何醫療決定時，
醫療代理人會為您做決定。



第二部份： **自己做醫療決定。**

本指示書讓您選擇自己想要的各項醫護服務。

如此一來，若您病得太重而無法表達意見時，
醫護人員及親友們就不用去猜測您的心意。

第三部份： **簽署指示書。**

這份指示書必須簽字才會生效。

你可填寫第一部份或第二部份，或兩部份均填寫。
您只需填寫您想填寫的部份。
但一定要在第三部份簽名。

請翻到下頁

If you only want a health care agent go to **Part 1** on page 3.

If you only want to make your own health care choices go to **Part 2** on page 6.

If you want both then fill out **Part 1 and Part 2.**

Always sign the form in Part 3 on page 9.

What do I do with the form after I fill it out?

Share the form with those who care for you:

- doctors
- nurses
- social workers
- family
- friends

What if I change my mind?

- Change the form.
- Tell those that care for you about your changes.

What if I have questions about the form?

- Bring it to your doctors, nurses, social workers, family or friends to answer your questions.

What if I want to make health care choices that are not on this form?

- Write your choices on a piece of paper.
- Keep the paper with this form.
- Share your choices with those who care for you.

如果您只想指定醫療代理人，請翻到第 3 頁的第一部份。

如果您只想自行選擇醫療決定，請翻到第 6 頁的第二部份。

如果您希望兩項都指定，請填寫第一部份和第二部份。

請您務必記得在第 9 頁的第三部份簽名。

填妥指示書後，該如何處理 ？

請將指示書影本給：

- 醫生
- 護士
- 社工
- 家人和朋友
- 醫療代理人

如果我改變主意，該怎麼辦？

- 修改指示書。
- 把修改的內容告訴照顧您的人。

如果對指示書有疑問，該怎麼辦？

- 把指示書拿給您的醫生、護士、社工人員、醫療代理人、家人或朋友，由他們為您解答。

如果本指示書沒有我想要的醫療決定，該怎麼做？

- 請將您的意願寫在一張紙上。
- 寫好後和指示書放在一起。
- 與醫護人員及親友們討論附頁內容。

PART 1 Choose your health care agent

The person who can make medical decisions for you if you are too sick to make them yourself.

Whom should I choose to be my health care agent?

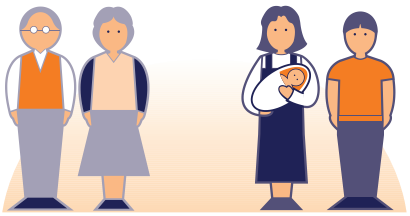
A family member or friend who:

- is at least 18 years old
- knows you well
- can be there for you when you need them
- you trust to do what is best for you
- can tell your doctors about the decisions you made on this form

Your agent cannot be your doctor or someone who works at your hospital or clinic, unless they are a family member.

What will happen if I do not choose a health care agent?

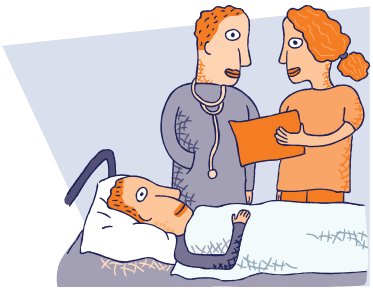
If you are too sick to make your own decisions, your doctors will ask your closest family members to make decisions for you.



If you want your agent to be someone other than family, you must write his or her name on this form.

What kind of decisions can my health care agent make?

Agree to, say no to, change, stop or choose:



- doctors, nurses, social workers
- hospitals or clinics
- medications or tests
- what happens to your body and organs after you die

Go to the next page

第一部份 選擇您的醫療代理人

您的醫療代理人在您病重不能為自已作決定時，替您選擇各項醫療服務

我應該選擇誰當我的醫療代理人？

符合下列條件的家人或朋友：

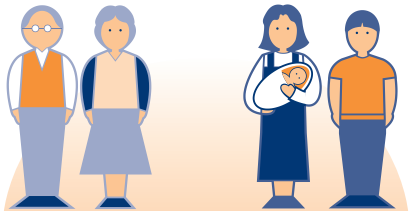
- 年滿 18 歲
- 非常了解您
- 有需要時可聯絡到您
- 信任他會為您做最好的決定
- 能告訴醫生您在指示書中所做的決定

您的醫療代理人不可以是您的醫生、醫院或診所的工作人員，除非他們是您的家人。

如果我沒有選擇醫療代理人，會發生什麼狀況?

當您重病而不能自己做決定時，
醫生會請您最親的家屬為您做決定。

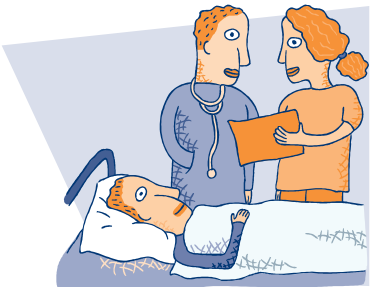
如果您希望由親屬以外的人當您的代理人，
必須把他（她）的名字寫在指示書裡。



我的醫療代理人可以做什麼樣的決定？

他（她）可以為您同意、拒絕、改變、停止或選擇：

- 醫生、護士、社工
- 醫院或診所
- 藥物或檢測
- 如何處理您的遺體與器官



請翻到下頁

Other decisions your agent can make:

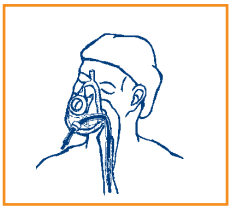
Life support treatments – medical care to try to help you live longer

- **CPR or cardiopulmonary resuscitation**

  cardio = heart pulmonary = lungs resuscitation = to bring back

This may involve:

- pressing hard on your chest to keep your blood pumping
- electrical shocks to jump start your heart
- medicines in your veins



- **Breathing machine or ventilator**

  The machine pumps air into your lungs and breathes for you.

  You are not able to talk when you are on the machine.

- **Dialysis**

  A machine that cleans your blood if your kidneys stop working.

- **Feeding Tube**

  A tube used to feed you if you cannot swallow. The tube is placed down your throat into your stomach. It can also be placed by surgery.

- **Blood transfusions**

  To put blood in your veins.

- **Surgery**
- **Medicines**

End of life care – if you might die soon your health care agent can:

- call in a spiritual leader
- decide if you die at home or in the hospital

Show your health care agent this form.

Tell your agent what kind of medical care you want.

Go to the next page

您的代理人還可以替您作什麼決定:

維持生命的治療 - 嘗試延長您的生命的醫療方法

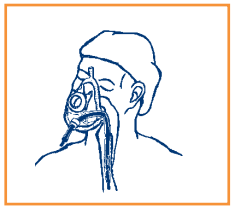
- **心肺復甦術 (cardiopulmonary resuscitation)，簡稱 CPR**

cardio = 心臟　　pulmonary = 肺臟　　resuscitation = 復甦

包括了：

- 用力擠壓胸膛，使心臟維持輸送血液功能
- 透過電擊讓心臟再度跳動
- 把藥物注射到靜脈裡

- **呼吸輔助器**



呼吸輔助器把氧氣輸入肺部，協助病人呼吸。

使用期間病人不能說話。

- **血液透析術 (洗腎)**

腎臟功能喪失時，用洗腎機來過濾血液。

- **餵食管**

病人無法吞嚥時要靠餵食管來進食。餵食管可從喉嚨插入胃部；或以手術插置餵食管。

- **輸血**

從靜脈輸入血液。

- **外科手術 (開刀)**
- **藥物**

生命末期服務 - 生命末期，醫療代理人可以：

- 邀請宗教輔導員到場
- 決定在家裡或在醫院離世

請把本指示書給您的醫療代理人。

告訴您的代理人您想接受哪一種醫療照顧。

請翻到下頁

Your Health Care Agent

I want this person to make my medical decisions.

first name | last name

street address | city | state | zip code

( ) – | ( ) –

home phone number | work phone number

If the first person cannot do it, then I want this person to make my medical decisions.

first name | last name

street address | city | state | zip code

( ) – | ( ) –

home phone number | work phone number

Put an X next to the sentence you agree with.

1 ☐ My health care agent can make decisions for me **now**.

2 ☐ My health care agent will make decisions for me **only** after I cannot make my own decisions.

To make your own health care choices go to part 2 on the next page.

To sign this form go to part 3 on page 9.

您的醫療代理人

本人希望下列人士替我作醫療抉擇。

名字　　姓氏

地址　　城市　　州　　郵區號碼

(　　)　　–　　(　　)　　–

住宅電話號碼　　工作電話號碼

如果以上指定的人不能代辦，我希望下列人士替我作醫療抉擇。

名字　　姓氏

地址　　城市　　州　　郵區號碼

(　　)　　–　　(　　)　　–

住宅電話號碼　　工作電話號碼

請在您同意的句子旁劃一個 X。

1 ❑ 我的醫療代理人現在就可以替我做決定

2 ❑ 我的醫療代理人只有在我無法自己做決定時，**才能**替我做決定

要選擇自己的醫護服務，請翻到下頁的第二部份。

只需要簽署指示書，請翻到第 9 頁的第三部份。

PART 2 Make your own health care choices

Write down your choices so those who care for you will not have to guess.

Think about what makes your life worth living.
Put an X next to all the sentences you most agree with.

1 ❑ **My life is only worth living if I can:**

- a ❑ talk to family or friends
- b ❑ wake up from a coma
- c ❑ feed, bathe, or take care of myself
- d ❑ be free from pain
- e ❑ live without being hooked up to machines
- f ❑ I am not sure

2 ❑ **My life is always worth living no matter how sick I am**

If I am dying, it is important for me to be:

1 ❑ at home 2 ❑ in the hospital 3 ❑ I am not sure

Is religion or spirituality important to you?

1 ❑ yes 2 ❑ no

What should your doctors know about your religion or spirituality?

_____

_____

If you are sick, your doctors and nurses will always try to keep you comfortable and free from pain.

Go to the next page

第二部份 自行做醫療照顧的選擇

請寫下您的決定，這樣醫護人員及親友們才不用去猜測您的想法

- **請思考如何令您活得有意義。**
  在您最同意的每個句子旁劃上 X。

1 ❑ **只有當我還能做以下這些事項的時候，才值得活下去：**

- a ❍ 能與家人或朋友交談
- b ❍ 能從昏迷中甦醒
- c ❍ 可以自己進食、洗澡或照顧自己
- d ❍ 沒有痛楚
- e ❍ 不需依賴機器維生
- f ❍ 我不確定

2 ❑ **無論我病得多嚴重，都值得讓我活下去。**

- **臨終時，我一定要：**

1 ❑ 在家裡　2 ❑ 在醫院　3 ❑ 我不確定

- **宗教或信仰對您很重要嗎？**

1 ❑ 很重要　2 ❑ 不重要

- **醫生應該知道有關我宗教或信仰的事宜：**

_____

_____

當您生病時，醫生和護士一定會
盡力讓您舒服，減除痛楚。

請翻到下頁

Life support treatments are used to try to keep you alive. These can be CPR, a breathing machine, feeding tubes, dialysis, blood transfusions, or medicine.

Put an X next to the sentences you most agree with.
Please read this whole page before you make your choices.

If I am so sick that I may die soon:

1 ❑ Try all life support treatments that my doctors think might help.

If the treatments **do not work** and there is little hope of getting better, **I want to stay** on life support machines.

2 ❑ Try all life support treatments that my doctors think might help.

If the treatments **do not work** and there is little hope of getting better, **I do not want to stay** on life support machines.

3 ❑ Try all life support treatments that my doctors think might help **but not** these treatments. Mark what you do not want.

- a ❍ CPR
- b ❍ dialysis
- c ❍ breathing machine
- d ❍ other treatments _____
- e ❍ feeding tube
- f ❍ blood transfusion
- g ❍ medicine

4 ❑ I **do not want any** life support treatments.

5 ❑ I want my **health care agent** to decide for me.

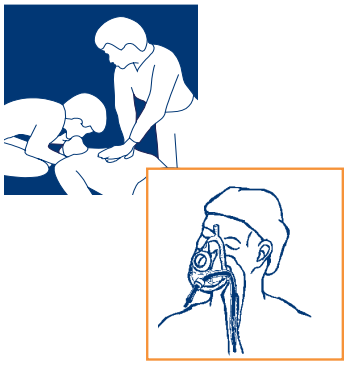
6 ❑ I am not sure.

Go to the next page

維持生命治療是要試著維持您的生命。包括運用心肺復甦術（CPR）、呼吸器、喂食管、洗腎、輸血或用藥等方式。

請在最同意的句子旁劃上 X。
請先把整頁內容都讀完，再決定。

如果我病危，可能要離世：



1 ☐ 請用醫生認為可能有幫助的『全部』維持生命治療方法。

如果治療**沒有效果**而且病情好轉的機會微小，

我仍然想要依賴維持生命的機器。

2 ☐ 請用醫生認為可能有幫助的『全部』維生治療方法。

如果治療**沒有效果**而且病情好轉的機會微小，

我不想依賴維持生命的機器

3 ☐ 我希望醫生使用可能有幫助的所有維持生命治療方法。

但是不要以下勾選的治療項目。

a ○ 心肺復甦術 (CPR)
b ○ 血液透析術（洗腎）
c ○ 呼吸輔助器
d ○ 其它治療方法_____
e ○ 餵食管
f ○ 輸血
g ○ 藥物

4 ☐ 我**不要使用任何**維持生命治療法

5 ☐ 我希望由我的**醫療代理人**幫我決定

6 ☐ 我不確定。

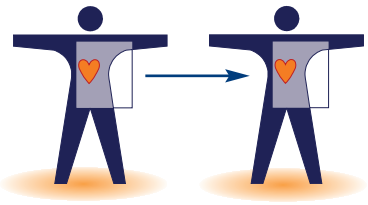
請翻到下頁

Part 2: Make your own health care choices

Your doctors may ask about organ donation and autopsy after you die. Please tell us your wishes.

Put an X next to the sentences you most agree with

Donating (giving) your organs can help save lives.



1. ☐ I **want** to donate my organs.

   Which organs do you want to donate?

   a. ○ any organs
   b. ○ only_____

2. ☐ I **do not** want to donate my organs.
3. ☐ I want my **health care agent** to decide.
4. ☐ I am not sure.

An autopsy can be done after death to find out why someone died. It is done by surgery. It can take a few days.

1. ☐ I **want** an autopsy.
2. ☐ I **do not** want an autopsy.
3. ☐ I may want an autopsy if there are questions about my death.
4. ☐ I want my **health care agent** to decide.
5. ☐ I am not sure.

What should your doctors know about how you want your body to be treated after you die?

_____

_____

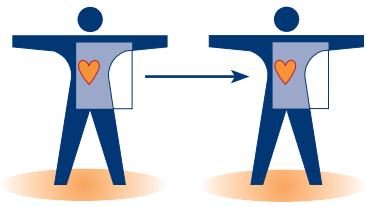
Go to Part 3 on the next page to sign this form

第二部份：自行做醫療照顧的選擇

醫生會問您是否願意在去世後捐贈器官和解剖遺體。
請告訴我們您的意願。

請在您最同意的句子旁劃上 X。

捐贈器官可以救活別人。



1. ☐ 我**願意**捐贈我的器官。

   我想捐贈的器官是：

   a. ○ 任何器官
   b. ○ 只捐贈 _____

2. ☐ 我**不願意**捐贈我的器官。
3. ☐ 我希望由我的**醫療代理人**幫我決定。
4. ☐ 我不確定。

解剖遺體可以確定死因。
用外科手術解剖，可能需要幾天時間。

1. ☐ 我**願意**解剖遺體。
2. ☐ 我**不願意**解剖遺體。
3. ☐ 如果我的死因有疑問時，我希望解剖遺體。
4. ☐ 我希望由我的**醫療代理人**幫我決定。
5. ☐ 我不確定。

有關遺體的處理，您希望醫生注意什麼事項？

_____

_____

請翻到下頁在第三部份簽名

PART 3 Sign the form

Before this form can be used, you must:

- sign this form
- have two witnesses sign the form

If you do not have witnesses, you need a notary public.
A notary public's job is to make sure it is you signing the form.

Sign your name and write the date.

_____ / / _____

sign your name date

_____

print your first name print your last name

_____

address city state zip code

Your witnesses must:

- be over 18 years of age
- know you
- see you sign this form

Your witnesses cannot:

- be your health care agent
- be your health care provider
- work for your health care provider
- work at the place that you live (if you live in a nursing home go to page 12)

Also, one witness cannot:

- be related to you in any way
- benefit financially (get any money or property) after you die

Witnesses need to sign their names on the next page.

If you do not have witnesses, take this form to a notary public and have them sign on page 11.

第三部份 在指示書上簽名

要指示書生效，您必須：

- 在指示書上簽名。
- 請兩位見證人在指示書上簽名。

如果沒有見證人，請公證人作證。
公證人的職責是確定指示書由你本人簽署。

請簽名並註明簽署日期。

/ /

簽名 日期

名字（正楷書寫名字） 姓氏（正楷書寫名字）

地址 城市 州 郵區號碼

您的見證人必須：

- 年滿 18 歲
- 認識您
- 親眼看到您在指示書上簽名

見證人不可以：

- 是您的醫療代理人
- 是您的醫護人員
- 在您接受醫療服務的單位內工作
- 在您居住的地方工作 (如果您住在療養院，請翻到第 12 頁)

而且，一位見證人不能：

- 與您有任何親屬關係
- 在您去世後得到財務上的利益 (得到金錢或財產)

見證人必須在下一頁上簽名

如果您沒有見證人，請帶著本指示書由公證人在第 11 頁上簽名

Have your witnesses sign their names and write the date

By signing, I promise that _____, signed this form while I watched. They were thinking clearly and were not forced to sign it.

I also promise that:

- I know them or they could prove who they are
- I am 18 years or older
- I am not their health care agent
- I am not their health care provider
- I do not work for their health care provider
- I do not work where they live

<u>One</u> witness must also promise that:

- I am not related to them by blood, marriage, or adoption
- I will not benefit financially (get any money or property) after they die

Witness #1

sign your name _____ / ____ / _____ date

print your first name _____ print your last name _____

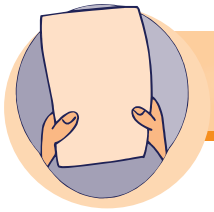
address _____ city _____ state _____ zip code _____

Witness #2

sign your name _____ / ____ / _____ date

print your first name _____ print your last name _____

address _____ city _____ state _____ zip code _____



You are now done with this form.

Share this form with your doctors, nurses, social workers, friends, and your family.

Talk with them about your choices.

請您的見證人簽名並寫下今天的日期

透過簽名，本人證明 _____ 在本人眼前親自在本指示書上簽名。
他 (她) 當時能清楚思考，並未被迫簽名。
本人也證明：

- 我認識他 (她)，或他 (她) 可證明自己是誰
- 我已年滿 18 歲
- 我不是他 (她) 的醫療代理人
- 我不是他 (她) 接受醫療服務的單位
- 我沒有為他 (她) 所在接受醫療服務的單位內工作
- 我沒有在他 (她) 居住的地方工作

有一位見證人也必須保證：

- 我和他 (她) 沒有任何血緣、姻親或收養關係
- 我不會在他 (她) 去世後得到財務上的利益 (得到金錢或財產)

第一位見證人

簽名 _____ 日期 ___/___/_____

證人名字 (正楷書寫名字) _____ 證人姓氏 (正楷書寫名字) _____

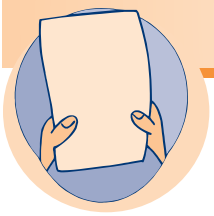
地址 _____ 城市 _____ 州 _____ 郵區號碼 _____

第二位見證人

簽名 _____ 日期 ___/___/_____

證人名字 (正楷書寫名字) _____ 證人姓氏 (正楷書寫名字) _____

地址 _____ 城市 _____ 州 _____ 郵區號碼 _____



您已經填妥指示書。

請把這份指示書拿給您的醫生、護士、社工人員、朋友、家人和醫療代理人。

與他們談論您的選擇。

NOTARY PUBLIC

- Take this form to a notary public **ONLY** if two witnesses have not signed this form.
- Bring photo I.D. (driver's license, passport, etc.)

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of California

County of _____

On _____ before me, _____, personally
Date — Here insert name and title of the officer

appeared _____
Name(s) of Signer(s)

_____,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

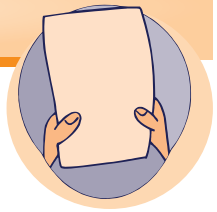
Signature _____
Signature of Notary Public

Description of Attached Document
Title or Type of document: _____
Date: _____ Number of pages: _____
Capacity(ies) Claimed by Signer(s)
Signer's Name: _____
☐ Individual
☐ Guardian or conservator
☐ Other _____

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

(Notary Seal)

You are now done with this form.



Share this form with your doctors, nurses, social workers, friends, and your family.

Talk with them about your choices.

公證人

- 如果找不到兩位見證人簽署指示書，**才需要**帶指示書請公證人為您做證。
- 記得要帶有照片的證件 (駕照、護照等)

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

State of California

County of _____

On _____ (Date) before me, _____ (Here insert name and title of the officer), personally appeared _____ (Name(s) of Signer(s))

_____,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

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Signature _____ (Signature of Notary Public)

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Title or Type of document: _____

Date: _____ Number of pages: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

☐ Individual

☐ Guardian or conservator

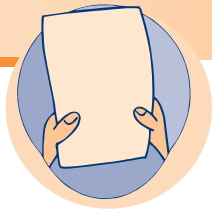
☐ Other _____

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

(Notary Seal)

您已經填妥指示書。

請把這份指示書拿給您的醫生、護士、社工人員、朋友、家人和醫療代理人。



和他們談論您的選擇。

For California Nursing Home Residents ONLY

- **Give this form to your nursing home director only if you live in a nursing home.**
- **California law requires nursing home residents to have the nursing home ombudsman as a witness of advance directives.**

STATEMENT OF THE PATIENT ADVOCATE OR OMBUDSMAN

"I declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and that I am serving as a witness as required by Section 4675 of the Probate Code."

sign your name / / date

print your first name print your last name

address city state zip code

This advance directive is in compliance with the California Probate Code, Section 4671-4675. http://www.leginfo.ca.gov/calaw.html

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Designed by Rebecca Sudore, MD & Mahat Papartassee for the San Francisco Department of Public Health

僅限居住在加州療養院的人填寫

- 若您住在療養院，請將本指示書交給療養院的主管。
- 加州法律規定，如事前指示書的填寫人為居住在療養院的人，指示書的證人之一必須是療養院監察員（ombudsman）。

病人權益代言人或監察員聲明

「本人聲明我是加州耆英署（STATE DEPARTMENT OF AGING）指派之病人權益代言人或監察員，根據遺囑認證法 (PROBATE CODE) 第 4675 條規定擔任本指示書證人，如有虛假，願受偽證罪處置。」

簽名	日期 / /
名字（正楷書寫名字）	姓氏（正楷書寫名字）
地址	城市 州 郵區號碼

本事前指示書遵守加州遺囑認證法 (Probate Code) 第 4671-4675 條規定。http://www.leginfo.ca.gov/calaw.html
請上網 http://creativecommons.org/licenses/by-nc-sa/2.0/ 或來函創意公用授權（Creative Commons），地址 559 Nathan Abbott Way，Stanford，California 94305，USA。

由 Rebecca Sudore 醫師和 Mahat Papartassee 為舊金山公共衛生局 (San Francisco Department of Public Health) 共同設計。
中文修訂:美華慈心關懷聯盟 網址: www.caccc-usa.org