

加州醫療照護 事前指示

California Advance Health Care Directive

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。

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



● 本指示書分為三部份。它可讓您：

This form has 3 parts. It lets you:

第一部份：選擇一位醫療代理人。

Part 1: Choose a health care agent.

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。

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

第二部份：自己做醫療決定。

Part 2: Make your own health care choices.

本指示書讓您選擇自己想要的各項醫護服務。

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

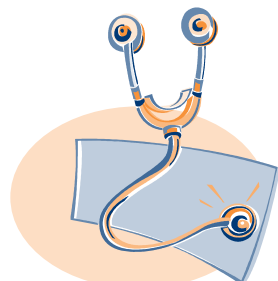
如此一來，若您病得太重而無法表達意見時，
醫護人員及親友們就不用去猜測您的心意。

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

第三部份：簽署指示書。

Part 3: Sign the form.

這份指示書必須簽字才會生效。 It must be signed before it can be used.



您可填寫第一部份或第二部份，或兩部份均填寫。您一定要在英文的第九頁(E9)簽名。

You can fill out Part 1, Part 2, or both. Always sign the form on page E9.

兩位見證人需在英文的第十頁(E10)簽名，或是一位公證人在英文的第十一頁(E11)簽名。

2 witnesses need to sign on page E10 or a notary public on page E11.

你的名字：

Your name:

請翻到下頁

Go to the next page



E1

如果您只想指定醫療代理人，請翻到英文第3頁(E3)第一部份。

If you only want a health care agent, go to Part 1 on page E3.

如果您只想自行選擇醫療決定，請翻到英文第6頁(E6)第二部份。

If you only want to make your own health care choices, go to Part 2 on page E6.

如果您希望兩項都指定，請填寫第一部份和第二部份。

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

請您務必記得在英文第9頁(E9)第三部份簽名。

Always sign the form in Part 3 on page E9.

兩位見證人需在英文的第十頁(E10)簽名，或由一位公證人在英文的第十一頁(E11)簽名。

2 witnesses need to sign on page E10 or a notary public on page E11.

● 填妥指示書後，該如何處理？

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

請將指示書影本給：

Share the form with those who care for you:

- 醫生 doctors
- 家人和朋友 family & friends
- 護士 nurses
- 醫療代理人 health care agent
- 社工 social workers



● 如果我改變主意，該怎麼辦？

What if I change my mind?

- 重新填寫一份指示書。 Fill out a new form.
- 把修改的內容告訴照顧您的人。 Tell those who care for you about your changes.
- 把新的指示書給您的醫療代理人和醫生。 Give the new form to your health care agent and doctor.



● 如果對指示書有疑問，該怎麼辦？

What if I have questions about the form?

- 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。

Bring it to your doctors, nurses, social workers, health care agent, family or friends to answer your questions.

● 如果本指示書沒有我想要的醫療決定，該怎麼做？

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

- 請將您的意願寫在一張紙上。
Write your choices on a piece of paper.
- 寫好後和指示書放在一起。
Keep the paper with this form.
- 與醫護人員及親友們討論附頁內容。
Share your choices with those who care for you.



第一部份 選擇您的醫療代理人

PART 1

Choose your health care agent

您的醫療代理人會在您病重不能為自己作決定時，替您選擇各項醫療服務

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

● 我應該選擇誰當我的醫療代理人？

Whom should I choose to be my health care agent?

符合下列條件的家人或朋友：

A family member or friend who:



- 年滿 18 歲
is at least 18 years old
- 非常了解您
knows you well
- 有需要時可聯絡到您
can be there for you when you need them
- 您信任會為您作最好的決定
you trust to do what is best for you
- 能告訴醫生您在指示書中所做的決定
can tell your doctors about the decisions you made on this form



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(她)是您的家人。

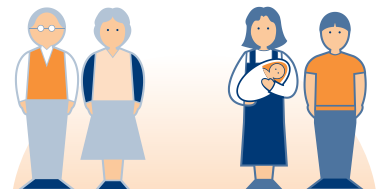
Your agent cannot be your doctor or someone who works at your hospital or clinic, unless he/she is a family member.

● 如果我沒有選擇醫療代理人，會發生什麼狀況？

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

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。

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



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。

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

● 我的醫療代理人可以做什麼樣的決定？

What kind of decisions can my health care agent make?

他(她)可以為您同意、拒絕、改變、停止或選擇：

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

- 醫生、護士、社工 doctors, nurses, social workers
- 醫院或診所 hospitals or clinics
- 藥物，檢測，或治療 medications, tests, or treatments
- 如何處理您的遺體與器官 what happens to your body and organs after you die



您的醫療代理人需要遵照您在第二部份中的醫療意願。

Your agent will need to follow the health care choices you make in Part 2.

請翻到下頁

Go to the next page



E3

您的代理人還可以替您作什麼決定:

Other decisions your agent can make:

● 維持生命的治療 - 嘗試延長您的生命的醫療方法

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

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

cardio = 心臟 (heart) • pulmonary = 肺臟 (lungs) • resuscitation = 復甦 (to bring back)



包括了：

This may involve:

- 用力擠壓胸膛，使心臟維持輸送血液功能
pressing hard on your chest to keep your blood pumping
- 透過電擊讓心臟再度跳動
electrical shocks to jump start your heart
- 把藥物注射到靜脈裡
medicines in your veins



- **呼吸輔助器 Breathing machine or ventilator**

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。

The machine pumps air into your lungs and breathes for you. You are not able to talk when you are on the machine.

- **血液透析術 (洗腎) Dialysis**

腎臟功能喪失時，用洗腎機來過濾血液。

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

- **餵食管 Feeding Tube**

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。

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.



- **輸血 Blood transfusions**

從靜脈輸入血液。

To put blood in your veins.

- **外科手術 (開刀) Surgery**

- **藥物 Medicines**

● 生命末期服務 - 生命末期，醫療代理人可以：

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



- 邀請宗教輔導員到場
call in a spiritual leader

- 決定在家裡或在醫院離世

decide if you die at home or in the hospital



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。

Show your health care agent this form. Tell your agent what kind of medical care you want.



您的醫療代理人

Your Health Care Agent



● 本人希望下列人士替我作醫療抉擇。請在英文第五頁(E5)上填寫。

I want this person to make my medical decisions. Write this on page E5.

名字 (first name)

姓氏 (last name)

地址 (street address)

城市 (city)

州 (state)

郵區號碼 (zip code)

() -

() -

住宅電話號碼 (home phone number)

工作電話號碼 (work phone number)

● 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。

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

名字 (first name)

姓氏 (last name)

地址 (street address)

城市 (city)

州 (state)

郵區號碼 (zip code)

() -

() -

住宅電話號碼 (home phone number)

工作電話號碼 (work phone number)

● 請在您同意的句子旁劃一個X。請在英文第五頁(E5)上打X。

Put an X next to the sentence you agree with. Mark this on page E5.

在我簽署這份指示書後，我的醫療代理人就可以替我做決定。
My health care agent can make decisions for me right after I sign this form.

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

● 您可以在本指示書上寫下您的醫療選擇。您希望您的醫療代理人如何遵照這些選擇？請在您最同意的一個句子旁劃一個X。請在英文第五頁(E5)上打X。

You may write down your health care choices on this form. How do you want your health care agent to follow these choices? Put an X next to the one sentence you most agree with. Write this on page E5.

我希望我的醫療代理人能與我的醫生配合，並盡他（她）最佳的判斷能力。我的代理人可以把我在本指示書上所寫的醫療選擇視為基本指南來遵守。
I want my health care agent to work with my doctors and to use her/his best judgment. It is OK for my agent to follow my health care choices on this form as a general guide.

雖然說可以把我的選擇視為基本指南來遵守，但我還是希望以下的抉擇不要被改變：
Even though it is OK to follow my choices as a general guide, there are some choices I do not want changed:

我希望我的醫療代理人要完全遵守我在本指示書上的醫療選擇。即使連醫生也認為這選擇對我並沒有好處，我的代理人也絕對不可以改變我的選擇。
I want my health care agent to follow my health care choices on this form exactly. I never want my agent to change my choices, even if the doctors think this is not good for me.

要選擇自己的醫護服務，請翻到下頁的第二部份。

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

只要簽署指示書，請翻到英文第9頁(E9)第三部份。

To sign this form, go to Part 3 on page E9.



第二部份 自行做醫療照顧的選擇

PART 2

Make your own health care choices

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。請在英文第六頁(E6)上作出您的選擇。
Write down your choices so those who care for you will not have to guess. Write your answers on page E6.

請思考如何令您活得有意義。

Think about what makes your life worth living.

只有當我還能做以下這些事項的時候，才值得活下去：

My life is only worth living if I can:

在英文第六頁(E6)，您所同意的全部句子旁勾上X。

Put an X next to all the sentences you agree with on page E6.

- 能與家人或朋友交談 talk to family or friends
- 能從昏迷中甦醒 wake up from a coma
- 可以自己進食、洗澡或照顧自己 feed, bathe, or take care of myself
- 沒有痛楚 be free from pain
- 不需依賴機器維生 live without being hooked up to machines
- 我不確定 I am not sure



或
or

無論我病得多嚴重，都值得讓我活下去。

My life is always worth living no matter how sick I am.

臨終時，我一定要：

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

- 在家裡 在醫院 我不確定
at home in the hospital I am not sure

宗教或靈性需求對您很重要嗎？

Is religion or spirituality important to you?

- 不重要 很重要
no yes

如果您有宗教信仰，您的宗教信仰是甚麼？

If you have one, what is your religion? _____

醫生應該知道有關我宗教或信仰的事宜：

What should your doctors know about your religion or spirituality?

當您生病時，醫生和護士一定會盡力讓您舒服，減除痛楚。

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



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、
餵食管、洗腎、輸血或用藥等方式。 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.

請您在最同意的一項選擇旁勾上X。 Put an X next to the one choice you most agree with.

請先把整頁的內容都讀完，再作出您的一項選擇。 Please read this whole page before you make your choice.

請在英文第七頁(E7)上作出您的選擇。 Mark your answers on page E7.

如果我病危，可能要離世：

If I am so sick that I may die soon:

請用醫生認為可能有幫助的『全部』維持生命治療方法。
Try all life support treatments that my doctors think might help.

如果治療**沒有效果**而且病情好轉的機會微小，
If the treatments **do not work** and there is little hope of getting better,

我仍然想要依賴維持生命的機器。
I want to **stay** on life support machines.

或
or

請用醫生認為可能有幫助的『全部』維生治療方法。
Try all life support treatments that my doctors think might help.

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

或
or

我希望醫生使用可能有幫助的所有維持生命治療方法。
Try all life support treatments that my doctors think might help **but not** these treatments.

請勾選您**不要**的治療項目。
Mark what you **do not want**.

- | | |
|--|--|
| <input type="radio"/> 心肺復甦術 CPR | <input type="radio"/> 餵食管 feeding tube |
| <input type="radio"/> 血液透析術 (洗腎) dialysis | <input type="radio"/> 輸血 blood transfusion |
| <input type="radio"/> 呼吸輔助器 breathing machine | <input type="radio"/> 藥物 medicine |
| <input type="radio"/> 其它治療方法 _____
other treatments | |

或
or

我不要使用任何維持生命治療法。 I do not want any life support treatments.

或
or

我希望由我的**醫療代理人**幫我決定。 I want my health care agent to decide for me.

或
or

我不確定。 I am not sure.



請翻到下頁
Go to the next page



E7

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。

Your doctors may ask about organ donation and autopsy after you die.

Please tell us your wishes.

請在您最同意的一項選擇旁勾上 X。

Put an X next to the one choice you most agree with.

請在英文第八頁(E8)上作出您的選擇。

Mark your answers on page E8.

捐贈器官可以救活別人。

Donating (giving) your organs can help save lives.

我願意捐贈我的器官。

I want to donate my organs.

我想捐贈的器官是：

Which organs do you want to donate?

任何器官 any organ

只捐贈 only _____

我不願意捐贈我的器官。

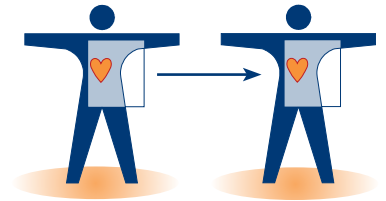
I do not want to donate my organs.

我希望由我的醫療代理人幫我決定。

I want my health care agent to decide.

我不確定。

I am not sure.



解剖遺體可以確定死因。

An autopsy can be done after death to find out why someone died.

用外科手術解剖，可能需要幾天時間。

It is done by surgery. It can take a few days.

我願意解剖遺體。

I want an autopsy.

我不願意解剖遺體。

I do not want an autopsy.

如果我的死因有疑問時，我希望解剖遺體。

I want an autopsy if there are questions about my death.

我希望由我的醫療代理人幫我決定。

I want my health care agent to decide.

我不確定。

I am not sure.



有關遺體的處理，您希望醫生注意什麼事項？

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



第三部份 在指示書英文第九頁(E9)上簽名

PART 3

Sign the form on page E9

要指示書生效，您必須： Before this form can be used, you must:



- 在指示書英文第九頁(E9)上簽名。 Sign the form on page E9.
- 請兩位見證人在英文的第10頁上(E10)簽名。 Have two witnesses sign on page E10.

如果沒有見證人，您必須要有一位公證人在英文的第11頁(E11)簽名。 If you do not have witnesses, a notary public must sign on page E11.
公證人的職責是確定指示書由你本人簽署。 A notary public's job is to make sure it is you signing the form.

請在英文第九頁(E9)上簽名並註明簽署日期。 Sign your name and write the date on page E9.

簽名 (sign your name)

日期 (date)

名字 (正楷書寫名字) (print your first name)

姓氏 (正楷書寫姓氏) (print your last name)

地址 (address)

城市 (city)

州 (state)

郵區號碼 (zip code)

您的見證人必須： Your witnesses must:

- 年滿 18 歲 be over 18 years of age
- 認識您 know you
- 親眼看到您在指示書上簽名 see you sign this form



見證人不可以： Your witnesses cannot:

- 是您的醫療代理人 be your health care agent
- 是您的醫護人員 be your health care provider
- 在您接受醫療服務的單位內工作 work for your health care provider
- 在您居住的地方工作(如果您住在療養院，請翻到英文第12頁(E12)) work at the place that you live (if you live in a nursing home go to page E12)

而且，一位見證人不能： Also, one witness cannot:

- 與您有任何親屬關係 be related to you in any way
- 在您去世後得到財政上的利益(得到金錢或財產) benefit financially (get any money or property) after you die

見證人必須在英文第十頁(E10)上簽名。

Witnesses need to sign their names on page E10.

如果您沒有見證人，請帶著本指示書由公證人在英文的第11頁(E11)上簽名。

If you do not have witnesses, take this form to a notary public and have them sign on page E11.

請您的見證人在英文第十頁(E10)上簽名和填寫今天的日期

Have your witnesses sign their names and write the date on page E10

透過簽名，本人證明 _____ 在本人面前親自在本指示書上簽名。

By signing, I promise that _____ signed this form while I watched.

他(她)當時能清楚地思考，而且並未被迫簽名。

He/she was thinking clearly and was not forced to sign it.

本人也證明：I also promise that:

- 我認識他(她)，或他(她)可證明自己是誰 I know him/her or this person could prove who he/she was
- 我已年滿 18 歲 I am 18 years or older
- 我不是他(她)的醫療代理人 I am not his/her health care agent
- 我不是他(她)的醫療人員 I am not his/her health care provider
- 我不是替他(她)的醫療人員工作 I do not work for his/her health care provider
- 我沒有在他(她)居住的地方工作 I do not work where he/she lives



有一位見證人也必須保證：One witness must also promise that:

- 我和他(她)沒有任何血緣、姻親或收養關係 I am not related to him/her by blood, marriage, or adoption
- 我不會在他(她)去世後得到財政上的利益(得到金錢或財產) I will not benefit financially (get any money or property) after he/she dies

● **第一位見證人：請在英文第十頁(E10)上簽名。** Witness #1: Sign on page E10.

簽名 (sign your name)

日期 (date)

證人名字 (正楷書寫名字) (print your first name)

姓氏 (正楷書寫姓氏) (print your last name)

地址 (address)

城市 (city) 州 (state) 郵區號碼 (zip code)

● **第二位見證人：請在英文第十頁(E10)上簽名。** Witness #2: Sign on page E10.

簽名 (sign your name)

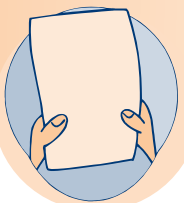
日期 (date)

證人名字 (正楷書寫名字) (print your first name)

姓氏 (正楷書寫姓氏) (print your last name)

地址 (address)

城市 (city) 州 (state) 郵區號碼 (zip code)



您已經填妥指示書。

You are now done with this form.

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。

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

與他們談論您的選擇。

Talk with them about your choices.



公證人

Notary Public



- 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。

Take this form to a notary public only if two witnesses have not signed this form.

- 記得要帶有照片的證件（駕駛執照，護照等）
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 _____



(Notary Seal)

您已經填妥指示書。 You are now done with this form.

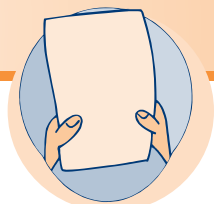


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僅限居住在加州療養院的人填寫

For California Nursing Home Residents ONLY

- 若您住在療養院，請將本指示書交給療養院的主管。

Give this form to your nursing home director only if you live in a nursing home.

- 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）。

California law requires nursing home residents to have the nursing home ombudsman as a witness of advance directives.

病人權益代言人或監察員聲明

STATEMENT OF THE PATIENT ADVOCATE OR OMBUDSMAN

「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。」

"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."

簽名 (sign your name)

日期 (date)

證人名字 (正楷書寫名字) (print your first name)

姓氏 (正楷書寫姓氏) (print your last name)

地址 (address)

城市 (city) 州 (state) 郵區號碼 (zip code)

