

# My Coma and Remote State Directive

## **Statement**

If I, \_\_\_\_\_ am in a coma or other remote states of consciousness and unable to communicate by conventional means, this document sets forth my wishes regarding process oriented coma work interventions and sessions, and other related matters. I am \_\_\_\_\_ or more years of age. I am sound in mind and realize the consequences of my actions as I fill out my Coma and Remote State Directive (CRSD).

## **Remote states of consciousness**

I may be experiencing "true coma" or a "persistent/permanent vegetative state" or "complete unarousable unresponsiveness" or "minimal consciousness" and cannot be made conscious by any normal or aggressive stimulation. I may be dazed or lethargic, in a "stupor" or "unresponsive but briefly arousable" going in and out of remote states of consciousness. I may be very withdrawn, delirious, confused, bewildered, disoriented, and/or perseverating. I may be having faulty memory, short attention spans, misrepresentations, drowsiness, fear, suspicious attitudes, hallucinations, delusions, loud offensive behavior, and/or physical and emotional agitation.

## **Causes of remote states of consciousness**

My condition may be caused by physical traumatic brain injury, anoxia (lack of oxygen), heart failure, stroke, cerebral hemorrhage, ischemia (lack of blood to the brain), tumors, AIDS, meningitis, other diseases, metabolic changes, near death conditions, diabetes, alcohol, drugs, poisoning, Alzheimer's, other dementias, shock, psychogenic factors, a combination of the preceding, and other causes.

## **My wishes**

In the event that I go into remote states of consciousness, immediately contact my designated process oriented coma workers. I want process oriented coma work sessions regardless of the cause of my remote states of consciousness or complications. A coma worker is to begin work with me as soon as medically possible. I give my permission for my coma workers to attend me at home, in emergency vehicles, emergency rooms, operating rooms, medical intensive care units, psychiatric intensive care units, and acute care hospitals; in my assisted living apartment, nursing home, intermediate care and extended care hospitals, hospices, palliative care units, and any other location. I request that my coma workers work with me and assist family, friends, physicians, and other care givers in relating with me until I die or regain clarity of mind.

I want life support and palliative care near death, even to postpone my death, until after a coma worker has thoroughly consulted with me, and is as satisfied as possible about my wishes and decisions I make while I am in coma or other remote states of consciousness.

I want decisions made regarding life support and palliative measures in consultation between a physician, my coma worker, and Durable Power of Attorney for Healthcare, preferably in person at my bedside, or failing having all three in person at my bedside, by video or telephone conference from my bedside. I want my wishes set forth in my CRSD honored even if I am unlikely to become conscious again.

I want my wishes set forth in my CRSD honored under all circumstances and conditions, including, but not limited to circumstances: when it appears that I will not regain consciousness; when it appears that I have a progressive fatal condition in an advanced stage, and I am apparently consistently and permanently unable to communicate by any means, swallow water and food safely, care for myself, breath on my own, or recognize family and other people; when it appears very unlikely that my condition will ever substantially improve.

If having life support measures would not help my medical condition and would make me suffer severe ongoing pain, I request my coma worker consult with me regarding my mental, physical, emotional, and spiritual well being and my wishes at that time. I then want decisions made regarding life support and palliative measures in consultation between a physician, my coma worker and my Durable Power of Attorney for Healthcare.

**Designated coma workers trained in process oriented coma work**

These persons may be the same persons as my Durable Power of Attorney for Healthcare and alternate.

1) Name \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

2) Name \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

3) Name \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

If the above coma workers are unavailable while I am in a remote state of consciousness, they may appoint alternate coma workers.



**My childhood dreams and memories** ~ use additional pages if necessary  
We recommend that you record your earliest childhood dream[s] or memory[ies]. This information helps coma workers assist you in working with inner visions and other inner and outer experiences.

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All three signers must be present to initial deletions, changes, and additional pages, and sign and date below. A notary public's signature may be required depending upon the jurisdiction.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Have your Durable Power of Attorney for Healthcare and alternate read and sign below to help ensure that they comprehend and agree to your wishes.

Durable Power of Attorney for Healthcare signature

\_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Alternate \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

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