

Living Will

To my family, friends, loved ones, doctors and all concerned with my care,
I _____, being of sound mind, make
this statement as a directive to be followed if I become unable to make or communicate
decisions regarding my medical care.

In 1 - 3, for each section, choose the sentence (a) (b) or (c) which expresses your wishes; then check and initial it. In addition, read (d) in each section. If you decide to refuse food and fluids, check and initial (d). The treatments you might want to refuse are:

Diagnostic Procedures, Dialysis, Cardiopulmonary Resuscitation, Surgery, Intubation, Blood Transfusions, Mechanical Respiration, Antibiotics, Other Drugs Not for Comfort

1. If my doctors determine that I have a condition or illness that is incurable or irreversible and from which my doctors do not expect me to survive, I direct my doctors:

___ [] (a) To use all appropriate medically accepted treatments and interventions.

___ [] (b) To withhold or withdraw only the following treatments or interventions:

___ [] (c) To withhold or withdraw all treatments or interventions which are not designed solely for my comfort.

___ [] (d) I expressly refuse artificial food and fluids by any technology.

2. If I am irreversibly in a deep coma or persistent vegetative state, I direct my doctors:

___ [] (a) To use all appropriate medically accepted treatments and interventions.

___ [] (b) To withhold or withdraw only the following treatments or interventions:

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____ [] (c) To withhold or withdraw all treatments or interventions which are not designed solely for my comfort.

____ [] (d) I expressly refuse artificial fluids and foods by any technology.

3. If I am irreversibly demented and am unable to recognize or respond to family and friends, and contract an illness or condition, whether or not such illness or condition is in itself life threatening, I direct my doctors:

____ [] (a) To use all appropriate medically accepted treatments and interventions.

____ [] (b) To withhold or withdraw only the following treatments or interventions:

____ [] (c) To withhold or withdraw all treatments or interventions which are not designed solely for my comfort.

____ [] (d) I expressly refuse applicable artificial food and fluids by any technology.

These directions express my legal right to refuse or consent to treatment. Therefore I expect my family, friends, loved ones, doctors and everyone concerned with my care to regard themselves legally and morally bound to act in accord with my wishes.

I understand that I may cancel or change this Living Will at any time.

Signature _____

Address _____

Date _____

Statement by Witnesses (must be 18 or older)

I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Witness 1 _____
Address _____

Witness 2 _____
Address _____

Keep the signed original with your personal papers at home. Give signed copies to doctors, family, and proxy. Review your Declaration from time to time; initial and date it to show it still expresses your intent.