

LIVING WILL INSTRUCTIONS

Communication is an important part of every relationship. It is vital to talk with your doctor and family about how you want your life sustained in the event of irreversible illness, end-stage of a disease process, or persistent vegetative state. You have a right to participate in every decision made during your illness. In case a terminal illness, end-stage condition, or persistent state of unconsciousness or unresponsiveness leaves you in a condition in which you cannot make decisions for yourself, the previous communication you have had with your doctor and family will help them make decisions concerning your care.

A living will is another way to make your desires known. A legal document, it specifies how much treatment you want to receive in case of terminal or irreversible illness, end-stage condition, or persistent vegetative state. In additional instructions, you may want to specify certain treatments you do not want, such as electrical or mechanical (CPR) resuscitation of your heart, mechanical respiration (ventilator) to sustain breathing, artificial (tube) feedings when unable to take food by mouth, blood transfusions, or surgery.

To use your living will:

1. Sign and date the will before two witnesses.
2. Give your doctor a copy of the will and discuss it with him/her.
3. Give copies of the will to key persons involved in your welfare. The time may come when you can no longer take part in decisions regarding your future.
4. Keep the original easily accessible.
5. Discuss your intentions *now* with those closest to you.
6. Review your will once a year and re-date it, initialing the new date. This clearly states your wishes are unchanged.
7. When you're admitted to the hospital, have a copy of the will placed in your medical record.

THE LIVING WILL DECLARATION OF

This LIVING WILL DECLARATION made this _____ day of
_____, 20_____ by

_____,
the undersigned declarant, who resides at:

Address

City/State/Zip Code

I, _____, being of sound mind,
make this statement as a directive to be followed if I become permanently unable to
participate in decisions regarding my medical care. These instructions reflect my firm and
settled commitment to decline medical treatment under the circumstances indicated
below:

I direct my attending physician to withhold or withdraw treatment that merely
prolongs my dying, if I should be in an **incurable or irreversible mental or physical
condition with no reasonable** expectation of recovery, including but not limited to: (a) **a
terminal condition**; (b) **a permanently unconscious condition**; or (c) **a minimally
conscious condition in which I am permanently unable to make decisions or express
my wishes**.

I direct that treatment be limited to measures to keep me comfortable and to relieve pain,
including any pain that might occur by withholding or withdrawing treatment.

While I understand that I am not legally required to be specific about future
treatments, if I am in the condition(s) described above I feel especially strongly about
the following forms of treatment:

I do not want cardiac resuscitation.

I do not want mechanical respiration.

I do not want tube feeding.

I do not want antibiotics.

However, I **do want** maximum pain relief, even if it may hasten my death.

In addition to the directives that I have given above, I specifically direct as follows:

These directions express my legal right to refuse treatment under federal and state law. I intend my instructions to be carried out, unless I have revoked them in a new writing or by clearly indicating that I have changed my mind.

Signature: _____

Date: _____

WITNESS STATEMENT

I declare that the person who signed this document appeared to execute the living will willingly and free from duress. He or she signed (or asked another to sign for him or her) this document in my presence.

WITNESS #1

WITNESS #2

Signature

Signature

Print Name

Print Name

Address

Address

City/State/Zip Code

City/State/Zip Code