

## LIVING WILL OR HEALTH CARE DIRECTIVE

**Introduction:** As part of a person's right to self-determination, every adult may accept or refuse any recommended medical treatment. This is relatively easy when people are well and can speak. Unfortunately, during severe illness people are often unconscious or otherwise unable to communicate their wishes at the very time when many critical decisions need to be made.

**What is a Living Will?** A Living Will or Health Care Directive is a legal document that allows you to state whether you want your dying artificially prolonged. This directive is used when the application of life-sustaining treatment would only prolong the process of dying. The Health Care Directive may apply if you are diagnosed, in writing, to be in a terminal condition by your attending physician, or if you are in a permanent unconscious condition as certified by two physicians. If such a situation occurs and you have stated that you do not wish any efforts be made to prolong your death, life sustaining procedures may be withheld or withdrawn and you would be able to die naturally.

You may also want to state whether you wish artificially provided nutrition and hydration (liquids) to be stopped under these circumstances. However, deciding to forego life sustaining measures does not mean all medical care will stop. All efforts will be made to ensure your comfort.

**The Law:** Generally most states specifically recognize the right of a competent adult to control all decisions relating to his or her health, including decisions to have live-prolonging medical procedures withheld or withdrawn. Any competent adult may make a Living Will directing the providing, withholding, or withdrawal of life-prolonging procedures in the event such person suffers from a terminal condition. It generally must be signed in the presence of two witnesses, one of whom is neither a spouse nor a blood relative of the principal.

### INSTRUCTIONS FOR COMPLETING A LIVING WILL

**The Living Will** states your wishes regarding various types of medical treatment in several representative situations so that your desires can be respected. It comes into effect only if you become incompetent (unable to make decisions or to express your wishes), and you can change it at any time until then. As long as you are competent, you should discuss your care directly with your physician. In addition to a Living Will you can also appoint someone to make financial as well as medical decisions for you if you should become unable to make your own; this is done by a **Durable Power of Attorney**. Finally, many people like to make a statement regarding their wishes concerning organ donation. This can be done through an **Organ Donation Statement**.

The following pages contain a Living Will form on which you can record your own desires. Since such wishes usually reflect personal, philosophical, and religious views, you may want to discuss the issues with your family, friends, or religious mentor before completing the form.

**Completing the Form.** The **short form** Living Will merely expresses a basic medical condition. You will be asked to indicate your wishes concerning possible medical interventions ranging from pain medications to resuscitation. You can refuse a certain treatment or request that it definitely be used, should it be medically appropriate. Alternatively, you can state that you are unsure about your preference for the treatment, or that you would like it tried for a while, but discontinued if it does not result in definite improvement. This phase of completing the Living Will is best done in discussion with your physician.

# LIVING WILL

## TO MY FAMILY, MY PHYSICIAN, MY CLERGYMAN, MY LAWYER

### Declaration

Declaration made this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

I, \_\_\_\_\_, willfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below, and I do hereby declare:

**Designation.** \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_, is hereby designated as my surrogate to carry out the provision of this declaration or if I am unable to make my own choices and my condition is not clearly covered by this document. If, for any reason, he/she becomes unable or unwilling to so act, then \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_, is designated as alternate surrogate, with the same authority, rights and obligations as the primary surrogate.

If at any time I should have a condition as identified below and if my attending physician has determined that there can be no recovery from such condition and that my death is imminent, I direct that the following, if considered medically reasonable, be followed.

**A - Unconscious State (Permanent Vegetative State):** Patient is totally unaware with little chance of ever waking up.

**B – Permanent Confusion:** Patient is unable to remember, understand or make decisions. He/She does not recognize loved ones or have a clear conversation with them.

**C – Total Dependence:** Patient is unable to talk clearly or move by him/herself. He/She depends on others for feeding and hygiene. Patient’s condition cannot be helped by rehabilitation or any other means.

**D – End-Stage Disease:** This illness has reached its final stages in spite of full treatment. (Such as widespread cancer or badly damaged heart and lungs)

Medical Conditions (circle answer)	A		B		C		D	
<b>Cardiopulmonary Resuscitation:</b> if at the point of death, using drugs and electric shock to keep the heart beating; artificial breathing	Yes	No	Yes	No	Yes	No	Yes	No
<b>Mechanical Breathing:</b> breathing by machine	Yes	No	Yes	No	Yes	No	Yes	No
<b>Artificial Nutrition:</b> giving nutrition through a tube in the veins, nose, or stomach	Yes	No	Yes	No	Yes	No	Yes	No
<b>Artificial Hydration:</b> giving of fluid through a tube in the veins, nose or stomach	Yes	No	Yes	No	Yes	No	Yes	No
<b>Major Surgery:</b> such as removing the gall bladder or part of the intestines	Yes	No	Yes	No	Yes	No	Yes	No
<b>Kidney Dialysis:</b> cleaning the blood by machine or by fluid passed through the belly	Yes	No	Yes	No	Yes	No	Yes	No
<b>Chemotherapy:</b> using drugs to fight cancer	Yes	No	Yes	No	Yes	No	Yes	No
<b>Minor Surgery:</b> such as removing some tissue from an infected toe	Yes	No	Yes	No	Yes	No	Yes	No
<b>Invasive Diagnostic Tests:</b> such as using a flexible tube to look into the stomach	Yes	No	Yes	No	Yes	No	Yes	No
<b>Blood or Blood Products:</b> such as giving transfusions	Yes	No	Yes	No	Yes	No	Yes	No
<b>Antibiotics:</b> using drugs to fight infection	Yes	No	Yes	No	Yes	No	Yes	No
<b>Simple Diagnostic Tests:</b> such as performing blood tests or x-rays	Yes	No	Yes	No	Yes	No	Yes	No
<b>Pain Medications:</b> even if they dull consciousness and indirectly shorten my life	Yes	No	Yes	No	Yes	No	Yes	No

In the absence of my ability to give directions regarding the use of such life-prolonging procedures, it is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences for such refusal. I hereby hold harmless my physicians and any other health care providers who render care or withhold care from me in good faith.

If I have been diagnosed as pregnant and that diagnosis is known to my physician, this declaration shall have no force or effect during the course of my pregnancy.

I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration.

\_\_\_\_\_  
Declarant

WITNESSES:

The Declarant is known to me, and I believe him/her to be of sound mind.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness