

Date: _____

Living Will Declaration

Section I: Declaration of Conditions

To my family, my friends, my physician(s), and all others who may be interested:

I, _____, being of sound mind, willfully and voluntarily make this declaration to be followed if I become incompetent or unable to communicate directly. I direct my attending physician to withhold or withdraw life-sustaining treatment that serves only to prolong the process of my dying if I should have a disease, injury, or illness for which there is no effective treatment or I am in a state of permanent unconsciousness.

I direct that under the circumstances defined in this document my treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing life-sustaining treatment.

I understand that it is not practical to anticipate all of the potential medical circumstances, issues, and complications at this time; nor can my physicians use their skills and experience if there are limitations placed on what can or won't be done in providing my care. I ask that every effort be made in my treatment until such time that the best possible outcome of my illness does not provide for the likelihood of my achieving the quality of life I have outlined in this document. I wish to assist my physicians in deciding my most appropriate acceptable quality of life if I were to survive.

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Section II: Treatment Desires

In addition, if I am in the condition described above, I feel especially strong about the following forms of treatment, keeping quality of life desires in the forefront:

I _____ do	_____ do not	want cardiac resuscitation
I _____ do	_____ do not	want mechanical ventilation
I _____ do	_____ do not	want tube feeding or any other artificial invasive form of nutrition (food) or hydration (water)
I _____ do	_____ do not	want blood or blood products
I _____ do	_____ do not	want any form of surgery or invasive diagnostic tests
I _____ do	_____ do not	want kidney dialysis
I _____ do	_____ do not	want antibiotics

Section III: Quality Issues to Consider

After resolution of my acute illness and a reasonable period of convalescence consistent with the nature of my illness, the quality of my life will be acceptable to me if I am:

- Alert and aware of my surroundings
- Able to recognize, acknowledge and interact with loved ones
- Effectively communicating with others, either through words, writing or non-verbal gestures.
- Able to live independent of life sustaining equipment
- To return to a state of health, that is acceptable to me

Additionally, I may attach a note that defines my idea of the quality of life I would like.

I realize that if I do not specifically indicate my preference regarding any of the forms of treatment listed above, I may receive that form of treatment.

Signature: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Witness # 1: _____

Address: _____

City: _____ State: _____ Zip: _____

Witness # 2: _____

Address: _____

City: _____ State: _____ Zip: _____