

Adult patients of sound mind have the right to accept or refuse any medical or surgical treatment. This includes the right to accept or refuse treatment through a Living Will.

**What is a Living Will?**

A Living Will is a legal document in which you tell others of your wish to refuse treatment that you feel is excessive or inappropriate—if you become unable to express your wishes in the future. The Living Will tells medical professionals and family members to what extent special means should or should not be used to keep your body alive if you are incurably ill. The Will allows you to refuse certain medical procedures that may only prolong dying or maintain the body in an unconscious state. The Living Will only becomes effective if the patient is terminally ill and unable to make medical treatment decisions or permanently unconscious.

**Should you have a Living Will?**

It is not necessary that you be seriously ill or anticipating illness in order to benefit from having a Living Will. In fact, a Living Will can help protect your family members from the emotional stress of having to make important decisions in an unexpected crisis. A Living Will allows you to control the extent to which extraordinary measures will be used to prolong your life, and it relieves others from having to make such decisions.

**What types of treatment are affected?**

Your Living Will only affects treatments which, in the opinion of your doctor, serve only to postpone the moment of death by artificially altering your body's vital function. Some examples include:

- **Artificial Feeding:** If you are not able to swallow food, nourishment may be given through tubes inserted in the nose, an incision in the abdomen or intravenously.
- **Artificial Ventilation:** Machines which assist or control breathing are called ventilators. Some patients are totally dependent on ventilators and would die without them. A Living Will can state whether to use, or continue to use, a ventilator when there is no chance of improvement.
- **Cardiopulmonary Resuscitation (CPR):** When the heart stops (cardiac arrest), special measures called cardiac resuscitation may be used to try to restart the heart. CPR includes the use of heart massage, intravenous medications and electrical shock. Your Living Will may direct that any or all of these not be used.

**Does this mean giving up or stopping care?**

A Living Will affects only measures which are deemed to be useless. Making a Living Will does not mean that you will be abandoned. Doctors and nurses will continue to care for your needs and make every effort to keep you comfortable. Humane treatment will continue.

**What is a healthcare proxy?**

You can choose another person who will make healthcare decisions for you, if you become unable to make decisions. The person you choose is called your "healthcare proxy." A proxy can be helpful if circumstances arise that are not covered in your Living Will. A proxy can be named on the attached form.

**How do you make a Living Will or healthcare proxy?**

To make a Living Will, fill out the form included with this pamphlet. Have two other adults witness your signature. If you wish to name a healthcare proxy, fill out the optional Healthcare Proxy. (If you wish to donate any organs, fill out the organ donation form, also included in this pamphlet.)

**What should you do with your Living Will?**

It is important that your doctor and family members know in advance about your Living Will and have a copy of it. Take it with you to the hospital.

**What if you change your mind?**

Your Living Will can be revoked at any time by telling your doctor and family members that your wishes have changed. All copies of the will to be revoked also should be torn up and thrown away.

**Can one person make a Living Will for another?**

If the patient is a child or an adult who can no longer make medical decisions, a close family member or guardian can make a Living Will for the patient under certain circumstances.

**Optional Organ and Tissue Donation**

I, \_\_\_\_\_,  
NAME OF PERSON SIGNING DOCUMENT (PRINT)

do hereby authorize the donation for transplantation and/or medical research the following anatomical gifts (check those you wish to donate):

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Body         | <input type="checkbox"/> Liver            |
| <input type="checkbox"/> Bone         | <input type="checkbox"/> Lung             |
| <input type="checkbox"/> Eyes         | <input type="checkbox"/> Pancreas         |
| <input type="checkbox"/> Heart        | <input type="checkbox"/> Skin             |
| <input type="checkbox"/> Heart valves | <input type="checkbox"/> All of the above |
| <input type="checkbox"/> Kidneys      | <input type="checkbox"/> Other _____      |

I further consent to the removal of any blood and tissue samples needed for lab tests. I also consent for the Procurement Coordinator and physicians to have access to medical records related to the donation.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PERSON

\_\_\_\_\_  
ADDRESS

**Witnesses**

The declarant voluntarily signed this writing in my presence.

WITNESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

WITNESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

*My  
Living  
Will*

Name \_\_\_\_\_

Address \_\_\_\_\_

Social Security # \_\_\_\_\_



*This document includes a Living Will, Healthcare Proxy and Optional Organ and Tissue Donation form. Fill out any or all of the forms. **Make any changes you want, and initial changes.** Then sign in front of two witnesses. If you want all three documents, you must sign in three places.*

**Living Will Declaration**

**Healthcare Proxy**

By \_\_\_\_\_  
NAME OF PERSON SIGNING DOCUMENT (PRINT)

By \_\_\_\_\_  
NAME OF PERSON SIGNING DOCUMENT (PRINT)

Date of Birth \_\_\_\_\_  
 Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_  
 Social Security # \_\_\_\_\_

If I am terminally ill or permanently unconscious, and I am not able to make decisions about my medical treatment, I direct my attending physician to withhold or withdraw treatment that prolongs the process of my dying and is not necessary to my comfort. Specifically, if I am terminally ill or permanently unconscious, I do not want antibiotics, surgery, blood products, feeding tubes, artificial breathing machine, cardiac resuscitation (CPR) or kidney dialysis.

Anytime I am temporarily or permanently unable to make healthcare decisions, my healthcare proxy shall be:

\_\_\_\_\_  
NAME OF PROXY (print)  
 \_\_\_\_\_  
ADDRESS AND TELEPHONE

- My healthcare proxy may make all decisions about:
- My personal care                      • My medical care
  - Hospitalization
  - Whether I receive medical treatment or procedures including artificial feeding or fluids, even though I may die
  - Visitors, if problems arise concerning visits
- Such decisions shall be consistent with my wishes, or, if my wishes are unknown, shall be consistent with my best interest.

This document is intended to be a declaration and proxy statement under the provisions of the Arkansas Right of the Terminally Ill or Permanently Unconscious Act.

You may add further instructions here:  
 \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 \_\_\_\_\_  
SIGNATURE OF PERSON

Witnesses  
 The declarant voluntarily signed this writing in my presence.

WITNESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

WITNESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

You may add further instructions here:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This document is intended to be a Living Will under the Arkansas Rights of the Terminally Ill or Permanently Unconscious Act.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PERSON

Witnesses  
 The declarant voluntarily signed this writing in my presence.

WITNESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

WITNESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

Photocopies of this form should be given to the proxy you have designated, to family members and to your family doctor.

*Help Is Available*

Your Living Will involves some of life's most important choices and ethical considerations. Such choices are not always easy, but help is available. You may wish to ask your doctor to discuss these questions with you or refer you to others who are qualified to help. Discussing these considerations with family members may serve to clarify questions you may have.

Sparks Health System respects patients' rights to refuse unwanted treatment and will comply with any valid Living Will.

Additional copies of this brochure are available from:  
 Sparks Health System  
 1001 Towson Avenue  
 P. O. Box 2406  
 Fort Smith, Arkansas 72902-2406



*Your  
 Living  
 Will*

*A part of life's most important choices*



**Sparks**  
 Health System

1001 Towson Avenue  
 P. O. Box 2406  
 Fort Smith, AR 72902-2406  
 479-441-4000  
 www.sparkshealth.com