

LIVING WILL INSTRUCTIONS

Today, more than ever, issues concerning "death with dignity" or the "right to die" have received increased attention. As advances in medical and scientific techniques find new ways to maintain bodily functions, keeping the human machine alive, more people have become concerned with "quality of life" issues, in contrast to simple continued existence.

Issues concerning the use of "heroic measures" to sustain life, and quality of life issues, are very personal and very important to consider. We recommend that you and your family discuss these issues to avoid the uncertainty that could arise at a difficult time during a serious, prolonged illness.

Today, most states have Living Will statutes specifying documents which anyone can copy and sign according to state law.

The enclosed form is a Living Will in general language. This document may or may not meet the specifications in your state, so you are encouraged to check further. As with all important decisions, you are encouraged to consult with an attorney.

You may obtain additional information regarding your state laws, or about this issue, by contacting:

Choice in Dying, Inc.
1035 B 30th Street Northwest
Washington DC 20007
(202) 338-9790
(800) 989-WILL (9455)
www.choices.org

LIVING WILL DIRECTIVE
(Statutory Form)

My wishes regarding life-prolonging treatments and artificially provided nutrition and hydration to be provided to me if I no longer have decisional capacity, have a terminal condition, or become permanently unconscious have been indicated by checking and initialing the appropriate lines below. By checking and initialing the appropriate lines, I specifically: _____ as my health care surrogate(s) to make health care decisions for me in accordance with this directive when I no longer have decisional capacity. If _____ refuses or is not able to act for me, I designate _____ as my health care surrogate(s). Any prior designation is revoked.

If I do not designate a surrogate, the following are my directions to my attending physician. If I have designated a surrogate, my surrogate shall comply with my wishes as indicated below:

- _____ Direct that treatment be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical treatment deemed necessary to alleviate pain.
- _____ DO NOT authorize that life-prolonging treatment be withheld or withdrawn.
- _____ Authorize the withholding or withdrawal of artificially provided food, water, or other artificially provided nourishment or fluids.
- _____ DO NOT authorize the withholding or withdrawal of artificially provided food, water, or other artificially provided nourishment or fluids.
- _____ Authorize my surrogate, designated above, to withhold or withdraw artificially provided nourishment or fluids, or other treatment if the surrogate determines that withholding or withdrawing is in my best interest; but I do not mandate that withholding or withdrawing.

In the absence of my ability to give directions regarding the use of life-prolonging treatment and artificially provided nutrition and hydration, it is my intention that this directive shall be honored by my attending physician, my family, and any surrogate designated pursuant to this directive as the final expression of my legal right to refuse medical or surgical treatment, and I accept the consequences of the refusal.

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

I understand the full impact of this directive, and I am emotionally and mentally competent to make this directive.
Signed this _____ day of _____, 20_____.

GRANTOR
ADDRESS

In our joint presence, the grantor, who is of sound mind and eighteen years of age, or older, voluntarily dated and signed this writing or directed it to be dated and signed for the grantor.

WITNESS _____ ADDRESS _____
WITNESS _____ ADDRESS _____
OR: COUNTY OF _____ STATE OF _____

Before me, the undersigned authority, came the grantor who is of sound mind and eighteen (18) years of age, or older, and acknowledged that he voluntarily dated and signed this writing or directed it to be signed and dated as above.
Done this _____ day of _____, 20_____.

NOTARY PUBLIC:
MY COMMISSION EXPIRES:

Execution of this document restricts withholding and withdrawing of some medical procedures. Consult your attorney.