

Health-Care Directive (Living Will)

I, _____, living in the city of _____, in the county of _____, in the state of _____, make this Health-Care Directive this _____ day of _____, 20__:

Being of sound mind, I willfully and by choice make known my wish that my life shall not be artificially prolonged as outlined below and hereby declare that:

1. If at any time I should be diagnosed in writing to be in a *terminal condition* by my attending doctor, or in a *permanent unconscious condition* by two doctors, and where the use of life-sustaining treatment would serve only to artificially lengthen the process of dying, I ask that such treatment be withheld or withdrawn and I be allowed to die naturally.

I understand by using this form that a *terminal condition* means an incurable and irreversible condition caused by injury, disease, or illness, that would within reasonable medical judgment cause death within a reasonable period of time in accordance with accepted medical standards, and where the use of life-sustaining treatment would serve only to lengthen the process of dying.

I further understand in using this form that a *permanent unconscious condition* means an incurable and irreversible condition in which I am medically assessed within reasonable medical judgment as having no reasonable chance of recovery from an irreversible coma or a persistent vegetative state.

2. If I am unable to give directions regarding the use of such life-sustaining procedures, it is my intention this Health-Care Directive be honored by my family and doctors as the final expression of my legal right to refuse medical or surgical treatment, and I accept what may happen because of my refusal. If another person is appointed to make these decisions for me, whether a Durable Power of Attorney or otherwise, I request the person to follow this Health-Care Directive and any other clear stated desires.
3. If I have been diagnosed as pregnant and the pregnancy is known to my physician, this Health-Care Directive shall have no force or effect during the course of my pregnancy.
4. In the event I suffer from a *terminal condition* or in a *permanent unconscious condition* explained in #1 above, I request no active steps be taken, including CPR.

Initial: _____ I want artificial administration of food and fluids.

_____ I do not want artificial administration of food and fluids.

5. This Health-Care Directive is to remain in effect as written unless changed by me, and any request I make concerning action to be taken or withheld in connection with this Health-Care Directive will be made without further discussion.

