

LIVING WILL

To my family; all physicians, hospitals and other health care providers and any Court or Judge:

After thoughtful consideration, I have decided to forego all life-sustaining treatment if I shall sustain substantial and irreversible loss of mental capacity and

- A) my attending physician is of the opinion that I am unable to eat and drink without medical assistance and it is highly unlikely that I will regain the ability to eat and drink without medical assistance;

-OR-

- B) my attending physician is of the opinion that I have an incurable or irreversible condition which is likely to cause my death within a relatively short time.

I shall be conclusively presumed to have sustained substantial and irreversible loss of mental capacity upon a determination to such effect by my attending physician or when a Court determines that I have sustained such loss, whichever shall first occur.

As used herein the term “an incurable or irreversible condition which is likely to cause my death within a relatively short time” is a condition which, without the administration of medical procedures which serve only to prolong the process of dying, will in my attending physician’s opinion, result in my death within a relatively short time. The determination as to whether my death would occur in a relatively short time is to be made by my attending physician without considering the possibilities of extending my life with life-sustaining treatment.

I direct that this decision shall be carried into effect even if I am unable to personally reconfirm or communicate it, without seeking judicial approval or authority.

Accordingly, if and when it is so determined that

- (1) I have sustained substantial and irreversible loss of mental capacity

-and-

- (2) I am unable to eat and drink without medical assistance and it is highly unlikely that I will regain the capacity to eat and drink without medical assistance, or I have an incurable or irreversible condition which is likely to cause my death within a relatively short time,

all life-sustaining treatment (including without limitation (A) administration of nourishment and liquids intravenously or by tubes connected to my digestive tract; (B) mechanical respiration; and (C) antibiotics) shall thereupon be withheld or withdrawn forthwith, whether or not I am conscious, alert or free from pain, and no cardiopulmonary resuscitation shall thereafter be administered to me if I sustain cardiac or pulmonary arrest. (In such circumstances, I consent to an order not to resuscitate, as that term is defined in any applicable law, and direct that such an order thereupon be placed in my medical record.) I recognize that when life-sustaining treatment is withheld or withdrawn from me, I will surely die of dehydration and malnutrition within days or weeks. All available medication for the relief of pain and for my comfort shall be administered to me after life-sustaining treatment is withheld or withdrawn even if I am rendered unconscious and my life is shortened thereby.

I recognize that there may be many instances besides those described above in which the compassionate practice of good medicine dictates that life-sustaining treatment be withheld or withdrawn and I do not intend that this instrument be construed as an exclusive enumeration of the circumstances in which I have decided to forego life-sustaining treatment. To the contrary, it is my express direction that whenever the compassionate practice of good medicine dictates that life-sustaining treatment should not be administered, such treatment shall be withheld or withdrawn from me. I similarly direct that in the event I am unable to personally communicate a decision to forego life-sustaining treatment in other circumstances than those described herein, such instructions shall be followed to the same extent as if originally included in this declaration.

This instrument and the instructions herein contained may be revoked by me at any time and in any manner. However, no physician, hospital or other health care provider who withholds or withdraws life-sustaining treatment in reliance upon this Living Will or upon my personally communicated instructions without actual knowledge that I have countermanded these instructions shall not have any liability or responsibility to me, my estate or any other person for having withheld or withdrawn such treatment.

I am in full command of my faculties. I make this Living Will declaration in order to furnish clear and convincing proof of the strength and durability of my determination to forego life-sustaining treatment in the circumstances described above. I emphasize my firm and settled conviction that I am entitled to forego such treatment in the exercise of my right to determine the course of my medical treatment. My right to forego such treatment is paramount to any responsibility of any health care provider or the authority of any Court or Judge to attempt to force unwanted medical care upon me.

I direct that my family, all physicians, hospitals and other health care providers and any Court or Judge honor my decision that my life not be artificially extended by mechanical means and that if there is any doubt as to whether or not life-sustaining treatment is to be administered to me after I have sustained substantial and irreversible loss of mental capacity such doubt is to be resolved in favor of withholding or withdrawing such treatment.

(Name)

Dated:

WITNESSES:

_____ residing at _____

_____ residing at _____
