INSTRUCTIONAL DIRECTIVE
(Living Will)

To My Family, Doctors, and All Those Concerned with My Care:

I, _____, being of sound mind, make this statement as a directive to be followed if for any reason I become unable to participate in decisions regarding my medical care (Initial any that apply.)

A. NO

_____1. I direct that life-sustaining procedures be withheld or withdrawn a.) if I become permanently unconscious, b.) if I have a terminal illness, c.) if I experience extreme mental deterioration, or d.) if I have another type of irreversible illness. The above conditions shall have no reasonable expectation of recovery or chance of regaining a meaningful quality of life. These medical conditions shall be determined by my attending physician and at least one additional physician. I understand that I will be kept comfortable.

Initial

OR YES

_____2. I direct that all medically appropriate measures be provided to sustain my life, regardless of my physical or mental condition.

Initial

B. This section asks you to think about the values that are important to you regarding treatment in cases of severe mental or physical illness.

_____1. I do not wish my life to be prolonged by medical treatment(s) if my quality of life is unacceptable to me. The following are conditions that are **un**acceptable to me. (Initial only those that describe a way of living that you could not tolerate):

_____a.) Permanently unconscious with a ventilator breathing for me.

_____b.) Permanently unconscious with a feeding tube and/or intravenous (IV) hydration.

_____c.) On a ventilator when there is little or no chance of recovery.

_____d.) Being conscious (awake), but unable to communicate (for example, with a stroke), and being fed with a feeding tube and/or hydrated with IVs to keep me alive.

_____e.) Living with a dementia like Alzheimer's Disease so severe that I am unable to recognize those who love me.

OR

_____2. I want to live as long as possible, regardless of the quality of life that I experience.

C. If you choose A. 1., above, the life-sustaining procedures that would be withheld or withdrawn include, but are not limited to: CPR, mechanical ventilation, surgery, chemotherapy, radiation, dialysis, transfusion, and antibiotics. Initial the following if it applies to you (see "Terms You should Understand"):

_____In the circumstances described in A. 1., above, I also direct that artificially provided nutrition and fluids be withheld and withdrawn and that I be allowed to die.

D. _____Upon my death, I am willing to donate any parts of my body that may be beneficial to others.

Additional Comments or Exceptions:

_____

These directions express my legal right to request or refuse treatment. Therefore, I expect my family, doctor, and all those concerned with my care to regard themselves as legally and morally bound to act on accord with my wishes.

Signed:_____ **Date:**_____

Witnesses (cannot be health care representative or alternative representative if any are be named on the other side of this page)

I declare that the person who signed this document, or asked another to sign this document on his/her behalf, did so in my presence and that he/she appears to be of sound mind and free of duress or undue influence.

Witness:_____ **Date:**_____

Witness:_____ **Date:**_____

Reminder: Give a copy of this document to your health care provider, health care representative and other concerned individuals.