



ADVANCE DIRECTIVE: LIVING WILL

If my physician has diagnosed me with an end-stage medical condition (which will result in my death, despite the introduction or continuation of medical treatment) or am permanently unconscious, such as an irreversible coma or persistent vegetative state with no realistic hope for recovery; and I am no longer able to communicate my decisions due to mental or physical impairment, these are my directives:

I direct that I be given health care treatment to relieve pain or provide comfort even if such treatment may shorten my life, suppress my appetite or my breathing, or be habit forming.

In addition:

1. Should my heartbeat and/or breathing stop
I do () do not () want CPR (heart compressions & artificial breathing)

2. Should I be unable to breathe on my own
I do () do not () want mechanical ventilation

3. Should I be unable to take food or fluids by mouth
I do () do not () want nutrition or hydration via a feeding tube
I do () do not () want nutrition or hydration via vascular access

4. Should I develop kidney failure
I do () do not () want dialysis

5. Should I develop cancer
I do () do not () want chemotherapy
I do () do not () want radiation

6. Should surgery be suggested
I do () do not () want an operation

7. Should blood or blood products be suggested
I do () do not () want transfusions of blood or blood products

8. Should I have an infection
I do () do not () want antibiotics

Signature _____ Date _____

Witness _____ Date _____

Witness _____ Date _____