

**Arizona Health Care Power of Attorney
Will to Live Form**

I, (your name) _____

(your address) _____

(your phone number) _____

designate:

(Name of agent) _____

(address of agent) _____

(phone number(s) of agent) _____

as my health care agent to make health care decisions for me as authorized in this document consistent with the instructions below.

If the person I designate above refuses or is unable to act for me, I designate the following persons (each to act alone and successively, in the order named):

A. First Successor Agent

(successor agent's name) _____

(successor agent's address) _____

(successor agent's phone number) _____

B. Second Successor Agent

(second successor agent's name) _____

(second successor agent's address) _____

(second successor agent's phone number) _____

as my health care agent(s) to make health care decisions for me as authorized in this document consistent with the instructions below.

This designation shall become effective only when I become incapable of making and communicating my own health care decisions.

Any prior designation is revoked.

GENERAL PRESUMPTION FOR LIFE

I direct my health care provider(s) and health care agent(s) to make health care decisions consistent with my general desire for the use of medical treatment that would preserve my life, as well as for the use of medical treatment that can cure, improve, reduce or prevent deterioration in, any physical or mental condition.

Food and water are not medical treatment, but basic necessities. I direct my health care provider(s) and health care agent to provide me with food and fluids, orally, intravenously, by tube, or by other means to the full extent necessary both to preserve my life and to assure me the optimal health possible.

I direct that medication to alleviate my pain be provided, as long as the medication is not used in order to cause my death.

I direct that the following be provided:

- the administration of medication;
- cardiopulmonary resuscitation (CPR); and
- the performance of all other medical procedures, techniques, and technologies, including surgery,

—all to the full extent necessary to correct, reverse, or alleviate life-threatening or health impairing conditions or complications arising from those conditions.

I also direct that I be provided basic nursing care and procedures to provide comfort care.

I reject, however, any treatments that use an unborn or newborn child, or any tissue or organ of an unborn or newborn child, who has been subject to an induced abortion. This rejection does not apply to the use of tissues or organs obtained in the course of the removal of an ectopic pregnancy.

I also reject any treatments that use an organ or tissue of another person obtained in a manner that causes, contributes to, or hastens that person's death.

I request and direct that medical treatment and care be provided to me to preserve my life without discrimination based on my age or physical or mental disability or the "quality" of my life. I reject any action or omission that is intended to cause or hasten my death.

I direct my health care provider(s) and health care agent to follow the policy above, even if I am judged to be incompetent.

During the time I am incompetent, my agent, as named above, is authorized to make medical decisions on my behalf, consistent with the above policy, after consultation with my health care provider(s), utilizing the most current diagnoses and/or prognosis of my medical condition, in the following situations with the written special instructions.

WHEN MY DEATH IS IMMINENT

A. If I have an incurable terminal illness or injury, and I will die imminently – meaning that a reasonably prudent physician, knowledgeable about the case and the treatment possibilities with respect to the medical conditions involved, would judge that I will live only a week or less even if lifesaving treatment or care is provided to me – the following may be withheld or withdrawn:

(Be as specific as possible; SEE SUGGESTIONS.):

(Cross off any remaining blank lines.)

WHEN I AM TERMINALLY ILL

B. Final Stage of Terminal Condition. If I have an incurable terminal illness or injury and even though death is not imminent I am in the final stage of that terminal condition – meaning that a reasonably prudent physician, knowledgeable about the case and the treatment possibilities with respect to the medical conditions involved, would judge that I will live only three months or less, even if lifesaving treatment or care is provided to me – the following may be withheld or withdrawn:

(Be as specific as possible; SEE SUGGESTIONS.):

(Cross off any remaining blank lines.)

C. OTHER SPECIAL CONDITIONS:

(Be as specific as possible; SEE SUGGESTIONS.):

(Cross off any remaining blank lines.)

IF I AM PREGNANT

D. Special Instructions for Pregnancy. If I am pregnant, I direct my health care provider(s) and health care agent(s) to use all lifesaving procedures for myself with none of the above special conditions applying if there is a chance that prolonging my life might allow my child to be born

alive. I also direct that lifesaving procedures be used even if I am legally determined to be brain dead if there is a chance that doing so might allow my child to be born alive. Except as I specify by writing my signature in the box below, no one is authorized to consent to any procedure for me that would result in the death of my unborn child.

If I am pregnant, and I am not in the final stage of a terminal condition as defined above, medical procedures required to prevent my death are authorized even if they may result in the death of my unborn child provided every possible effort is made to preserve both my life and the life of my unborn child.

Signature of Declarant

This health care directive is made under section 36-3221, Arizona Revised Statutes, and continues in effect for all who may rely on it except those to whom I have given notice of its revocation.

Signed this _____ day of _____, 20_____.

(Signature)_____

In our joint presence, the grantor, who appears to be of sound mind and free from duress, voluntarily dated and signed this writing or directed it to be dated and signed for the grantor.

First Witness Signature:_____

Residence Address:_____

Second Witness Signature:_____

Residence Address:_____

ALTERNATIVE TO WITNESSES: NOTARY PUBLIC

STATE OF ARIZONA)
)
County of _____)
)
)
)

Before me, the undersigned authority, came the principal who is of sound mind and at least eighteen (18) years of age, and acknowledged that s/he voluntarily dated and signed this writing or directed it to be signed and dated as above.

On this _____ day of _____, 20_____, before _____, the undersigned officer personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and signed the instrument within my presence.

In witness whereof I here unto set my hand and official seal.

Notary Public

[imprint notary seal]

My Commission expires