Ohio Living Will Declaration

I, _____, being of sound mind, willfully and voluntarily make this declaration governing the use or continuation, or the withholding or withdrawal, of life-sustaining treatment should I be in a terminal condition or a permanently unconscious state and make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, do hereby declare:

LIFE-SUSTAINING TREATMENT CHOICES

I direct that my health care providers and others involved in my care provide, withhold or withdraw life-sustaining treatment in accordance with the choice I have initialed below:

_____ (a) Choice Not to Prolong Life

I do not want my life to be prolonged if my physician decides that either of the following is true:

(i) I am in a terminal condition which means an irreversible, incurable, and untreatable condition caused by disease, illness, or injury from which, to a reasonable degree of medical certainty as determined in accordance with reasonable medical standards by my attending physician and one other physician who has examined me from which there can be no recovery and death is likely to occur within a relatively short time if life-sustaining treatment is not administered.

(ii) I am in a permanently unconscious state which means a state of permanent unconsciousness that, to a reasonable degree of medical certainty as determined in accordance with reasonable medical standards by my attending physician and one other physician who has examined me, is characterized by both an irreversible unawareness of one's being and environment and total loss of cerebral cortical functioning, resulting my having no capacity to experience pain or suffering.

_____ (b) Choice to Prolong Life

I want my life to be prolonged as long as possible within the limits of generally accepted health care standards, even if I am in a terminal condition or I am in a persistent vegetative as determined my attending physician and a second physician who has examined me.

ARTIFICIAL NUTRITION AND HYDRATION

_____ (a) Artificial nutrition and hydration should not be provided, or should be stopped, based on the other life sustaining treatment choice I have made in paragraph (1) above.

I authorize my attending physician to withhold or withdraw nutrition or hydration when I am in a permanently unconscious state and when the nutrition and hydration will not or no longer serve to provide comfort to me or alleviate my pain and if my attending physician and at least one other physician who has examined me determines, to a reasonable degree of medical certainty and in accordance with reasonable medical standards, that nutrition or hydration will not or no longer will serve to provide comfort to me or alleviate my pain.

_____ (b) Artificial nutrition and hydration should be provided regardless of my condition and regardless of the life sustaining treatment choice I have made in paragraph (1) above.

In the absence of my ability to give directions regarding the use of such life-sustaining treatment, it is my intention that this declaration shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences of such refusal.

You have the right to revoke this declaration at any time and in any manner.

ANATOMICAL GIFT (OPTIONAL)

_____ I do not want to make an anatomical gift.

_____ I want to make an anatomical gift according to the following.
Upon my death, the following are my directions regarding donation of all or part of my body:

In the hope that I may help others upon my death, I hereby give the following body parts:

_____

_____

_____

for any purpose authorized by law: transplantation, therapy, research, or education.

If I do not indicate a desire to donate all or part of my body by filling in the lines above, no presumption is created about my desire to make or refuse to make an anatomical gift.

Note: There is a donor registry enrollment form that permits the donor to be included in the donor registry created under section 2108.23 of the Ohio Revised Code.

SIGNATURE OF DECLARANT

Signed: _____ Date: _____

Address: _____

City, County, State of Residence: _____

WITNESSES OR NOTARY PUBLIC

The declarant has been personally known to me and I believe the declarant to be of sound mind and not under or subject to duress, fraud or undue influence. The declarant signed or acknowledged this declaration in my presence. I am an adult and am not related to the declarant by blood, marriage or adoption, am not the attending physician of the declarant, and am not the administrator of any nursing home in which the declarant is receiving care.

Witness One: _____ Date: _____

Print Name: _____

Address: _____

Witness Two: _____ Date: _____

Print Name: _____

Address: _____

OR

NOTARY PUBLIC

I believe the declarant to be of sound mind and not under or subject to duress, fraud or undue influence.

State of Ohio
County of _____) ss.

Sworn to and subscribed in my presence this _____ day of _____, 20___.

_____
Signature

_____
Printed Name
Notary Public, State of Ohio

_____

Commission Expiration Date