

[State Name] Living Will Declaration

I, Melinda Martin, 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: Liver, kidney, pancreas, lungs, heart 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 [State Name] 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 _____

County of _____) ss.

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

Signature

Printed Name

Notary Public, State of _____

Commission Expiration Date

This page intentionally left blank.

GENERAL INSTRUCTIONS

WHAT IS A LIVING WILL?

A Living Will is a legal document that leaves instructions about your preferences for end-of-life care and medical treatment. Unlike a traditional Last Will and Testament, a Living Will takes effect when you are still alive but unable to communicate your medical wishes if you ever become terminally ill or unconscious.

If you have an opinion on one of these questions, you would benefit from a Living Will.

- How long would you want to be on artificial life support?
- Do you want to be resuscitated after suffering from a cardiac arrest?
- Would you prefer to pass away “naturally” or Allow Natural Death (AND)?
- Are you okay with ventilators and feeding tubes but not intubation?
- How do you feel about patient comfort and pain management?

COMMON SITUATIONS

You may need a Living Will if you are:

- Over the age of 18 years old
- Military personnel being deployed overseas
- Traveling abroad for an extended period of time
- Undergoing surgery or will be entering the hospital for any reason
- Diagnosed with a terminal medical condition or illness
- Undergoing continuous medical treatment by a physician or medical team
- Growing wiser and older but concerned about your current health
- Wanting your family members know how you want to be medically treated
- Engaged in a high risk profession (i.e. firefighter or police)
- Creating an estate plan along with a traditional Will and Power of Attorney

WHEN IS IT NEEDED

Living Wills are commonly used when someone wants the peace of mind that their medical and health decisions will be made according their final wishes.

With a Living Will, your family members and health care providers know your preferences about:

- Organ or tissue donation
- Extended artificial life support
- The use of dialysis and breathing machines
- Resuscitation if your breathing or heartbeat stops
- What should happen if your doctor determines there is no recovery
- When, if ever, would you refuse medical care

WHAT IS INCLUDED

A simple living will should generally have at least the following:

1. End-of-life preferences. If you become terminally ill or injured, a Living Will directs your doctor to either continue or withhold life sustaining treatment.

2. What does it mean to be terminally ill or injured? Your doctor and another doctor decide that you have a condition that cannot be cured and that you will likely pass away in the near future from this condition. Given this unfortunate circumstance, how do you wish to be treated?

3. What does it mean to be permanently unconscious? Your doctor and another doctor (one of whom is qualified to make such a diagnosis) agree within a reasonable degree of medical certainty that: you can no longer think, no longer feel anything, no longer knowingly move, or no longer aware of being alive. The doctors believe that this condition will last indefinitely without hope for improvement and have watched you long enough to determine that you are permanently unconscious.

4. What is life sustaining treatment? Life sustaining treatment includes drugs, machines, or medical procedures that would help keep you alive but not cure you. Those who may refuse life sustaining treatment may prioritize quality of life in the final days of being alive.

5. Organ Donation. A Living Will allows you to specify whether you want to donate your body, organs, and/or tissues for transplantation or medical research. The body is temporarily kept on life-sustaining treatment until organs are removed for donation. Alternatively, you can specify a scientific study at a local medical school or university to donate your body.