

To My Family, My Physician, My Lawyer and All Others Whom It May Concern

Death is as much a reality as birth, growth, maturity and old age-it is the one certainty of life. If the time comes when I can no longer take part in decisions for my own future, let this statement stand as an expression of my wishes and directions, while I am still of sound mind.

If at such a time the situation should arise in which there is no reasonable expectation of my recovery from extreme physical or mental disability. I direct that I be allowed to die and not be kept alive by medications, artificial means or "heroic measures". I do, however, ask that medication be mercifully administered to me to alleviate suffering even though this may shorten my remaining life.

This statement is made after careful consideration and is in accordance with my strong convictions and beliefs I want the wishes and directions here expressed carried out to the extent permitted by law. Insofar as they are not legally enforceable, I hope that those to whom this Will is addressed will regard themselves as morally bound by these provisions.

(Optional *specific* provisions to *be made* in this space-see other *side*)

DURABLE POWER OF ATTORNEY (optional)

I hereby designate----- to serve as my attorney-in-fact for the purpose of making medical treatment decisions. This power of attorney shall remain effective in the event that I become incompetent or otherwise unable to make such decisions for myself.

Optional Notarization:

"Sworn and subscribed to before me this-----day Signed-----
-----"

Of-----19-----." Dated-----

Witness-----

.....
Notary Public Witness-----
(seal)

Copies of this request have been given to-----

(Optional) My living will is registered with Concern for Dying (No. -----)

Sample "LIVING WILL"

To my Family, my Physician, my lawyer, To any Medical Facility in whose care I happen to be To any Individual who may become responsible for my health, welfare or affairs, I....., do write and issue this directive while I am of sound mind and fully competent and do insist that the following directions and demands be respected and followed if the time should arise when I can no longer take part in decisions for my future.

I acknowledge the reality of death and the inevitability of my own death. I do not fear death itself but the indignities of deterioration, dependence, hopelessness and intractable pain.

I maintain that individuals who are physically ill or dying do not surrender or forfeit any of their civil liberties or legal rights. I insist that I have the right of self-determination and that this includes the complete right of permitting or refusing any medical or surgical treatment.

Therefore, if I become incompetent, in consideration of my legal rights to refuse medical or surgical treatment, regardless of the consequences to my health and life, I hereby direct and order my physician or any physician in charge of my care, to cease and refrain from any medical or surgical treatment which would prolong my life if I am diagnosed by at least two physicians to be in any of the following conditions:

(I) Irreversible coma - medically diagnosed following the criteria established by the Ad Hoc Committee of the Harvard Medical School to examine the Definition of Brain Death in 1968;

(II) unconsciousness from which I cannot recover;

(III) unconsciousness over a period of six months;

(IV) mental incompetence which is irreversible.

However, although mentally incompetent, I must be informed of the situation and if I wish to be treated, I am to be treated in spite of my original request made while competent.

If there is any reasonable doubt of the diagnosis of my illness and prognosis, then consultation with available specialists is suggested but need not be considered mandatory. I issue these directions after careful consideration. I expect that those responsible for my care will consider themselves to be both morally and legally *bound* to carry out this mandate. It is with the *intention* of relieving them of the heavy responsibility in making critical decisions concerning my welfare that I have taken the responsibility myself in accordance with my strong *convictions*.

This directive to my physician also applies to any hospital or sanitarium in which I may be at the time of my illness and relieves them of any and all responsibility in the action or lack of action of any physician acting according to my demands.

Should there be any confusion or doubt or question concerning the implementation of my directives I authorize..... as my Proctor or conservator of my person, to act as my legal agent in interpreting and directing compliance with my demands. My legal agent will make decisions regarding the accepting or refusing of specific medical treatments, if I am ever judged incompetent or otherwise incapable of expressing myself with the expressed, specific instructions that my agent should refuse treatment, if in my agent's opinion it is not appropriate or consistent with my intentions as made known herein and in conversations with my agent.

My legal agent shall also be responsible to insure that my anatomical gift is made known and accomplished at the time of my death.

I hereby make the anatomical gift of any needed organs or parts of my body, if medically acceptable, for the purposes of *transplantation*, therapy, medical research or education to take effect after my death.

In the event that my designated Proctor is unavailable for consultation, then those responsibilities assigned to my Proctor shall fall upon my next of kin.

If any action is taken contrary to these expressed demands, I hereby request my Proctor to consider, and if necessary, to take, legal action against the involved.

I instruct my legal agent to seek remedy in the court if my refusal expressed while I was competent to express such refusal or my agent's own refusal made on my behalf under circumstances stated above is not being honored by any other individual including all medical personnel.

If any of my next of kin oppose this directive, their opposition is to be considered without legal grounds since I remove any right of my next of kin who oppose me in this directive to speak for me.

I hereby absolve my physician or any physician taking care of me from any legal liability pertaining to the fulfillment of my demands.

IN WITNESS WHEREOF, I have hereunto signed my name this day
of..... 19.....

.....
The foregoing instrument was subscribed, published and declared
by.....the testator above-named in
our presence and in the presence of each other and we at the same time and at his

request and in his presence and in the presence of each other have hereunto subscribed our names as witnesses hereto this.....day of.....19.....

.....
New York
.....
, New York

Sample Living Will

Directions for My Care

I wish to live a full and long life but not at all costs. If my death is near and cannot be avoided, and if I have lost the ability to interact with others and have no reasonable chance of regaining this ability, or if my suffering is intense and irreversible, I do not want to have my life prolonged. I would then ask not to be subjected to surgery or resuscitation. Nor would I then wish to have life support from mechanical ventilators, intensive care services, or other life prolonging procedures, including the administration of antibiotics and blood products. I would wish, rather, to have care which gives comfort and support, which facilitates my interaction with others to the extent that this is possible, and which brings peace.

In order to carry out these instructions and to interpret them, I authorize.....to accept, plan and refuse treatment on my behalf in cooperation with attending physicians and health personnel. This person knows how I value the experience of living, and how I would weigh incompetence, suffering, and dying. Should it be impossible to reach this person, I authorize..... to make such choices for me. I have discussed my desires concerning terminal care with them, and I trust their judgment on my behalf.

In addition, I have discussed with them the following specific instructions regarding my care:
(Please continue on back)

Date:..... Signed:.....
witnessed by..... and

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