

## ADVANCE HEALTHCARE DIRECTIVES (LIVING WILL)

I, \_\_\_\_\_ of \_\_\_\_\_ County, Pennsylvania, being of sound mind, willfully and voluntarily make this declaration to be followed if I become incompetent. The following healthcare treatment instructions exercise my right to make my own healthcare decisions. These instructions are intended to provide clear and convincing evidence of my wishes and *are to be followed when I lack the capacity to understand, make, or communicate my treatment decisions, as verified by my physician.*

If I have an end-stage medical condition (which will result in my death, despite the introduction or continuation of medical treatment) or if I am permanently unconscious (such as an irreversible coma or an irreversible vegetative state and there is no realistic hope of significant recovery), all of the following apply (*cross out any that you do not want*):

1. I direct that I be given healthcare treatment to relieve pain or provide comfort even if such treatment might shorten my life, suppress my appetite or my breathing, or be habit forming.
2. I direct that all life-prolonging procedures be withheld or withdrawn.
3. I specifically want or do not want the following as life prolonging procedures:

	I want	I DO NOT want
Heart-lung resuscitation (CPR)	_____	_____
Electrocardioversion	_____	_____
Mechanical ventilator (breathing machine)	_____	_____
Dialysis (kidney machine)	_____	_____
Surgery or invasive diagnostic tests	_____	_____
Chemotherapy	_____	_____
Radiation treatment	_____	_____
Antibiotics	_____	_____
Blood or Blood Products	_____	_____

4. Please indicate whether you want nutrition (food) or hydration (water) medically supplied by a tube into your nose, stomach, intestine, arteries, or veins if you have an end-stage medical condition or are permanently unconscious and there is no realistic hope of significant recovery. (Initial only one statement).

\_\_\_\_\_ I want tube feedings to be given.

\_\_\_\_\_ I do not want tube feedings to be given.

5. Please indicate whether you consent to donate your organs and tissues at the time of your death.

\_\_\_\_\_ I consent to donate my organs and tissues at the time of my death for the purpose of transplant, medical study, or education.

\_\_\_\_\_ I do not consent to donate my organs or tissues at the time of my death.

6. I appoint a healthcare agent to make decisions for me when I lack the capacity to understand, make, or communicate my treatment decisions and I have either an end-stage medical condition or I am permanently unconscious. My healthcare agent is: \_\_\_\_\_ who's address is: \_\_\_\_\_

\_\_\_\_\_ My health care agent must follow the instructions in this Living Will.

\_\_\_\_\_ These instructions are only guidance. My health care agent shall have final say and may override any of my instructions. (Indicate any exceptions)

\_\_\_\_\_  
\_\_\_\_\_

7. If I did not appoint a health care agent, these instructions shall be followed.

Pennsylvania law protects my health care agent and health care providers from any legal liability for their good faith actions in following my wishes as expressed in this form or in complying with my health care agent's direction. On behalf of myself, my executors and heirs, I further hold my health care agent and my health care providers harmless and indemnify them against any claim for their good faith actions in recognizing my health care agent's authority or in following my treatment instructions.

**SIGNATURES.**

Having carefully read this document, I have signed it this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, revoking all previous living wills and advance health care directives.

\_\_\_\_\_  
(Sign your full name)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

Two witnesses at least 18 years of age are required by Pennsylvania law and should witness your signature in each other's presence. A person may not be a witness if he/she signs this document on behalf of and at the direction of a Principal (the person desiring the Advance Healthcare Directive).

**NOTARIZATION** (optional).

Notarization is not required by Pennsylvania law, but if the document is both witnessed and notarized, it is more likely to be honored by the laws of some other states.

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared the aforesaid declarant and principal, to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County of \_\_\_\_\_, Commonwealth of Pennsylvania, the day and year first above written.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My commission expires