



WASHINGTON COUNTY
HOSPITAL

Living Will and/or Declaration Of Health Care Agent

I, _____, being of sound mind, willfully and voluntarily make this declaration to be followed if I become incompetent. This declaration reflects my firm and settled commitment to refuse life-sustaining treatment under the circumstances indicated below.

I direct my attending physician to withhold or withdraw life-sustaining treatment that serves only to prolong the process of my dying, if I should be in a terminal condition or in a state of permanent unconsciousness.

I direct that treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing life sustaining treatment.

In addition If I am in the condition described above, I feel especially strongly about the following forms of treatment:

I () do () do not want cardiac resuscitation.

I () do () do not want mechanical respiration.

I () do () do not want tube feeding or any other artificial or invasive form of nutrition (food) or hydration (water).

I () do () do not want blood or blood products.

I () do () do not want any form of surgery or invasive diagnostic tests.

I () do () do not want kidney dialysis.

I () do () do not want antibiotics.

I realize that if I do not specifically indicate my preference regarding any of the forms of treatment listed previously, I may receive that form of treatment.

Other instructions _____

I () do () do not want to designate a healthcare agent to make medical treatment decisions for me if I should be incompetent and in terminal condition or in a state of permanent unconsciousness. Name and address of health care agent (if applicable) _____

Name and address of healthcare agent (if healthcare agent designated above is unable to serve)

I () do () do not want to make an anatomical gift of all or part of my body, subject to the following limitations (if any)

I made this declaration on the _____ day of _____ (month and year)

Declarant's signature: _____

Declarant's address: _____

Witness' Signature _____

Witness' Signature _____

Witness' Address _____

Witness' Address _____
