

As a patient at Dupont Hospital, Lutheran Hospital, The Orthopaedic Hospital of Lutheran Health Network, Rehabilitation Hospital, St. Joseph Hospital, Bluffton Regional Medical Center or Dukes Memorial Hospital, you have the right to make your own decisions about the medical care you receive. Through a Life-Prolonging Procedures Declaration, that right continues even if you are unable to speak or are no longer able to make your own decisions.

A Life-Prolonging Procedures Declaration allows you to mandate the implementation of all life-prolonging procedures that could extend life. The declaration orders the utilization of all medical procedures to prolong life, including appropriate nutrition and hydration, medication to ease pain and comfort care. An individual who wants extraordinary or heroic measures used to prolong his or her life should execute a Life-Prolonging Procedures Declaration. This declaration does not allow the consideration of the individual's quality of life when determining which medical procedures to utilize in his or her care. All life-prolonging procedures must be implemented as requested.

A Life-Prolonging Procedures Declaration may be revoked in writing, by destroying the document, or by telling others that the declaration is revoked. The revocation of your Life-Prolonging Procedures Declaration is not effective until you notify your doctors. The revocation of the declaration cannot be used as evidence that the individual wants to have life-prolonging procedures withheld or withdrawn.

Make sure you give copies of your Life-Prolonging Procedures Declaration to anyone who would be contacted in the event of an emergency. For your convenience, you can list the people who receive a copy of your declaration on the reverse side of this document. If you make changes to your Life-Prolonging Procedures Declaration, provide updated copies to your family, physicians and anyone else who may be contacted in an emergency.

You should discuss your decision to execute a Life-Prolonging Procedures Declaration with your family, doctors, lawyer, social worker and/or a clergy person. Representatives from this hospital are available for consultation and further information. A hospital chaplain is on call 24 hours a day. For legal issues regarding Life-Prolonging Procedures Declaration, you are urged to contact an attorney.

### Points to Remember

#### A Life-Prolonging Procedures Declaration must be:

- Voluntary, in writing and dated
- Signed by you or, if you are unable to sign on your own, signed in your presence by someone you have expressly authorized to sign for you
- Signed in the presence of at least two (2) competent witnesses

#### Your witness:

- Must be at least 18 years old
- Cannot be the person you authorized to sign the Life-Prolonging Procedures Declaration for you if you are unable to sign on your own behalf

#### You can revoke your Life-Prolonging Procedures Declaration by:

- Destroying the Life-Prolonging Procedures Declaration document
- Revoking the declaration in writing in a signed, dated document
- Verbally telling others and your doctor of your intent to revoke your Life-Prolonging Procedures Declaration. Your revocation is not effective until you notify your attending physician.

This form was created to comply with Indiana Code. Laws vary from state to state. See your attorney for information about Advance Medical Directives in other states.

## Life-Prolonging Procedures Declaration

Declaration made this \_\_\_\_\_ day of \_\_\_\_\_ (month, year)

I, \_\_\_\_\_, being at least eighteen (18) years of age and of sound mind, willfully and voluntarily make known my desire that if, at any time I have an incurable injury, disease or illness determined to be a terminal condition, I request the use of life-prolonging procedures that would extend my life. This includes appropriate nutrition and hydration, the administration of medication and the performance of all other medical procedures necessary to extend my life, to provide comfort care or to alleviate pain.

In the absence of my ability to give directions regarding the use of life-prolonging procedures, it is my intention that this declaration be honored by my family and physician as the final expression of my legal right to request medical or surgical treatment and accept the consequences of the request.

I understand the full import of this declaration.

Signed \_\_\_\_\_

City, County, and State of Residence \_\_\_\_\_

The declarant has been personally known to me, and I believe (him/her) to be of sound mind. I am competent and at least eighteen (18) years of age.

Witness \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

