

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 living will, that right continues even if you are unable to speak or are no longer able to make your own decisions.

A living will tells your doctor and family that if you are near death with no hope of recovery, you do not want to receive medical treatments that will prolong the dying process. A living will requests permission to die naturally, treated only with pain medication and comfort care. In your living will, you may also designate whether you want to have artificially supplied nutrition and hydration as part of your medical care.

You should discuss your living will with your doctor prior to a crisis situation to make sure he or she understands and accepts your living will. You must be competent at the time you execute your living will for it to be valid. By law, a living will is not effective during a pregnancy.

A living will may be revoked in writing, by destroying the document or by telling others that the appointment is revoked. The revocation of your living will is not effective until you notify your doctors.

Make sure you give copies of your living will 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 living will on the reverse side of this document. If you make changes to your living will, 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 living will 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 living wills, you are urged to contact an attorney.

## Points to Remember

### A living will 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 living will for you if you are unable to sign on your own behalf
- Cannot be your parent, spouse or child
- Cannot be a potential heir or entitled to any portion of your estate
- Cannot be financially responsible for your medical care

### Your living will does not become effective until your physician certifies in writing that:

- You have an incurable injury, disease or illness
- Your death will occur within a short period of time
- The use of life-prolonging procedures would only artificially prolong the dying process

### You can revoke your living will by:

- Destroying the living will declaration document
- Revoking the declaration in writing in a signed, dated document
- Verbally telling others and your doctor of your intent to revoke your living will. 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.

## Living Will 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 desires that my dying shall not be artificially prolonged under the circumstances set forth below, and I declare:

If at any time my attending physician certifies in writing that: (1) I have an incurable injury, disease, or illness; (2) my death will occur within a short time; and (3) the use of life-prolonging procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the performance or provision of any medical procedure or medication necessary to provide me with comfort care or to alleviate pain, and, if I have so indicated below, the provision of artificially supplied nutrition and hydration. (Indicate your choice by initialling or making your mark before signing this declaration):

\_\_\_ I wish to receive artificially supplied nutrition and hydration, even if the effort to sustain life is futile or excessively burdensome to me.

\_\_\_ I do not wish to receive artificially supplied nutrition and hydration, if the effort to sustain life is futile or excessively burdensome to me.

\_\_\_ I intentionally make no decision concerning artificially supplied nutrition and hydration, leaving the decision to my healthcare representative appointed under IC 16-36-1-7 or my attorney in fact with healthcare powers under IC 30-5-5.

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 refuse medical or surgical treatment and accept the consequences of the refusal.

I understand the full import of this declaration. This living will supercedes and revokes any and all prior living wills.

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 did not sign the declarant's signature above for or at the direction of the declarant. I am not a parent, spouse or child of the declarant. I am not entitled to any part of the declarant's estate or directly financially responsible for the declarant's medical care. I am competent and at least eighteen (18) years of age.

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

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

