



# Living Will Declaration

Declaration made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

I, \_\_\_\_\_, being of sound mind, willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, and do hereby declare:

If at any time I should have an incurable injury, disease, or illness, or be in a continual profound comatose state with no reasonable chance of recovery, certified to be a terminal and irreversible condition by two physicians who have personally examined me, one of whom shall be my attending physician, and the physicians have determined that my death will occur whether or not life-sustaining procedures are utilized, and where the application of life-sustaining procedures would serve only to prolong artificially the dying process, I direct (initial one only):

- \_\_\_\_\_ That all life-sustaining procedures, including nutrition and hydration, be withheld or withdrawn so that food and water will not be administered invasively.
- \_\_\_\_\_ That life-sustaining procedures, except nutrition and hydration, be withheld or withdrawn so that food and water can be administered invasively.

I further direct that I be permitted to die naturally and only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care.

In the absence of my ability to give direction regarding the use of such life-sustaining procedures, it is my intention that this declaration shall be honored by my family and physician(s) as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration.

\_\_\_\_\_  
Declarant

The Declarant has been personally known to me and I believe him/her to be of sound mind.

Witness: \_\_\_\_\_ Witness: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

### INSTRUCTIONS

1. This declaration is the illustrative form provided in La. R.S. 40:1299.58.1. The declaration may, but need not, be in this form. This form is provided as a convenience to patients of West Jefferson Medical Center and should not be a substitute for legal advice.
2. This Declaration should be executed in the presence of two witnesses. The witnesses must be competent adults who are not related, by blood or marriage and will not inherit from the Declarant upon his or her death.
3. After execution, a copy of this Declaration should be mailed to the attending physician(s) of Declarant to be made a part of the Declarant's medical record.