

Advance Directive for a Natural Death (“Living Will”) Information Sheet

A “living will” directs a medical provider to withhold or withdraw life support. This is an end-of-life document. If you wish to be kept on life support, you should not complete this document.

Below are the choices you will have to make regarding this document. We can review your options and make recommendations based on your wishes, should you have any questions.

- I. *If you have a designated healthcare agent, do you give your healthcare agent the power to override your wishes as stated in the Living Will?*

Choice: _____

- II. *When do you want your Living Will to take effect?*

Three options (you may select one, two, or all three):

- (1) I have an incurable or irreversible condition that will result in my death within a relatively short period of time.
- (2) I become unconscious and my health care providers determine that, to a high degree of medical certainty, I will never regain my consciousness.
- (3) I suffer from advanced dementia or any other condition which results in the substantial loss of my cognitive ability and my health care providers determine that, to a high degree of medical certainty, this loss is not reversible.

Choice: _____

- III. *May or Shall?*

Do you direct that your medical provider **MAY** withhold or withdraw life-sustaining measures or **SHALL** withhold or withdraw life-sustaining measures?

Choice: _____

IV. Life-Sustaining Measures

Life-sustaining measures includes a respirator, artificial hydration, and/or artificial nutrition. You can stipulate that the medical provider may/shall withhold or withdraw one, two, or all three of these measures.
