

DECLARATION

Advance Directive Pursuant to Purdon's Pennsylvania Consolidated Statutes, Title 20, Decedents, Estates & Fiduciaries

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 strong 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 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 above, I may receive that form of treatment.

OTHER INSTRUCTIONS:

I do do *not* want to designate another person as my surrogate to make medical treatment decisions for me if I should be competent and in a terminal condition or in a state of permanent unconsciousness.

Name of Surrogate: _____

Address: _____

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

SIGNATURE OF DECLARANT

I hereby make this declaration on the _____ day of _____.

Declarant's Signature: _____

Declarant's Address: _____

WITNESS STATEMENT

The Declarant, or the person on behalf of and at the direction of the Declarant, knowingly and voluntarily signed this writing by signature or mark in my presence. I am not related to the person making this declaration by blood, marriage or adoption, nor, to the best of my knowledge, am I named in the Declarant's will. I am not the person appointed in this declaration. I am not a health care provider or an employee of a health care provider who is now, or has been in the past, responsible for the care of the person making this declaration.

Witness No. 1 Signature: _____

Printed Name: _____

Address: _____

Witness No. 2 Signature: _____

Printed Name: _____

Address: _____
