

Temple Physicians

Pennsylvania Declaration (Living Will)

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 state of permanent unconsciousness or terminally ill and unable to speak for myself.

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 strongly about the following forms of treatment:

I ___ do ___ do not want cardiac resuscitation (*CPR*).

I ___ do ___ do not want mechanical respiration (*breathing machine/ventilator*).

I ___ do ___ do not want tube feeding or any 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 kidney dialysis.

I ___ do ___ do not want antibiotics.

I ___ do ___ do not want blood drawings.

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 made this declaration on the ___ day of _____ (*month, year*).

Declarant's signature: _____

Declarant's address: _____

The declarant or the person signing on behalf of and at the direction of the declarant knowingly and voluntarily signed this writing by signature or mark in my presence.

Witness' signature: _____

Witness' address: _____

Witness' signature: _____

Witness' address: _____

The Pennsylvania Declaration

The Pennsylvania Declaration lets you express your wishes about life support and allows you to appoint someone to speak on your behalf in the event that you become terminally ill or permanently unconscious and can no longer speak for yourself.

Who may complete a declaration?

If you are at least 18 years old, or a high school graduate, or married, and are of sound mind, you may complete a declaration.

When does the declaration take effect?

The declaration will take effect when all of the following conditions are met:

- your declaration is given to your attending physician; and
- your attending physician and a second physician determine that you have a terminal condition or are permanently unconscious, and you can no longer speak for yourself.

What are the witnessing requirements?

You must sign the declaration, or have another person sign it on your behalf and at your direction, in the presence of at least two individuals who are 18 years of age or older. (If someone signed the declaration on your behalf, he or she may not also act as a witness.) In addition, it is advisable to choose someone other than your surrogate as your witness.

What should I write under “other instructions”?

You may want to refuse, or request, particular treatments—for example, “In addition to the above list, the types of medical treatment that I do not want include but are not limited to surgery...” You may also wish to give your surrogate more flexibility in making decisions for you by stating “I do not intend the above list to limit my surrogates’ decision-making ability.”

What if a physician or health care provider refuses to comply with my declaration?

A physician or health care provider who will not or cannot comply with declaration must make “every effort” to transfer you to the care of another physician or health care provider who will honor your declaration.

What if I change my mind?

You may revoke your declaration at any time and in any manner (for example, by destroying the document), whether or not you are competent at the time of revocation. You must tell your attending physician that you have revoked your declaration.