APPENDIX B3

Living Will and Health Care Proxy

TO MY FAMILY, MY DOCTORS AND OTHERS CONCERNED WITH MY CARE:

I, _____, residing at _____ (phone _____), am making this declaration while in full possession of my faculties and after long and careful consideration. I do not wish to be kept alive by various measures if there is no reasonable expectation of my being able to enjoy a meaningful quality of life.

Accordingly, I direct that life-sustaining procedures should be either withheld or withdrawn if I have an illness, disease or injury, or experience extreme mental deterioration, and if doctors selected by me or by my family determine that there is no reasonable expectation that I will recover to a sufficient extent to enable me to enjoy a meaningful quality of life. It is obviously impossible to foresee all the circumstances in which I would feel that this direction is applicable, but without in any way limiting the general scope of the foregoing direction, I would certainly include (a) my being in a coma for a sufficient period, or my suffering such brain, heart or other physical damage such that in either case it is unlikely that I would be able to perform enough bodily functions to render my life bearable and enable me to have some enjoyment out of life, or (b) my losing my mental faculties to the extent of being unable to recognize my family and friends or my surroundings, or to understand where I am and what I am doing, or to communicate coherently, and there is no reasonable expectation that this situation will be reversed.

The life-sustaining procedures that I would want withheld or withdrawn include, but are not limited to, surgery, respiratory support, artificially administered nutrition and hydration, and antibiotics. In addition, I would want cardiopulmonary resuscitation withheld, and I specifically consent to the issuance of a Do-Not-Resuscitate Order.

In the circumstances described above, I direct that treatment be limited to measures calculated to relieve my pain or to provide me comfort.

I understand that these directions may result in shortening my life, but, on the basis of my experience with others and my own self-examination, I prefer to have my life shortened than to continue to exist without a meaningful quality of life. I prefer it both for myself and for my loved

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Sample

ones, whom I want to spare the pain and the expense that would be involved in prolonging my life in the circumstances described.

I have written the foregoing directions to express my legal right to refuse treatment. I recognize (a) that there may come a time when people question my ability to understand what directions I might then be giving and their consequences, and (b) that some recent court decisions have required fairly specific direction. I have therefore made these directions as inclusive and explicit as I know how. Since I cannot foresee all the specific circumstances that can arise, I direct that if circumstances do arise that are not described above, the general principles I have set forth be applied in the spirit in which I have written this. I expect my family, my doctors and others concerned with my care to regard themselves as legally and morally bound to act in accordance with my wishes. Along with the above instructions, I also wish to donate any needed organs or tissues to an eligible donee organization upon my death.

I hereby appoint _____, residing at _____ (phone _____), as my health care agent to accept, refuse or make health care decisions about my treatment and hospitalization in accordance with my wishes and instructions as stated herein or as otherwise known to him/her. In the event that such person is unable, unwilling or unavailable to act as my health care agent, I hereby appoint _____, residing at _____ (phone _____), as my health care agent.

I understand that unless I revoke it, this Living Will and Health Care Proxy will remain in effect indefinitely.

Signed: _____

Dated: _____

I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting willingly and free from duress. He/she signed this document in my presence, and the other witnesses signed in my presence. I am not the person appointed as agent by this document.

Witness:_____ Address:_____

Witness:_____ Address:_____

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Witness:_____ Address:_____

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