APPENDIX B1

Health Care Proxy

I, _____, hereby appoint _____, as my health care agent, to make any and all health care decisions for me, except to the extent I state otherwise. This Health Care Proxy shall take effect in the event I become unable to make my own health care decisions.

I make the following written declaration as a set of instructions to my health care agent, and, furthermore, as a statement of my wishes and intentions regarding future care:

> In the event that I sustain substantial and irreversible loss of mental capacity, and there is doubt as to whether or not life-sustaining treatment is to be administered to me, I direct that my health care agent, and all physicians, hospitals and other health care providers, abide by my decision that my life not be artificially extended by mechanical means, and to resolve any such doubt in favor of withholding or withdrawing life-sustaining treatment.
>
> Without limiting the generality of the unrestricted authority conferred by my health care proxy, I affirm that I do not draw a distinction between nutrition and hydration and any other kind of life-sustaining treatment, and I expressly authorize my health care agent, in his or her unrestricted discretion, to direct that nutrition and hydration be withdrawn or withheld from me when my agent believes that it is in my best interest to do so. Furthermore, I hereby state my instructions, and direct that my health care agent communicate said instructions, that if there is no reasonable hope that I will regain mental capacity, all life-sustaining treatment (including, without limitation, administration of nourishment and liquids intravenously or by tubes connected to my digestive tract) shall be withheld or withdrawn, whether or not I am conscious or free from pain, and that no cardiopulmonary resuscitation shall thereafter be administered to me if I sustain cardiac or pulmonary arrest. I recognize that when life-sustaining treatment is withheld or withdrawn from me, I will surely die of

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Sample

dehydration and malnutrition within days or weeks. I further state and direct my said health care agent to communicate my instructions that all available medication for the relief of pain and for my comfort shall be administered to me after life-sustaining treatment is withheld or withdrawn even if I am rendered unconscious and my life is shortened thereby. I also wish to donate any needed organs or tissues to an eligible donee organization upon my death.

I have made this instrument while in full command of my faculties in order to state my intentions, and to furnish my health care agent with written instructions, in clear and convincing language, of the strength and durability of my determination to forgo life-sustaining treatment in the circumstances described herein, and in any circumstances whereby my health care agent determines that I would wish to do so. It is my firm and settled conviction that I am entitled to forgo such treatment in the exercise of my right to determine the course of my medical treatment, and my belief that my right to forgo such treatment is paramount to any responsibility of any health care provider or the authority of any court or judge to attempt to force unwanted medical care upon me.

I direct my agent to make health care decisions in accordance with my wishes as stated above, or as otherwise known to him or her. I also direct my agent to abide by any limitations on his or her authority as stated above or as otherwise known to him or her.

In the event the person I appoint above is unable, unwilling or unavailable to act as my health care agent, I hereby appoint as my health care agent _____.

I understand that, unless I revoke it, this proxy shall remain in effect indefinitely.

Signed this _____ day of _____, ____.

_____
Name of Principal

Sample
Sample

I declare that the person who signed or asked another to sign this document is personally known to me, that he or she signed or asked another to sign this document in my presence, and that he or she appears to be of sound mind and under no duress, fraud or undue influence. I am not the person appointed as agent by this document.

First Witness:_____

Address: _____

_____

Second Witness: _____

Address: _____

_____

Attorney: _____

Address: _____

Tel.: _____

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