

## General information

Communication is an important part of every relationship. It is vital to talk with your doctor and family about how you want your life sustained in the event of irreversible illness, end-stage of a disease process, or persistent vegetative state. You have a right to participate in every decision made during your illness. In case a terminal illness, end-stage condition, or persistent state of unconsciousness or unresponsiveness leaves you in a condition in which you cannot make decisions for yourself, the previous communication you have had with your doctor and family will help them make decisions concerning your care.

A living will is another way to make your desires known. A legal document, it specifies how much treatment you want to receive in case of terminal or irreversible illness, end-stage condition, or persistent vegetative state. In additional instructions, you may want to specify certain treatments you do not want, such as electrical or mechanical (CPR) resuscitation of your heart, mechanical respiration (ventilator) to sustain breathing, artificial (tube) feedings when unable to take food by mouth, blood transfusions, or surgery. Health First respects the rights of patients and their loved ones to have the information and resources necessary to make informed decisions about health care — now and in the future. We offer you this living will to review and complete if you so desire. The choice is entirely yours. If you have any questions, a member of the hospital's Ethics Committee will meet with you to provide additional information — call **434-7183 (South Brevard)**, or **868-2718 (Central Brevard)**.

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### To use your living will:

1. Sign and date the will before two witnesses.
2. Give your doctor a copy of the will and discuss it with him/her.
3. Give copies of the will to key persons involved in your welfare. The time may come when you can no longer take part in decisions regarding your future.
4. Keep the original easily accessible.
5. Discuss your intentions now with those closest to you.
6. Review your will once a year and re-date it, initialing the new date. This clearly states your wishes are unchanged.
7. When you're admitted to the hospital, have a copy of the will placed in your medical record.

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# A Living Will

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# Living Will — Declaration

Declaration made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

I, \_\_\_\_\_, willfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below, and I do hereby declare that if at any time:  
\_\_\_ I have a terminal condition, or  
\_\_\_ I have an end-stage condition, or  
\_\_\_ I am in a persistent vegetative state,

and if my attending or treating physician and another consulting physician have determined that there is no medical probability of my recovery from such condition(s), I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain.

If I have executed any organ donation documents that are in effect at the time of implementing the instructions of my Living Will, I further authorize my healthcare providers to delay the withdrawal of life support for a reasonable period of time for the recovery of any organs or tissue that may be appropriate for transplantation.

It is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences for such refusal.

In the event that I have been determined to be unable to provide express informed consent regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I wish to designate as my surrogate to carry out the provision of this declaration:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I understand the full import of this declaration and I am emotionally and mentally competent to make this declaration.

Additional instructions: (optional) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_

*(One witness must not be the subject's spouse nor a blood relative of the declarant.)*

Witness \_\_\_\_\_ Witness \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_