

## Pennsylvania Medical Society Model Living Will

To my family, my friends, my physicians and all others who may be interested:

I, (patient sign here) \_\_\_\_\_ request that I be kept informed of my medical condition. Whenever possible I want to participate in decisions regarding my medical treatment, including whether any measure should be taken to prolong my life. If my physicians determine that I am incapable of making or communicating my own health care decisions, this directive should be used to ascertain my decisions and desires. In the event my physicians determine, to a reasonable degree of medical certainty, that I have a terminal condition or that I am permanently unconscious, I direct that I **not** be provided medical treatment that merely will serve to prolong my dying or continue my unconscious state. In such an event, I **do** want those measures that will keep me comfortable and relieve pain, even if they will render me unconscious or hasten my death.

I am providing the following specific instructions to help my physicians and proxies understand my desires. These instructions are not meant to preclude measures that would provide comfort or relieve pain or would otherwise serve a purpose other than to prolong my dying or continue my unconscious state.

**I do** \_\_\_\_\_ **I do not** \_\_\_\_\_ **want tube feeding or any other artificial or invasive form of nutrition (food) or hydration (water).**

Other

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

### Living Will Signatures

Patient printed name \_\_\_\_\_

(Patient—sign and date here)  
Signed: \_\_\_\_\_

(Witnesses—sign here)

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

In those situations in which I have not been specific I request that my physicians and proxies determine my desires based upon the general statements expressed in this directive. I recognize that my desires may be misunderstood, especially when I have not been specific about a treatment or circumstance. I ask only that my physicians and proxies make a good faith effort to follow this directive. This directive was made after careful consideration and is in accordance with my strong convictions and beliefs. I want the directions followed to the extent permitted by law. I release all persons and entities from legal liability for conduct that they, in good faith, believe is consistent with the decisions and desires expressed in this directive. I direct my legal representatives to honor this release.

### Proxy Designation Clause

In the event that I lose capacity to make or communicate health care decisions, I authorize the following persons to make those decisions on my behalf in accordance with this directive, giving priority in the order listed:

1. Name: \_\_\_\_\_

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

2. Name: \_\_\_\_\_

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

Remember to consult your physician when you prepare your living will and at regular intervals.