

3. TRY TO EXTEND MY LIFE FOR AS LONG AS POSSIBLE, USING ALL AVAILABLE INTERVENTIONS ~~IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS THAT IN REASONABLE MEDICAL JUDGMENT WOULD PREVENT OR DELAY MY DEATH. IF I AM UNABLE TO TAKE ENOUGH NOURISHMENT BY MOUTH. I WANT TO RECEIVE NUTRITION AND FLUIDS BY TUBE OR OTHER MEDICAL MEANS.~~
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- C. PREFERENCE IN CASE OF PERSISTENT VEGETATIVE STATE
(IF YOU WANT TO STATE YOUR PREFERENCE, INITIAL ONE ONLY. IF YOU DO NOT WANT TO STATE A PREFERENCE HERE, CROSS THROUGH THE WHOLE SECTION.)

IF MY DOCTORS CERTIFY THAT I AM IN A PERSISTENT VEGETATIVE STATE, THAT IS, IF I AM NOT CONSCIOUS AND AM NOT AWARE OF MYSELF OR MY ENVIRONMENT OR ABLE TO INTERACT WITH OTHERS, AND THERE IS NO REASONABLE EXPECTATION THAT I WILL EVER REGAIN CONSCIOUSNESS:

1. KEEP ME COMFORTABLE AND ALLOW NATURAL DEATH TO OCCUR. I DO NOT WANT ANY MEDICAL INTERVENTIONS USED TO TRY TO EXTEND MY LIFE. I DO NOT WANT TO RECEIVE NUTRITION AND FLUIDS BY TUBE OR OTHER MEDICAL MEANS.
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((OR))

2. KEEP ME COMFORTABLE AND ALLOW NATURAL DEATH TO OCCUR. I DO NOT WANT MEDICAL INTERVENTIONS USED TO TRY TO EXTEND MY LIFE. IF I AM UNABLE TO TAKE ENOUGH NOURISHMENT BY MOUTH, HOWEVER, I WANT TO RECEIVE NUTRITION AND FLUIDS BY TUBE OR OTHER MEDICAL MEANS.
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((OR))

3. TRY TO EXTEND MY LIFE FOR AS LONG AS POSSIBLE, USING ALL AVAILABLE INTERVENTIONS ~~IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS THAT IN REASONABLE MEDICAL JUDGMENT WOULD PREVENT OR DELAY MY DEATH. IF I AM UNABLE TO TAKE ENOUGH NOURISHMENT BY MOUTH. I WANT TO RECEIVE NUTRITION AND FLUIDS BY TUBE OR OTHER MEDICAL MEANS.~~
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- D. PREFERENCE IN CASE OF END-STAGE CONDITION
(IF YOU WANT TO STATE YOUR PREFERENCE, INITIAL ONE ONLY. IF YOU DO NOT WANT TO STATE A PREFERENCE HERE, CROSS THROUGH THE WHOLE SECTION.)

IF MY DOCTORS CERTIFY THAT I AM IN AN END-STAGE CONDITION, THAT