

~~(b) (1) A declarant is responsible for notifying the attending physician of the existence of the declaration either directly or through another individual.~~

~~(2) Notice may be given by delivery of the declaration or a copy of the declaration to the attending physician.~~

~~(3) The attending physician shall make the declaration or other written documents containing a declaration in conformance with the provisions of subsection (c)(1) of this section a part of the declarant's medical records.]~~

~~[(c) (1)] (A) [The declaration] A LIVING WILL shall be substantially in the following form:~~

~~"[DECLARATION] LIVING WILL~~

~~On this ... day of ... (month, year), I, ..., being of sound mind, willfully and voluntarily direct that [my dying shall not be artificially prolonged under the circumstances set forth in this declaration:~~

~~If at any time I should have an incurable injury, disease, or illness certified to be a terminal condition by two (2) physicians who have personally examined me, one (1) of whom shall be my attending physician, and the physicians have determined that my death is imminent and will occur whether or not life sustaining procedures are utilized and where the application of such procedures would serve only to artificially prolong the dying process I direct that such procedures] THIS LIVING WILL BE GIVEN EFFECT AND LIFE SUSTAINING PROCEDURES NOT BE USED IF (WRITE YOUR INITIALS NEXT TO ONE OR BOTH OF THESE STATEMENTS):~~

~~— I AM IN A TERMINAL CONDITION AND INCAPACITATED, AS DETERMINED IN ACCORDANCE WITH LAW BY MY PHYSICIANS, WHO HAVE DETERMINED THAT MY DEATH IS IMMINENT WHETHER OR NOT LIFE SUSTAINING PROCEDURES ARE USED, AND THE USE OF THESE PROCEDURES WOULD SERVE ONLY TO PROLONG THE DYING PROCESS.~~

~~— I AM IN A PERSISTENT VEGETATIVE STATE, AS DETERMINED IN ACCORDANCE WITH LAW BY MY PHYSICIANS, WHO HAVE DETERMINED THAT I HAVE LOST PERMANENTLY ALL CAPACITY FOR THOUGHT, PURPOSEFUL ACTION, AND AWARENESS OF SELF AND ENVIRONMENT.~~

~~UNDER THE CIRCUMSTANCES SET FORTH ABOVE, AS INDICATED BY MY INITIALS, I DIRECT THAT LIFE SUSTAINING PROCEDURES be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication[, the administration of food and water,] and the performance of [any] medical [procedure that is] PROCEDURES TO THE EXTENT necessary to provide comfort care or alleviate pain. In the absence of my ability to give directions regarding the use of such life sustaining procedures, it is my intention that this [declaration] LIVING WILL shall be honored by my family and physician(s) as the final expression of my right to control my medical care and treatment.~~