I direct that, even in a terminal condition, I be given all available medical treatment in accordance with accepted health care standards.
I DIRECT THAT IF I AM AT OR NEAR BRAIN DEATH BRAIN DEAD, AN ANATOMICAL GIFT BE OFFERED ON MY BEHALF TO A PATIENT IN NEED OF AN ORGAN OR TISSUE TRANSPLANT. IF A TRANSPLANT OCCURS, I WANT ARTIFICIAL HEART/LUNG SUPPORT DEVICES TO BE CONTINUED ON MY BEHALF ONLY UNTIL ORGAN OR TISSUE SUITABILITY OF THE PATIENT IS CONFIRMED AND ORGAN OR TISSUE RECOVERY HAS TAKEN PLACE.
b. If I am in a persistent vegetative state, that is if I am not conscious and am not aware of my environment nor able to interact with others, and there is no reasonable expectation of my recovery within a medically appropriate period –
I direct that my life not be extended by life-sustaining procedures, including the administration of nutrition and hydration artificially.
I DIRECT THAT IF I AM AT OR NEAR BRAIN DEATH BRAIN DEAD, AN ANATOMICAL GIFT BE OFFERED ON MY BEHALF TO A PATIENT IN NEED OF AN ORGAN OR TISSUE TRANSPLANT. IF A TRANSPLANT OCCURS, I WANT ARTIFICIAL HEART/LUNG SUPPORT DEVICES TO BE CONTINUED ON MY BEHALF ONLY UNTIL ORGAN OR TISSUE SUITABILITY OF THE PATIENT IS CONFIRMED AND ORGAN OR TISSUE RECOVERY HAS TAKEN PLACE.
I direct that my life not be extended by life-sustaining procedures, except that if I am unable to take in food by mouth, I wish to receive nutrition and hydration artificially.
I direct that I be given all available medical treatment in accordance with accepted health care standards.
c. If I am pregnant my agent shall follow these specific instructions:
By signing below, I indicate that I am emotionally and mentally competent to make this living will and that I understand its purpose and effect.
(Date) (Signature of Declarant)
The declarant signed or acknowledged signing this living will in my presence and based upon my personal observation the declarant appears to be a competent individual.
(Witness) (Witness)
(Signature of two witnesses)