

Living Will and Advance Healthcare Directive

I, _____,

residing at _____, being of sound mind and under no duress, hereby declare this document to be my Living Will and Advance Healthcare Directive.

Section 1: Healthcare Agent Appointment

I appoint [Name of Healthcare Agent] (hereinafter referred to as my "Agent") to make healthcare decisions on my behalf if I am unable to communicate or make decisions regarding my medical treatment.

Section 2: Healthcare Instructions

In the event that I am diagnosed with a terminal condition, are in a persistent vegetative state, or if my attending physician determines that my condition is irreversible, I provide the following instructions:

a. Life-Sustaining Treatment:

- I request that all life-sustaining treatments be administered, including, but not limited to, artificial respiration, artificial nutrition, and hydration.
- I do not want life-sustaining treatments administered if they merely prolong the process of dying and are not expected to improve my condition.

b. Pain Management:

- I request that my healthcare providers make every effort to keep me free from pain and discomfort, even if it may hasten my death.
- I prioritize my comfort and quality of life over the extension of my life through aggressive pain management.

c. Organ and Tissue Donation:

- I wish to donate any needed organs and tissues for transplantation, research, or educational purposes.
- I do not wish to donate any organs or tissues.

Section 3: Additional Instructions

[Include any additional specific instructions or preferences regarding your healthcare that you want to communicate to your healthcare providers.]

Section 4: Duration

This Living Will and Advance Healthcare Directive shall remain in effect unless revoked by me in writing or by my oral expression to my attending physician.

Section 5: Successor Healthcare Agent

In the event that my appointed Healthcare Agent is unable or unwilling to serve, I appoint [Name of Successor Healthcare Agent] as my successor to make healthcare decisions on my behalf.

Section 6: Signatures

I have executed this Living Will and Advance Healthcare Directive on this

[Day_____]

[Month_____]

[Year_____]

[Your Signature]

[Witness 1 Name]

[Witness 1 Signature]

[Witness 2 Name]

[Witness 2 Signature]

Please note that the witnesses should not be individuals who stand to inherit or have a financial interest in your estate. Additionally, it's important to comply with any legal requirements in your jurisdiction regarding the notarization or witnessing of advance healthcare directives. This template is a starting point and may need to be customized based on your specific circumstances and local laws.