

Please sign ONE document ONLY.

LIVING WILL DECLARATION

Declaration made this _____ .
Day Month Year

I, _____ , being at
Name

least eighteen (18) years old and of sound mind, willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, and I declare:

If at any time my attending physician certifies in writing that: (1) I have an incurable injury, disease, or illness; (2) my death will occur within a short time; and (3) the use of the life prolonging procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally with only the performance or provision of any medical procedure or medication necessary to provide me with comfort, care, or to alleviate pain, and, if I have so indicated below, the provision of artificially supplied nutrition and hydration. (Indicate your choice by initialing or making your mark before signing this declaration):

_____ I wish to receive artificially supplied nutrition and hydration, even if the effort to sustain life is futile or excessively burdensome to me.

_____ I do not wish to receive artificially supplied nutrition and hydration, if the effort to sustain life is futile or excessively burdensome to me.

_____ I intentionally make no decision concerning artificially supplied nutrition and hydration, leaving the decision to my health care representative appointed under IC 16-36-1-7 or my attorney in fact with health care powers under IC 30-5-5.

In the absence of my ability to give directions regarding the use of life prolonging procedures, it is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences of the refusal.

I understand the full import of this declaration.

Name _____
Printed

Signature X _____

City County State of Residence

The declarant has been personally known to me, and I believe (him/her) to be of sound mind. I did not sign the declarant's signature above for or at the direction of the declarant. I am not a parent, spouse, or child of the declarant. I am not entitled to any part of the declarant's estate or directly financially responsible for the declarant's medical care. I am competent and at least eighteen (18) years of age.

Witness X _____
Signature Date: ____ / ____ / ____

Witness X _____
Signature Date: ____ / ____ / ____

Please sign ONE document ONLY.

LIFE-PROLONGMENT DECLARATION

Declaration made this _____ .
Day Month Year

I, _____ , being at
Name

least eighteen (18) years old and of sound mind, willfully and voluntarily make known my desire that if at any time I have an incurable injury, disease, or illness determined to be a terminal condition, I request the use of life-prolonging procedures that would extend my life. This includes appropriate nutrition and hydration, the administration of medication, and the performance of all other medical procedures necessary to extend my life, to provide comfort, care, or to alleviate pain.

In the absence of my ability to give directions regarding the use of life prolonging procedures, it is my intention that this declaration be honored by my family and physician as the final expression of my legal right to request medical or surgical treatment and accept the consequences of the request.

I understand the full import of this declaration.

Name _____
Printed

Signature X _____

City County State of Residence

The declarant has been personally known to me, and I believe (him/her) to be of sound mind. I am competent and at least eighteen (18) years of age.

Witness X _____
Signature Date: ____ / ____ / ____

Witness X _____
Signature Date: ____ / ____ / ____



This brochure is printed as a public service by Union Hospital, Inc.

The use of sophisticated medical technology and procedures has helped extend the lives of thousands of people. But it has also created a dilemma for many patients, families and physicians.

What should be done in the event of an illness or injury from which there can be no recovery? Who may decide, when death is imminent, whether extraordinary measures should be taken to prolong life?

Competent adults have the right to control decisions related to their medical care. In making your desires known to your family and physician, you may wish to use either the Living Will or the Life-Prolongment Declaration. Each provides instructions for your care in the event of a terminal condition.

This brochure contains additional information and examples of legal documents for both the Living Will and the Life-Prolongment Declaration. For either document to be valid, it must be executed in writing and signed before two (2) witnesses following the guidelines of Indiana law.

The Living Will and the Life-Prolongment Declaration are very different in terms of intent, and it is essential to understand the choices they offer. If you have any questions after reading this brochure, you should consult your physician or an attorney.

Please read both documents carefully and talk them over with your family or physician before deciding if either is the right choice for you. If you decide to execute one of these documents, make sure it is completely filled out, signed and witnessed. Remember to keep a copy of it for your personal records and provide a copy to your physician.

If you would like to have additional copies of this brochure, please call the Union Hospital Public Relations Department at (812)238-7657.

LIVING WILL DECLARATION

The Living Will states that in the event of an incurable injury, disease or illness which will result in death within a short time, you do not want the natural end of life delayed through the use of artificial life-support procedures.

This will directs the withholding or withdrawal of procedures that artificially sustain vital functions and prolong the dying process. It requests permission to die naturally, with only the performance or provision of medical procedures or medication necessary to provide comfort, care, or to alleviate pain.

The Living Will serves as an expression of your right to refuse treatment and accept the consequences of that refusal.

You should notify your physician about the Living Will so that a copy of it can be made part of your medical record. The Living Will does not obligate your physician to withhold or withdraw life-prolonging procedures.

It is, however, evidence of your wishes and will be given great weight in determining your intent should you be unable to give directions regarding your care.

The Living Will is not valid during a pregnancy.

LIFE-PROLONGMENT DECLARATION

The Life-Prolongment Declaration states that you do request the use of all possible life-prolonging procedures in the event of a terminal illness or injury.

The declaration directs the use of procedures that artificially sustain vital functions. This includes the provision of nutrition and hydration (food and water), as well as performance of any medical procedures necessary to extend life and alleviate pain.

The Life-Prolongment Declaration serves as an expression of your right to request medical or surgical treatment and accept the consequences of that request.

You should notify your physician about the Life-Prolongment Declaration so that a copy of it can be made part of your medical record. Under Indiana law, the document obligates your physician to use life-prolonging procedures as requested.

EXECUTION OF A LIVING WILL OR LIFE PROLONGMENT DECLARATION

You may execute a Living Will or a Life-Prolongment Declaration if you are 18 years or older. The document must be:

- voluntary.
- in writing.
- dated.
- signed by you or by another person in your presence and at your express direction.
- signed in the presence of at least two competent witnesses who are at least 18 years old.

A witness may **not** be:

- the person who signed the will on your behalf.
- your parent, spouse or child.
- entitled to any part of your estate.
- directly financially responsible for your medical care.

Please remember, you may only execute either a LIVING WILL or LIFE-PROLONGMENT DECLARATION.

REVOCATION OF A LIVING WILL OR LIFE PROLONGMENT DECLARATION

You may revoke your Living Will or Life-Prolongment Declaration at any time with:

- a signed, dated writing;
- an oral expression of intent to revoke; or
- physical cancellation or destruction of the document by you or by another person in your presence and at your direction.

The revocation of the Living Will or Life-Prolongment Declaration is effective when communicated to your physician.

Revocation of a Life-Prolongment Declaration is not evidence that you wish to have life-prolonging procedures withheld or withdrawn.

The Living Will and Life Prolongment Declaration example documents contained in this brochure are the forms set forth in the Indiana Statute. Remember that they are valid **only** under Indiana law.