

CAN I CHANGE OR REVOKE THE DOCUMENTS?

Your advance health care declaration may be changed or revoked by you at any time, regardless of your physical or mental condition, either in writing or merely by telling your attending physician or other person of your wishes, even if you are in a health care institution.

You can also change your power of attorney at any time by notifying your agent or health care provider of your decision. It is best to notify them in writing and to destroy the original documents. Notify your lawyer to assist you in properly handling the documents. Be sure to talk to everyone concerned about any changes and that the most current versions of your documents are in your medical and legal files.

HOW CAN I LOCATE AN ATTORNEY?

To locate an attorney, call the Pennsylvania Bar Association Lawyer Referral Service toll free at 800-692-7375, or 717-238-6807. Most counties have this same service at the local level. Check your yellow pages under "attorneys" for more details.



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Advance Healthcare Declaration (Living Will)

Pennsylvania Advance Directive for Health Care Act Sample Declaration

I, (fill in your full name), being of sound mind, willfully and voluntarily make this declaration to be followed if I become incompetent. This declaration reflects my firm and settled commitment to refuse life-sustaining treatment under the circumstances indicated below.

I direct my attending physician to withhold or withdraw life-sustaining treatment that serves only to prolong the process of my dying, if I should be in a terminal condition or in a state of permanent unconsciousness.

I direct that treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing life-sustaining treatment.

In addition, if I am in the condition described above, I feel especially strong about the following forms of treatment:

do do not want cardiac resuscitation.

do do not want mechanical respiration.

do do not want tube feeding or any other artificial or invasive form of nutrition (food) or hydration (water).

do do not want blood or blood products.

do do not want any form of surgery or invasive diagnostic tests.

do do not want kidney dialysis.

do do not want antibiotics.

I realize that if I do not specifically indicate my preference regarding any of the forms of treatment listed above, I may receive that form of treatment.

Other instructions: _____

do do not want to designate another person as my surrogate to make medical treatment decisions for me if I should be incompetent and in a terminal condition or in a state of permanent unconsciousness. Name and address of surrogate (if applicable): _____

Name and address of substitute surrogate (if surrogate designated above is unable to serve): _____

do do not want to make an anatomical gift of all or part of my body, subject to the following limitations, if any: _____

I made this declaration on the _____ day of _____ (month and year).

Declarant's signature: _____

Declarant's address: _____

The declarant or the person on behalf of and at the direction of the declarant knowingly and voluntarily signed this writing by signature or mark in my presence.

Witness' signature: _____

Witness' address: _____

Witness' signature: _____

Witness' address: _____



by the
PENNSYLVANIA BAR ASSOCIATION

Consumer Legal

Information Pamphlets

Special Note: This pamphlet has been issued to inform and not to advise. It is based on Pennsylvania law. The statements are general, and individual facts in a given case may alter their application or involve other laws not referred to here.

WHAT IS AN ADVANCE HEALTH CARE DECLARATION?

Also known as a living will, this document is a written statement that allows you to retain control over whether or not your life should be prolonged by the use of artificial means in a case where you are incompetent and have a terminal condition or are permanently unconscious. The statement tells your family and friends of your wishes and instructs your doctor and other health care providers whether or not to medically prolong the process of your dying or keep you in a state of permanent unconsciousness, with no hope of recovery. It is to be followed if you are unable to provide instructions at the time the medical decisions need to be made and allows you to authorize the withholding or withdrawal of all treatment and procedures.

Your declaration should contain specific directions describing the kinds of life-sustaining medical treatments and procedures you wish to be either initiated, continued, withheld or withdrawn, such as those listed in the Pennsylvania Advance Directive for Health Care Act's sample declaration.

Pennsylvania law also provides that your desire to withhold or withdraw medical treatment is not to be considered suicide, euthanasia or homicide.

WHO MAY MAKE A HEALTH CARE DECLARATION?

Any individual who is of sound mind and at least 18 years of age, or who has graduated from high school or is married, may make and sign a declaration. This person is called the "declarant." The declarant may also direct another person to sign the declaration on his/her behalf. Two adults must witness the signing, however; an individual who has signed the declaration on behalf of the declarant may not sign as a witness. A living will does not need to be notarized.

WHAT SHOULD I INCLUDE IN MY DECLARATION?

You should refer to the sample and consult with your physician or other health care providers to learn what kinds of medical treatments and procedures can be included in your declaration. You should also consult with a lawyer to be sure that your declaration is legally binding and includes all necessary information.

WHEN IS A DECLARATION USED?

Your declaration becomes effective and can be used only after your attending physician makes a written diagnosis that you are incompetent and either in a terminal condition or in a permanent state of unconsciousness. This diagnosis must then be confirmed in writing by a second physician.

MUST A PHYSICIAN COMPLY?

No. However, if a physician or health care provider is unwilling or cannot in good conscience comply with your provisions, he/she must make every reasonable effort to assist in transferring you to another physician or health care provider who will comply. Be sure to discuss your living will with all of your physicians so they will be aware of your wishes.

WILL MY INSURANCE BE AFFECTED?

Under the law, a declaration cannot affect any life insurance policy or health care insurance coverage. You cannot be required to write a declaration in order to buy or keep insurance, and it cannot affect your insurance rates.

WHAT IF I AM PREGNANT?

Life-sustaining treatment, including nutrition and hydration, must be given to a pregnant woman who is incompetent and either terminally ill or in a permanent state of unconsciousness, regardless of whether she has a living will, unless an attending physician and obstetrician find that such treatment 1) will not ensure a live birth; 2) is physically harmful to the pregnant woman; or 3) causes pain to the woman which cannot be alleviated by medication.

If an incapacitated pregnant woman is kept alive by life-sustaining treatment, the Commonwealth of Pennsylvania will pay her expenses, whether or not she has a living will.

MUST I USE THE SAMPLE FORM?

It is not necessary to use the sample form. However, keep in mind that your declaration should be detailed as to specific medical treatment and procedures that you would or would not want. The three most important questions to ask yourself when making a declaration are: 1) what medical treatment do I want to receive or refuse; 2) what other instructions do I want to leave regarding my care; and 3) do I wish to name a surrogate? Consult with your physician and lawyer to help you make your declaration specific and complete.

CAN SOMEONE ELSE MAKE DECISIONS FOR ME?

Yes. The Advance Directive for Health Care Law permits you to name a "surrogate" and a substitute surrogate to make medical treatment decisions for you if you should ever become incompetent and either in a terminal condition or permanently unconscious.

The preferred procedure is to make your wishes known in a written declaration. You might then want to name a surro-

gate and instruct him/her to make sure that your written wishes are carried out. Also, be sure that the people you name as surrogates are willing to fill this role and understand your preferences and desires.

WHAT IS A HEALTH CARE POWER OF ATTORNEY?

A health care power of attorney is a written document authorizing someone you name as your agent to make health care decisions for you, in the event that you are unable to speak for yourself or make your own decisions.

It is similar to a surrogate in a living will. However, it pertains to all medical situations, not only those involving terminal conditions or permanent unconsciousness. The document may also contain instructions or guidelines you want your agent to follow. A health care power of attorney is a form of durable power of attorney and must be properly written to authorize your agent to make health care decisions for you. You should consult with your attorney as to the proper preparation of a health care power of attorney.

While the use of an advance health care declaration is limited to decisions about life-sustaining procedures in the event of terminal illness or permanent unconsciousness, a health care power of attorney establishes a person to act as your agent in all health care decisions. Therefore, both documents are important in making sure your health care wishes are carried out in the event that you cannot speak for yourself.

WHAT SHOULD I DO WITH MY SIGNED DOCUMENTS?

Copies of your signed and witnessed declaration and power of attorney should be given to your physician, family, friends, clergy, lawyer and your surrogates. They should be held in safekeeping, preferably with your attorney, until such time that they have to be used. This will prevent their unauthorized use.