Advance Healthcare Declaration (Living Will)

In, (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: .

I () 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): 

I () 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:

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 old document and keep your new one.

You should keep a copy of your replacement documents in your medical and legal files. The Pennsylvania Bar Association recommends that you keep a copy of your declaration with your medical records.

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.

Pennsylvania Bar Association
by the Consumer Legal Information Pamphlets

Advance Healthcare Declaration (Living Will)
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 life-sustaining medical procedures. It is a declaration of your treatment preferences 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, or withheld.

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.

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 may 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 you. If that is not possible, the physician or health care provider must consult with another 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. 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 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 surrogate 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 healthcare 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 declaration is effective only if the declarant is incompetent.

WHAT IS AN ADVANCE CARE DECLARATION?

A declaration that does not comply with the requirements of the laws governing advance care declarations is not enforceable. Such a declaration may be in the form of a will or a testamentary instrument. It may also be in the form of a written statement or a series of oral statements. The declaration must be made in the presence of a witness, who must attest to the fact that the declarant is competent and that the declaration is his or her own free and voluntary act.

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 keep these documents in a safe place and preferably with your attorney, until such time that they have to be used. This will prevent their unauthorized use.