Download a PDF version of this form at **www.health.harvard.edu/ADforms.**

We have provided this generic living will form, which contains four scenarios, for your convenience. If you also fill out the health decisions worksheet (Form 2, page 35), be very careful that your instructions in the two documents match, so that you do not create confusion for your caregivers and health care agent.

While this generic living will form meets the legal requirements of most states, it may or may not fit the requirements of your particular state. **It is very important that you use a form that meets the requirements of your own state.** This one is adapted from the Oregon form, but many states have special forms or special procedures for creating health care advance directives. You can find your own state's form at www.health.harvard.edu/nhpco. Even if your state's law does not recognize the document in this report, it will still provide important evidence of your wishes if you cannot speak for yourself. In other words, it would serve as an advisory document, even if not a legal document.

Directions

You, the principal, should fill in your name, address, and contact information. Depending on whether your state requires witnesses or notarization, or both, you must meet these rules so that the document will be valid. After reading through each of the four scenarios, check boxes next to the options. We recommend discussing the scenarios with your doctor, who can help you make choices that reflect your values and beliefs. Add notes for further clarification, if you like. All scenarios assume you are unable to voice your wishes.

Once you've completed the form, see "Who needs to have your advance directives?" on page 23 for guidance on where to store your directives and who to give copies to.

Requirements for witnesses or notarization

Most states require the signatures of two witnesses on a living will; some allow notarization of the document instead. Three states—Missouri, South Carolina, and West Virginia—require both notarization and two witnesses.

Each state has rules regarding witness disqualification (that is, who cannot serve as a witness to sign these documents). Check your own state's requirements, but to cover virtually all variations in state law, choose witnesses who are at least 18 years old (19 years old in Alabama and Nebraska) and who are *not*

- the individual you've appointed as your health care agent or an alternate agent
- related to you by blood, marriage, or adoption
- your health care provider, including the owner or operator of a health, long-term care, or other residential or community care facility serving you
- an employee of your health care provider
- financially responsible for your health care
- an employee of your life or health insurance provider
- a creditor of yours or entitled to any part of your estate under a will or codicil, by operation of law
- entitled to benefit financially in any other way while you are living or as a result of your death.

Your name

Address

Phone numbers, fax number, email address

Birth date

This living will shall become effective upon disability or incapacity of the principal. This requirement will be met whenever it has been determined by one or more doctors that I cannot provide informed consent, or when I meet all the requirements for effectiveness mandated by state law.

If my state requires a different procedure, then my state's procedure should be followed.

Health care instructions

Note: In filling out these instructions, keep the following in mind:

- The term "as my physician recommends" means that you want the physician treating you to try life support if your physician believes it could be helpful and then discontinue it if it is not helping your health condition or symptoms.
- "Life support" refers to any medical means for keeping you alive, including procedures, devices, and medications. If you refuse life support, you will still get routine measures to keep you clean and comfortable.
- "Tube feeding" refers to food and water supplied artificially by medical device. If you refuse tube feeding, you should understand that death will probably result.
- You will get care for your comfort and cleanliness, no matter what choices you make.
- You may either give specific instructions by filling out items 1 to 4 below, or you may use the general instruction provided by item 5.

Here are my desires about my health care if my doctor and another knowledgeable doctor confirm that I am in a medical condition described below:

1. Close to death. If I am close to death and life support would only postpone the moment of my death:

A. Initial one:

_____ I want to receive tube feeding.

_____ I want tube feeding only as my physician recommends.

_____ I DO NOT WANT tube feeding.

B. Initial one:

_____ I want any other life support that may apply.

_____ I want life support only as my physician recommends.

_____ I want NO life support.

2. Permanently unconscious. If I am unconscious and it is very unlikely that I will ever become conscious again:

A. Initial one:

_____ I want to receive tube feeding.

_____ I want tube feeding only as my physician recommends.

_____ I DO NOT WANT tube feeding.

B. Initial one:

_____ I want any other life support that may apply.

_____ I want life support only as my physician recommends.

_____ I want NO life support.

3. Advanced progressive illness. If I have a progressive illness that will be fatal and is in an advanced stage, and I am consistently and permanently unable to communicate by any means, swallow food and water safely, care for myself, and recognize my family and other people, and it is very unlikely that my condition will substantially improve:

A. Initial one:

_____ I want to receive tube feeding.

_____ I want tube feeding only as my physician recommends.

_____ I DO NOT WANT tube feeding.

B. Initial one:

_____ I want any other life support that may apply.

_____ I want life support only as my physician recommends.

_____ I want NO life support.

4. Extraordinary suffering. If life support would not help my medical condition and would make me suffer permanent and severe pain:

A. Initial one:

_____ I want to receive tube feeding.

_____ I want tube feeding only as my physician recommends.

_____ I DO NOT WANT tube feeding.

B. Initial one:

_____ I want any other life support that may apply.

_____ I want life support only as my physician recommends.

_____ I want NO life support.

5. General instruction.

Initial if this applies:

_____ I do not want my life to be prolonged by life support. I also do not want tube feeding as life support. I want my doctors to allow me to die naturally if my doctor and another knowledgeable doctor confirm that I am in any of the medical conditions listed in Items 1 to 4 above.

6. Additional conditions or instructions. Insert description of what you want done.

_____

_____

_____

_____ _____

Signature Date

Declaration of witnesses

We declare that the person signing this advance directive

- is personally known to us or has provided proof of identity
- signed or acknowledged that person's signature on the advance directive in our presence
- appears to be of sound mind and not under duress, fraud, or undue influence
- has not appointed either of us as a health care representative or alternate representative
- is not a patient for whom either of us is the attending physician.

Witness signature #1 Date

Printed name of witness

Phone number, email address

Witness signature #2 Date

Printed name of witness

Phone number, email address

Note: For restrictions on who can serve as a witness, see page 1 of this form.
Adapted with permission from the Oregon Advance Directive Form.