

DECLARATION

Declaration made this _____ day of _____, 2012.

I hereby knowingly, wilfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below and do hereby declare:

This statement is made after careful consideration and is in accord with my strong and lasting convictions and beliefs which I have discussed with my family and my lawyer.

If, at any time, I should have a medical condition determined by my attending physician to be one from which there can be no recovery and where the application of 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procedures would serve only to artificially prolong the dying process, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally. I desire that nutrition and hydration be withheld or withdrawn when such procedures would serve only to prolong the process of dying.

If I am in a permanent/persistent vegetative state or in an incurable or irreversible mental or physical condition with no reasonable expectation of recovery, I direct my attending physician to withhold or withdraw treatment that merely prolongs my dying.

I specifically refuse my consent to the treatments below, but it is not my intention to limit my refusal of treatment to these measures:

1. Electrical or mechanical resuscitation (Code Blue);
2. Artificial sustenance or nutrition by gastric tube feeding, nasogastric tube feeding, intravenous feeding, or any other type of artificial means if I am paralyzed or otherwise unable to take nourishment by swallowing;
3. Mechanical ventilation devices;
4. Artificial hydration;
5. Surgery;
6. Dialysis;
7. Blood transfusions;
8. Chemotherapy;
9. Medication used specifically to prolong life; and,
10. Radiation.

I specifically direct that no attempts be made to treat any reversible secondary condition, when there is no reasonable expectation of my recovery from the primary illness or disability affecting me.

In all of the above circumstances, I desire that I be permitted to die naturally with only the administration of medication and treatment deemed necessary to provide me with comfort care or to alleviate pain.

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

In the event I am comatose, incapacitated or otherwise mentally or physically incapable of communication, I hereby designate and appoint _____, to make any treatment decisions, which I otherwise would make for myself, being mindful of my intent, as evidenced by this Declaration. This designation shall remain effective in the event I become incapacitated or otherwise unable to make decisions for myself.

This Declaration is an exercise of my fundamental rights of free-will, self-determination and privacy which are guaranteed by the common law, by the United States Constitution and by the Constitution and laws of the State of Florida. This Declaration is not intended to be limited by the Life-Prolonging Procedures Act of Florida or the provisions of Florida Statutes Chapter 745 (Health Care Surrogate). This is an expression of my right to privacy and to the extent that this Declaration may conflict with any statute, rule, order, regulation or judicial decision, this Declaration shall take precedence.

I understand the full import of this Declaration and I am emotionally and mentally competent to make this Declaration.

[signature] _____

The declarant is known to me and I believe him/her to be of sound mind.

Witness

Witness