

PATIENT SELF DETERMINATION

The following is a statement of my treatment wishes if I lack the capacity to make or communicate decisions regarding my health care treatment. I place much importance on my ability to live a meaningful life, to interact with others, to care for myself, and to engage in intellectual activity. I do not desire to live life in any condition in which I have little or no chance of regaining sufficient mental faculties to interact with others in a meaningful manner.

IF THERE IS A PHRASE, STATEMENT, OR SECTION BELOW WITH WHICH YOU DO NOT AGREE, DRAW A LINE THROUGH IT AND ADD YOUR INITIALS.

Therefore, I direct that all life-prolonging procedures be withheld or withdrawn when there is no hope of significant recovery and I have:

- a terminal condition, or
- a condition, disease, or injury without reasonable expectation that I will regain an acceptable quality of life, or
- substantial brain damage or brain disease that cannot be significantly reversed.

When any of the above conditions exist, I choose to have the following life-prolonging procedures withheld or withdrawn:

- surgery
- dialysis
- heart-lung resuscitation ("CPR")
- antibiotics
- mechanical ventilator (respirator)
- tube feeding (food and water delivered through a tube in the veins, nose, or stomach)
- other _____

If my physician believes that a certain life-prolonging procedure or other health care treatment may provide me with comfort, relieve pain, or lead to a significant recovery, I direct my physician to try the treatment for a reasonable period of time not to exceed _____. However, if it does not significantly improve my condition, provide comfort, or relieve pain, I direct that the procedure or treatment be withdrawn, even if doing so shortens my life.

I direct I be given health care treatment to relieve pain or to provide comfort, even if such treatment might shorten my life, suppress my appetite or my breathing, or be habit-forming.

I have read these instructions and have given them careful consideration, and they are in accordance with my wishes.

Dated: _____, 20____
Declarant

Witness Date Witness Date

STATE OF KANSAS, COUNTY OF SALINE, ss:

The foregoing instrument was acknowledged before me this _____ day of

_____, 20____, by _____.

(notary stamp)

Notary Public