

## PENNSYLVANIA DECLARATION

I, \_\_\_\_\_, 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 strongly about the following forms of treatment:

- I ( ) do ( ) do not want cardiac resuscitation.
- I ( ) do ( ) do not want mechanical respiration.
- I ( ) do ( ) do not want tube feeding or any other artificial or invasive form of nutrition (food) or hydration (water).
- I ( ) do ( ) do not want blood or blood products.
- I ( ) do ( ) do not want any form of surgery or invasive diagnostic tests.
- I ( ) do ( ) do not want kidney dialysis.
- I ( ) 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:

Designation of Surrogate

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: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

I made this declaration on \_\_\_\_\_, 20\_\_.

Declarant's signature: \_\_\_\_\_

Declarant's address: \_\_\_\_\_

The declarant knowingly and voluntarily signed this writing by signature or mark in my presence.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Address of Witness

\_\_\_\_\_  
Address of Witness