

# Health Care Directive (or “Living Will”)

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## What is a health care directive?

A health care directive lets you state what kind of medical treatments you do or do *not* wish to have if you are terminally ill or permanently unconscious. A health care directive also lets you write down your health care values and any other directions to your medical providers.

## Does it have to be notarized?

No. But you must sign it in front of two witnesses who are not related to you, will not inherit from you, and are not your medical providers.

## What should I do after I sign it?

You should give it to your medical provider, your agent, and a trusted friend or relative.

## Can I still make my own decisions?

Yes. You can still make your own health care decisions if you are capable. You can also change or cancel your directive at any time.

## What does “revoke” mean?

It means to cancel. You can revoke your health care directive at any time and make a new one.

## Are there other kinds of directives?

Yes. There are health care directives that let you state your preferences for mental health treatments and also for dementia care. You can find these other directives online at:

[www.washingtonlawhelp.org](http://www.washingtonlawhelp.org).

## What if I need legal help?

If you are low-income and live outside King County, call the CLEAR hotline Monday-Friday from 9:15 am to 12:15 pm at 1-888-201-1014.

You can also apply online at:

<http://nwjustice.org/get-legal-help>.

If you live in King County, call 211 for information and referral to a legal services provider Monday-Friday from 8:00 am to 6:00 pm. You can find more information online at:

[www.resourcehouse.com/win211/](http://www.resourcehouse.com/win211/).

Deaf, hard of hearing or speech impaired callers can call CLEAR or 211 using the relay service of their choice.

211 and CLEAR will conference in interpreters when needed at no cost to callers.

Free legal education publications, videos and self-help packets covering many legal issues are available at [www.washingtonlawhelp.org](http://www.washingtonlawhelp.org).

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Health Care Directive

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# Health Care Directive of

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[My Name]

I am of sound mind and body and voluntarily execute this health care directive. If I cannot make decisions for myself about life sustaining medical treatment, my relatives, friends, agents and medical providers should fully honor every part of this directive. If any part of this directive is invalid, the remainder should be honored. I revoke any health care directives I have signed in the past.

1. **Withhold or Withdraw Treatment.** If my attending physician diagnoses me with a terminal condition, or if two physicians determine that I am in a permanent unconscious condition, and if my physician(s) determine that life-sustaining treatment would only artificially prolong the process of dying, the following treatment should be withheld or withdrawn from me: (check all that apply)

- Artificial nutrition
- Artificial hydration
- Artificial respiration
- Cardiopulmonary Resuscitation (CPR), including artificial ventilation, heart regulating drugs, diuretics, stimulants, or any other treatment for heart failure
- Surgery to prolong my life or keep me alive
- Blood dialysis or filtration for lost kidney function
- Blood transfusion to replace lost or contaminated blood
- Medication used to prolong life, not for controlling pain
- Any other medical treatment used to prolong my life or keep me alive artificially

2. **Comfort Care and Pain Medication.** If I appear to be experiencing pain or discomfort, I want treatment and medications to make me comfortable, even if my medical providers believe it might unintentionally hasten my death.
  
3. **Health Care Institutions.** If I am admitted to a hospital or other medical institution that will not honor this directive due to religious or other beliefs: (1) my consent to admission is not implied consent to treatment, and (2) I want to be transferred as soon as possible to a hospital or other medical institution that will honor my directive.
  
4. **Changes and Revocation.** I understand that I can change the wording of this directive before I sign it. I also understand that I can revoke this directive at any time.
  
5. **Additional Directions:** I make the following additional directions regarding my care:

I have signed this document in the presence of two witnesses.

\_\_\_\_\_

My Signature

\_\_\_\_\_

Date

**Statement of Witnesses**

On \_\_\_\_\_, the declarer of this document signed it in my presence. I believe the declarer is able to make health care decisions, to understand this document, and to have signed it voluntarily.

- I am not related by blood or marriage to the declarer.
- I am not now entitled to receive any portion of the declarer’s estate, either by will or by operation of law, or as a result of any claim against the declarer.
- I am not the declarer’s attending physician or an employee of that physician or of a health facility in which the declarer is a patient.

**Witness 1**

**Witness 2**

\_\_\_\_\_

Signature

\_\_\_\_\_

Signature

\_\_\_\_\_

Name

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

Address

## Glossary

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Here are some terms you may find helpful when reading a health care directive:

- **Attending Physician:** the physician selected by, or assigned to you and who has primary responsibility for your treatment and care.
- **Life-sustaining treatment:** any mechanical or artificial medical intervention that, when applied to a person diagnosed with a terminal condition or a person in a permanent unconscious condition, would only prolong the process of dying. Life-sustaining treatment does not include medication or medical intervention necessary to alleviate pain only.
- **Permanent unconscious condition:** an incurable and irreversible condition; a condition where a person has no reasonable probability of recovery from an irreversible coma or a persistent vegetative state according to reasonable medical judgment.
- **Physician:** a person licensed under Washington State physician and osteopathy laws.
- **Revoke:** to cancel.
- **Terminal condition:** an incurable and irreversible condition caused by injury, disease, or illness, that will cause death within a reasonable period of time according to accepted medical standards, and where the application of life-sustaining treatment serves only to prolong the process of dying.