

LIVING WILL DECLARATION

Patient Name: _____

Date of Birth: _____

Medical Record #: _____

Place Patient Label

Advance Directive-P
Living Will Declaration



IDN13150001

This declaration is made this _____ day of _____, 20____ (month, year).
I, _____, being of sound mind,
willfully and voluntarily make known my desires that my moment of death shall not be artificially postponed.

If at any time I should have an incurable and irreversible injury, disease, or illness judged to be a terminal condition by my attending physician who has personally examined me, and has determined that my death is imminent except for death delaying procedures, I direct that such procedures which would only prolong the dying process be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication, sustenance, or the performance of any medical procedure deemed necessary by my attending physician to provide me with comfort care.

In the absence of my ability to give directions regarding the use of such death delaying procedures, it is my intention that this declaration shall be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

Signed _____

City, County and State of Residence _____

The declarant is personally known to me and I believe him or her to be of sound mind. I did not sign the declarant's signature above for or at the direction of the declarant. At the date of this instrument I am not entitled to any portion of the estate of the declarant according to the laws of intestate succession or to the best of my knowledge and belief, under any will of declarant or other instrument taking effect at declarant's death, or directly financially responsible for declarant's medical care.

Witness _____

Witness _____

QUESTIONS AND ANSWERS ABOUT THE ILLINOIS LIVING WILL ACT

WHAT IS A LIVING WILL?

A Living Will is a written declaration voluntarily signed by an individual, who is called a declarant, which instructs his/her physician to withhold or withdraw life-sustaining procedures in case the declarant is in a terminal condition and unable to communicate his/her wishes that death delaying procedures not be utilized for the prolongation of his/her life.

WHAT IS A “DEATH DELAYING PROCEDURE?”

“Death delaying procedure” means any medical procedure or intervention which, when applied to a qualified patient, in the judgment of the attending physician would serve only to postpone the moment of death.

WHAT IS MEANT BY “A TERMINAL CONDITION”?

“Terminal condition” means an incurable and irreversible condition which is such that death is imminent and the application of death delaying procedures serves only to prolong the dying process.

WHAT STEPS ARE REQUIRED TO EFFECTUATE THE WISHES OF THE DECLARANT?

1. The Living Will must be signed by an individual of sound mind and 18 years or older in the presence of two witnesses who sign a statement which attests that the declarant is personally known to them and is believed to be of sound mind.
2. The declarant must notify his/her attending physician of existence of the Living Will and the attending physician must make the Living Will a part of the declarant’s medical records.
3. The Living Will must be in substantially the form on the reverse side.
4. If a declarant becomes a patient in a terminal condition, the attending physician must verify the terminal condition in the medical record and provide specific treatment orders to be followed by resident physicians and nurses.

HOW CAN A PATIENT REVOKE A LIVING WILL?

A Living Will may be revoked at any time by the individual signing the Living Will by any of the following methods:

1. By being obliterated, burned, torn or otherwise destroyed or defaced in a manner indicating intention to cancel;
2. By a written revocation of the Living Will signed and dated by the individual who executed the Living Will;
3. By a written revocation of the Living Will signed and dated by a person acting at the direction of the individual who signed the Living Will;

(For revocations 1, 2 or 3 to be effective, the document must be delivered to the attending physician who should review any orders given because of the execution of a Living Will.)

4. By an oral expression of the intent to revoke the Living Will made by the individual who signed the Living Will in the presence of a witness 18 years of age or older.

(For an oral expression to be effective, the witness must sign and date a written statement that the oral expression was made and written statement must be delivered to the attending physician, who should review any orders given because of the execution of a Living Will.)

*In appropriate circumstances, such procedures include, but are not limited to, assisted ventilation, artificial kidney treatments, intravenous feeding or medication, blood transfusion, tube feeding and other procedures of greater or lesser magnitude that serve only to delay death. However, this Act does not affect the responsibility of the attending physician or other health care provider to provide treatment for a patient’s comfort care or alleviation of pain. Nutrition and hydration shall not be withdrawn or withheld from a qualified patient if the withdrawal or withholding would result in death solely from dehydration or starvation rather than from the existing terminal condition.