A LIVING WILL is a written document which directs your physician to withhold or stop life-sustaining medical procedures if you develop a terminal condition, and cannot state your wishes at the time a decision about those types of procedures must be made.

Rhode Island law suggest a form of living will, but does not require it’s exclusive use. If you decide to sign a Living Will, you may use the ‘Living Will’ form supplied in this document, make your own living will form, or resort to the many resources available on-line.

If you use the form in this document, please read and follow these instructions carefully.

1. Print your name in the first line of the ‘Living Will’ form.
2. Place a check mark in the third paragraph to indicate whether you want artificially administered nutrition and hydration (food & water) to be stopped or withheld like any other life-sustaining treatment. Remember, if you do not want artificial nutrition and hydration, you living will must say so.
3. Complete the day, month and year that you sign at the bottom of this form.
4. Sign your name on the signature line (or if you are unable to do so, have someone do it for you) before two witnesses who know you and are at least 18 years of age.
5. Print your address on the address line.
6. Have the two witnesses sign their names and print their addresses where indicated below your signature. The witnesses may not be related to you by blood or marriage.
7. Give a signed copy of your living will to your physician for your medical records.

Remember, you may revoke your living will at any time, simply by telling your physician not to follow it.
MY LIVING WILL

I, ___________________________, Presently residing at _______________________________ and being an adult of sound mind, make this declaration as a directive to be followed if for any reason I become unable to make or communicate decisions regarding my medical care.

I do not want medical treatment that will keep me alive if I am unconscious and there is no reasonable prospect that I will ever be conscious again (even if I am not going to die soon in my medical condition) or if I am near death from an illness or injury with no reasonable prospect of recovery. The procedures and treatment to be withheld and withdrawn include without limitation, surgery, antibiotics, cardiac and pulmonary resuscitation, respiratory support and artificially administered feed and fluids. I direct that treatment be limited to measures to keep me comfortable and to relieve pain, even if such measures shorten my life.

☐ YES  ☐ NO ________ I wish to live out my last days at home rather than in a hospital, if it does not jeopardize the chance of my recovery to a meaningful and conscious life, and does not impose an undue burden upon my family.

☐ YES  ☐ NO ________ If, upon my death, any of my tissue or organs would be of value for transplantation, therapy, advancement of medical or dental science, research or other medical, educational or scientific purpose, I freely give my permission to the donation of such tissue or organs.

These directions are the exercise of my legal right to refuse treatment. Therefore, I expect my family, physicians, health care facilities, and all concerned with my care to regard themselves legally and morally bound to act in accordance with my wishes, and in so doing, to be free from any liability for having followed my directions.

IN WITNESS WHEREOF, I have executed this declaration, as my free and voluntary act and deed, on this ________________ day of ____________________________, 20________ .

WITNESSES
We acknowledge ‘The Principle’ being referred to in items 1 - 9 as the person who signed their name above; and we the undersigned witnesses, each hereby attest and declare under the penalty of perjury under the laws of the State of Rhode Island and Providence Plantations that:

1. The foregoing instrument was personally signed by the Principal in our presence, and thereupon we, at this his/her request, and in his/her presence – and in the presence of other witnesses, have hereunto subscribed our names as witnesses;
2. We did not sign the above signature of the Principal for or at his/her direction;
3. We personally know the Principal and believe him/her to be of sound mind, and under no constraint, duress, fraud or undue influence;
4. We are not related to the Principal by blood, marriage or adoption;
5. We are not entitled (to the best of our knowledge and belief) to any portion of the estate of the Principal, upon his/her death under any will or claim against any portion of the estate of the Principal;
6. I do not have any present or inchoate claim against my portion of the estate of the Principal;
7. I do not have any financial responsibility for the medical care of the Principal;
8. I am not a physician or an employee of any physician, and I am not an operator or employee of, or patient, in any hospital, health care provider, residential care facility, community care facility or similar institution; and
9. I am at least 18 years of age.

Name ____________________________ Dated ____________________________
Residing at: ________________________________

Name ____________________________ Dated ____________________________
Residing at: ________________________________
UNDERSTANDING LIFE SUPPORT MEASURES

When patients have curable or treatable conditions, life support is used temporarily until the illness or disease can be stabilized and the body can resume normal functioning. Sometimes, the body never regains the ability to function without life support.

When making decisions about specific forms of life support, gather the facts you need to make informed decisions. In particular, understand the benefit as well as the burden the treatment will offer you or your loved one. A treatment may be beneficial if it relieves suffering, restores functioning, or enhances the quality of life. The same treatment can be considered burdensome if it causes pain, prolongs the dying process without offering benefit, or adds to the perception of a diminished quality of life. A person's decision to forgo life support is deeply personal. When gathering information about specific treatments, understand why the treatment is being offered and how it will benefit your care.

COMMONLY USED LIFE SUPPORT MEASURES

Artificial nutrition and hydration: Artificial nutrition and hydration (or tube feeding) supplements or replaces ordinary eating and drinking by giving a chemically balanced mix of nutrients and fluids through a tube placed directly into the stomach, the upper intestine, or a vein. Artificial nutrition and hydration can save lives when used until the body heals. Long-term artificial nutrition and hydration may be given to people with serious intestinal disorders that impair their ability to digest food, thereby helping them to enjoy a quality of life that is important to them. Long-term use of tube feeding frequently is given to people with irreversible and end-stage conditions. Often, the treatment will not reverse the course of the disease itself or improve the quality of life. Some health care facilities and physicians may not agree with stopping or withdrawing tube feeding. Therefore, explore this issue with your loved ones and physician and clearly state your wishes about artificial nutrition and hydration in your advance directive.

Cardiopulmonary resuscitation (CPR) is a group of treatments used when someone's heart and/or breathing stops. CPR is used in an attempt to restart the heart and breathing. Electric shock and drugs also are used frequently to stimulate the heart. When used quickly in response to a sudden event like a heart attack or drowning, CPR can be life saving. But the success rate is extremely low for people who are at the end of a terminal disease process. Critically ill patients who receive CPR have a small chance of recovering and leaving the hospital. If you do not wish to receive CPR under certain circumstances, and you are in the hospital, your doctor must write a separate do-not-resuscitate (DNR) order in your medical record. If you are at home, some states including Ohio allow for a non-hospital or portable DNR order. This order is written by a physician and directs emergency workers not to start CPR.

Mechanical ventilation is used to support or replace the function of the lungs. A machine called a ventilator (or respirator) forces air into the lungs. The ventilator is attached to a tube inserted in the nose or mouth and down into the windpipe (or trachea). Mechanical ventilation often is used to assist a person through a short-term problem or for prolonged periods in which irreversible respiratory failure exists due to injuries to the upper spinal cord or a progressive neurological disease. Some people on long-term mechanical ventilation are able to live a quality of life that is important to them. For a dying patient, however, mechanical ventilation often merely prolongs the dying process until some other body system fails. It may supply oxygen, but it cannot improve the underlying condition. When discussing end-of-life wishes, make clear to loved ones and your physician whether you would want mechanical ventilation if you would never regain the ability to breathe on your own or return to a quality of life acceptable to you.

Kidney dialysis is a life-support treatment that uses a special machine to filter harmful wastes, salt and excess fluid from your blood. This restores the blood to a normal, healthy balance. Dialysis replaces many of the kidneys' important functions for people whose kidneys have stopped working properly. Dialysis is not a cure for kidney failure. If your kidneys do not work and you stop dialysis, your kidneys will continue to fail. You cannot live without at least one functioning kidney, unless you get a kidney transplant. For many people, the benefits of dialysis and the quality of life they experience as a result, outweigh the burdens of dialysis. But for some people, the opposite is true – the burdens of dialysis outweigh the benefits, especially if they have a terminal condition in addition to kidney failure. When discussing end-of-life issues, make clear to your loved ones and your physician whether you would want kidney dialysis, especially if it would not provide you with a quality of life acceptable to you or if it would only prolonging your dying.

STOPPING AND STARTING TREATMENT:

The distinction often is made between not starting treatment and stopping treatment. However, no legal or ethical difference exists between withholding and withdrawing a medical treatment in accord with a patient's wishes. If such a distinction existed in the clinical setting, a patient might forgo treatment that could be beneficial out of fear that once started it could not be stopped. It is legally and ethically appropriate to discontinue medical treatments that no longer are beneficial. It is the underlying disease—not the act of withdrawing treatment—that causes death.