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## Living Will Form | Pennsylvania

**LIVING WILL**

Advance Directive (Medical POA & Liv ✓)

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Updated on May 17th, 2023

**A Pennsylvania living will** is a legal document expressing a patient's instructions regarding life-sustaining treatment when they are terminally ill or permanently unconscious. Any person can legally execute a living will if they are at least 18 years old, have graduated from high school, have married, or are a minor emancipated from their parents.

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- **Signing Requirements (§5442)** – Must be signed by the patient or another person at the patient's direction. Two people at least 18 years of age or older must witness the signature.

## ADVANCE HEALTHCARE DIRECTIVE

### SECTION 3 – LIVING WILL

#### HEALTHCARE TREATMENT INSTRUCTIONS IN THE EVENT OF END-STAGE MEDICAL CONDITION

The following healthcare treatment instructions exercise my right to make my own healthcare decisions. These instructions are intended to provide clear and convincing evidence of my wishes to be followed when I cannot understand, make or communicate my treatment decisions.

**1. If I have an end-stage medical condition which will result in my death, despite the introduction or continuation of medical treatment and there is no realistic hope of significant recovery, then I choose the following** (indicate your choice by initialing your preference):

Initials: \_\_\_\_\_ **I do NOT want aggressive medical care**, and give the following instructions (cross out any treatment instructions with which you do not agree):

i. I direct that I be given healthcare treatment to relieve pain or provide comfort even if such treatment might shorten my life, suppress my appetite or my breathing, or be addictive. Medical or surgical treatment to relieve pain or provide comfort may be given even though I do not want it as a life prolonging procedure.

ii. I direct that all life prolonging procedures be withheld or withdrawn.

OR

Initials: \_\_\_\_\_ **I DO want aggressive medical care**, and give the following instructions:

I wish to receive all medical and surgical treatment needed to keep me alive as long as possible, even though my doctor believes that it will only delay the time of my death or maintain me in a state of permanent unconsciousness, and even though the treatment may cause me pain. In addition, I direct that I be given healthcare treatment to relieve pain or provide comfort provided that it does not hasten my death.

**2. Tube Feeding:** Artificial nutrition (food) or hydration (water) medically supplied by a tube through the nose, stomach, intestine, arteries, or veins.

If I am unable to eat or drink on my own and **I have an end-stage medical condition or I am permanently unconscious** and there is no realistic hope of significant recovery (**Initial one option only**):

Initials: \_\_\_\_\_ **I DO** want tube feedings (nutrition and hydration) to be given.

OR

Initials: \_\_\_\_\_ **I DO** want hydration *only* to be given.

OR

Initials: \_\_\_\_\_ **I do NOT** want tube feedings (nutrition or hydration) to be given.

#### OFFICIAL LIVING WILL FORM

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