

COLORADO
ADVANCE DIRECTIVE FOR MEDICAL / SURGICAL TREATMENT
(Living Will)

This form may be used to make your wishes known about what medical treatment or other care you would or would not want if you become too sick to speak for yourself. You are not required to have an advance directive. If you do have an advance directive, be sure that your doctor, family, and friends know you have one and know where it is located.

Definitions:

Life Sustaining Procedure: Any medical procedure or intervention that, if administered to a qualified patient, would serve only to prolong the dying process. "Life-sustaining procedure" shall not include any medical procedure or intervention for the hydration or nourishment of the qualified patient or considered necessary by the attending physician to provide comfort or alleviate pain.

Persistent Vegetative State: A medical state in which an attending physician and another doctor, qualified to make such diagnosis, agree that within a reasonable degree of medical probability the patient can no longer think, feel anything, knowingly move, or be aware of being alive. The physicians must agree this condition will last indefinitely without hope for improvement and have monitored the patient long enough to make that decision.

Terminal Condition: An incurable or irreversible condition for which the administration of life-sustaining procedures will serve only to postpone the moment of death.

Declaration

I, (print name) _____, being of sound mind and at least eighteen years of age, direct that my life shall not be artificially prolonged under the circumstances set forth below and I hereby declare that:

Terminal Injury, Disease, or Illness

Life-Sustaining Procedures

1. If at any time my attending physician and one other qualified physician certify in writing that:
 - a. I have an injury, disease, or illness which is not curable or reversible and which, in their judgment, is a terminal condition, and
 - b. If I am unable to effectively receive or evaluate information, or communicate decisions concerning my person, then:



_____ (Initials) I direct that life-sustaining procedures shall be withdrawn and/or withheld pursuant to the terms of this declaration, it being understood that life-sustaining procedures shall not include any medical procedure or intervention for nourishment considered necessary by the attending physician to provide comfort or alleviate pain.

_____ (Initials) I direct that life-sustaining procedures shall be continued for a period of not less than _____ days, and if there be no change in my condition which would indicate to my physicians that my prognosis has improved, then I direct that lifesustaining procedures shall be withdrawn and/or withheld pursuant to the terms of this declaration, it being understood that life-sustaining procedures shall not include any medical procedure or intervention for nourishment considered necessary by the attending physician to provide comfort or alleviate pain.

_____ (Initials) I direct that life-sustaining procedures shall be continued indefinitely, regardless of my prognosis.

Artificial Nourishment

2. In the event that the only procedure I am being provided is artificial nourishment, I direct that one of the following actions be taken:

_____ (Initials) Artificial nourishment shall not be continued when it is the only procedure being provided.

_____ (Initials) Artificial nourishment shall be continued for _____ days when it is the only procedure being provided.

_____ (Initials) Artificial nourishment shall be continued when it is the only procedure being provided.

Persistent Vegetative State

Life-Sustaining Procedures

3 If at any time my attending physician and one other qualified physician certify in writing that I am in a persistent vegetative condition:

_____ (Initials) I direct that life-sustaining procedures shall be withdrawn and/or withheld pursuant to the terms of this declaration, it being understood that life-sustaining procedures shall not include any medical procedure or intervention for nourishment considered necessary by the attending physician to provide comfort or alleviate pain.

_____ (Initials) I direct that life-sustaining procedures shall be continued for a period of not less than _____ days, and if there be no change in my condition which would indicate to my physicians that my prognosis has improved, then I direct that lifesustaining procedures shall be withdrawn and/or withheld pursuant to the terms of this declaration, it being understood that life-sustaining procedures shall not include any medical procedure or intervention for nourishment considered necessary by the attending physician to provide comfort or alleviate pain.



_____ (Initials) I direct that life-sustaining procedures shall be continued indefinitely, regardless of my prognosis.

Artificial Nourishment

4. In the event that the only procedure I am being provided is artificial nourishment, I direct that one of the following actions be taken:

_____ (Initials) Artificial nourishment shall not be continued when it is the only procedure being provided.

_____ (Initials) Artificial nourishment shall be continued for _____ days when it is the only procedure being provided.

_____ (Initials) Artificial nourishment shall be continued when it is the only procedure being provided.

Other Directions

If you do not have other directions, place your initials here: No, I do not have any other directions.

5. _____

Resolution with Medical Power of Attorney

I have executed a medical power of attorney, naming an Agent to make medical decisions for me in the event of my inability to make medical decisions for myself. In the event that the decisions of my Agent under medical power of attorney shall conflict with this instrument:

_____ (Initials) My Agent under medical power of attorney shall have the authority to override my preferences as stated in this instrument, whether this instrument was executed before or after appointment of my Agent under medical power of attorney.

_____ (Initials) My preferences as stated in this instrument shall prevail over the wishes of my Agent under medical power of attorney, whether this instrument was executed before or after appointment of my Agent under medical power of attorney..

_____ (Initials) I have not executed a medical power of attorney.

Notification of Interested Parties

In the event that I have a terminal injury, illness or disease, or I am diagnosed as being in a Persistent Vegetative State, I direct my doctor(s) to notify and discuss my medical situation with the following individuals (This direction does NOT authorize these individuals to make medical decisions on my behalf, unless such person(s) also are my Agent under medical power of attorney.):

Name	Relationship	Telephone number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Organ / Tissue Donation

6. In the event of my death, if my organs and/or tissues may be used:

_____ (Initials) I wish to be an organ and/or tissue donor, if medically feasible.

_____ (Initials) I do not wish to be an organ and/or tissue donor.

I execute this declaration, as my free and voluntary act, this ____ day of _____, 200____.

Declarant

Declaration of Witnesses

The foregoing instrument was signed and declared by (print name) _____ to be the declarant's declaration, in the presence of us, who, in the presence of the declarant, in the presence of each other, and at the declarant's request, have signed our names below as witnesses, and we declare that, at the time of the execution of this instrument, the declarant, according to our best knowledge and belief, was of sound mind and under no constraint or undue influence. I did not sign the declarant's signature, and I am not the agent under the declarant's medical durable power of attorney. I am not related to the person by blood, adoption, or marriage, and not entitled to any part of his or her estate. I am at least 18 years of age and am not directly responsible for paying for the declarant's medical care.

Signature of Witness

Address

Signature of Witness

Address