

PENNSYLVANIA ADVANCE DIRECTIVE FOR HEALTH CARE ACT
(Durable Power of Attorney for Healthcare)

I, (fill in your full name) _____, being of sound mind, willfully and voluntarily make this declaration to be followed if I become incompetent/incapacitated. This declaration reflects my firm and settled commitment to refuse life-sustaining treatment under the circumstances indicated below.

I direct my attending physician to withhold or withdraw life-sustaining treatment that serves only to prolong the process of my dying, if I should be in a terminal condition or in a state of permanent unconsciousness.

I direct that treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing life-sustaining treatment. In addition, if I am in the condition described above, I feel especially strongly about the following forms of treatment:

- I do do not want cardiac resuscitation.
- I do do not want mechanical respiration.
- I do do not want tube feeding or any other artificial or invasive form of nutrition (food) or hydration (water).
- I do do not want blood or blood products.
- I do do not want any form of surgery or invasive diagnostic tests.
- I do do not want kidney dialysis.
- I do do not want antibiotics.

I realize that if I do not specifically indicate my preference regarding any of the forms of treatment listed above, I may receive that form of treatment. Other instructions: _____

I do do not want to designate another person as my surrogate to make medical treatment decisions for me if I should be incompetent/incapacitated and in a terminal condition or in a state of permanent unconsciousness.

Name and address of surrogate (if applicable): _____

Name and address of substitute surrogate (if surrogate designated above is unable to serve): _____

I made this declaration on the ____ day of _____ (month and year).

Declarant's signature: _____

Declarant's address: _____

The declarant or the person on behalf of and at the direction of the declarant knowingly and voluntarily signed this writing by signature or mark in my presence.

Name: _____

Name: _____

Signature: _____

Signature: _____

Address: _____

Address: _____