



# Living Will

1. I, (full names) \_\_\_\_\_,

(ID No. \_\_\_\_\_) being of sound mind, willfully and voluntarily make known my desires as set out hereunder and confirm that I am under no constraint or undue influence.

2. I revoke any previous Advance Directive or Living Will I may have made.
3. If the time comes when I lack the capacity to give directions for my health care, this statement shall stand as an expression of my wishes and directions.
4. If I am unable to make decisions only because I am being kept sedated, I would like the sedation lifted so I can rationally consider my situation and decide for myself to accept or refuse a particular therapy.
5. In this Living Will:

5.1 "Doctors" means any one or more of the medical practitioners who may have been or may be called upon to examine me and to give a prognosis of my medical condition; and

5.2 "Systems" means any mechanical or artificial life support systems or the use of drugs for life support.

## 6. Incapability of Decisions

Should I no longer be capable of making decisions for my own future, and should my physical and/or mental condition deteriorate to such an extent that there is no reasonable prospect of my recovery from physical illness, or impairment which is expected to cause me severe distress or to render me incapable of rational existence, I request that:

- 6.1 I be allowed to die. I further request that no systems be used in order to keep me alive in circumstances where, but for the use of such systems, I would have died;
- 6.2 In the event that resuscitation on myself is necessary it should be administered for a duration of no more than three minutes; and
- 6.3 I be given whatever quantity of drugs, which may be required to keep me free from pain or distress, even if the moment of death is hastened thereby.