

Instructions — Declaration to Physicians (Living Will)

Before filling it out — Read the entire document carefully. Be sure you understand what it means and that you are comfortable with its language. Also, if you are or have already completed a Power of Attorney for Health Care, consider whether you need this document. The issues in the Declaration to Physicians also could be addressed in your Power of Attorney for Health Care. If you determine you do need or want this document, proceed.

Filling it out — Print your name in the first blank and then proceed to the check-offs. Paragraph two addresses the question of use of feeding tubes if you have a terminal condition. Paragraph three addresses first the question of life-sustaining procedures and then, separately, feeding tubes, if you are in a persistent vegetative state.

You are now ready for the signing. You and your two witnesses must be together. The witnesses must be at least 18, not be relatives by blood or marriage nor an employee of your health care provider or your health care provider's spouse. (Exception: Social workers and chaplains may witness these documents.) If you are physically unable to sign a declaration, the declaration must be signed in your name by one of the witnesses or some other person at your express direction and in your presence; such a proxy signing must either take place or be acknowledged by you in the presence of two witnesses. Valid witnesses acting in good faith are immune from civil or criminal liability.

After it is completed — Make several copies of the form. Give the original to your physician (if you have a regular physician, as opposed to a clinic), discuss your choices, and ask him or her to honor them if the situations ever arise. You are responsible for notifying your attending physician of the existence of the declaration. An attending physician who is notified must make the declaration part of your medical records. A declaration that is in its original form or is a legible photocopy or electronic facsimile copy is presumed to be valid. Discuss and consider giving copies of

the document to family members and ask them, too, to honor your choices, as indicated on the form. Put one copy in a safe place at home (not in a locked bank box) and give a copy to the hospital that would treat you. You may want to keep a copy in the glove compartment of your car if you travel. You also may, for a small fee, file a copy with the Register-in-Probate in your county's Probate Court office. Complete the wallet card (on the back of this guide) and put it in your wallet.

Definitions

Declaration — a written, witnessed document voluntarily executed by the declarant under State Statute 154.03(1), but is not limited in form or substance to that provided in State Statute 154.03(2).

Department — department of health and family services.

Feeding tube — a medical tube through which nutrition or hydration is administered into the vein, stomach, nose, mouth or other body opening of a qualified patient.

Terminal condition — an incurable condition caused by injury or illness that reasonable medical judgement finds would cause death imminently, so that the application of life-sustaining procedures serves only to postpone the moment of death.

Persistent vegetative state — a condition that reasonable medical judgement finds constitutes complete and irreversible loss of all the functions of the cerebral cortex and results in a complete, chronic and irreversible cessation of all cognitive functioning and consciousness and a complete lack of behavioral responses that indicate cognitive functioning, although autonomic functions continue.

Qualified patient — a declarant who has been diagnosed and certified in writing to be afflicted with a terminal condition or to be in a persistent vegetative state by two physicians, one of whom is the attending physician, who have personally examined the declarant.

Attending physician — a physician licensed under State Statute Chapter 448 who has primary responsibility for the treatment and care of the patient.

Health care professional — a person licensed, certified or registered under State Statutes Chapters 441, 448 or 455.

Inpatient health care facility — has the meaning provided under State Statute 50.135(1) and includes community-based residential facilities as defined in State Statute 50.01(1g).

Life-sustaining procedure — any medical procedure or intervention that, in the judgement of the attending physician, would serve only to prolong the dying process but not avert death when applied to a qualified patient. "Life-sustaining procedure" includes assistance in respiration, artificial maintenance of blood pressure and heart rate, blood transfusion, kidney dialysis and other similar procedures, but does not include (a) The alleviation of pain by administering medication or by performing a medical procedure; (b) The provision of nutrition or hydration.

DECLARATION TO PHYSICIANS (WISCONSIN LIVING WILL)

I, _____, being of sound mind, voluntarily state my desire that my dying not be prolonged under the circumstances specified in this document. Under those circumstances, I direct that I be permitted to die naturally. If I am unable to give directions regarding the use of life-sustaining procedures or feeding tubes, I intend that my family and physician honor this document as the final expression of my legal right to refuse medical or surgical treatment.

1. If I have a **TERMINAL CONDITION**, as determined by 2 physicians who have personally examined me, I do not want my dying to be artificially prolonged and I do not want life-sustaining procedures to be used. In addition, the following are my directions regarding the use of feeding tubes:

_____ YES, I want feeding tubes used if I have a terminal condition.

_____ NO, I do not want feeding tubes used if I have a terminal condition.

If you have not checked either box, feeding tubes will be used.

2. If I am in a **PERSISTENT VEGETATIVE STATE**, as determined by 2 physicians who have personally examined me, the following are my directions regarding the use of life-sustaining procedures:

_____ YES, I want life-sustaining procedures used if I am in a persistent vegetative state .

_____ NO, I do not want life-sustaining procedures used if I am in a persistent vegetative state.

If you have not checked either box, life-sustaining procedures will be used.

3. If I am in a **PERSISTENT VEGETATIVE STATE**, as determined by 2 physicians who have personally examined me, the following are my directions regarding the use of feeding tubes:

_____ YES, I want feeding tubes used if I am in a persistent vegetative state.

_____ NO, I do not want feeding tubes used if I am in a persistent vegetative state.

If you have not checked either box, feeding tubes will be used.

If you are interested in more information about the significant terms used in this document, see section 154.01 of the Wisconsin Statutes or the information accompanying this document.

ATTENTION: You and the 2 witnesses must sign the document at the same time.

Signed _____ Date _____

Address _____ Date of Birth _____

I believe that the person signing this document is of sound mind. I am an adult and am not related to the person signing this document by blood, marriage or adoption. I am not entitled to and do not have a claim on any portion of the person's estate and am not otherwise restricted by law from being a witness.

Witness Signature _____ Date Signed _____

Print Name _____

Witness Signature _____ Date Signed _____

Print Name _____

DIRECTIVES TO ATTENDING PHYSICIAN

1. This document authorizes the withholding or withdrawal of life-sustaining procedures or of feeding tubes when 2 physicians, one of whom is the attending physician, have personally examined and certified in writing that the patient has a terminal condition or is in a persistent vegetative state.

2. The choices in this document were made by a competent adult. Under the law, the patient's stated desires must be followed unless you believe that withholding or withdrawing life-sustaining procedures or feeding tubes would cause the patient pain or reduced comfort and that the pain or discomfort cannot be alleviated through pain relief measures. If the patient's stated desires are that life-sustaining procedures or feeding tubes be used, this directive must be followed.

3. If you feel that you cannot comply with this document, you must make a good faith attempt to transfer the patient to another physician who will comply. Refusal or failure to make a good faith attempt to do so constitutes unprofessional conduct.

4. If you know that the patient is pregnant, this document has no effect during her pregnancy.