
INSTRUCTIONS To Living Will

A living will is a written document which directs your physician to withhold or stop life-sustaining medical procedures if you develop a terminal condition and can't state your wishes at the time a decision about those kinds of procedures must be made.

Rhode Island law suggests a form of living will but does not require its exclusive use. If you decide to sign a living will, you may use the form supplied with these instructions or make your own living will form. If you use this form, please read and follow these instructions carefully.

1. Print your name in the first line of the form.
2. Place a check mark in the third paragraph to indicate whether you want artificially-administered nutrition and hydration (food and water) to be stopped or withheld like any other life-sustaining treatment. Remember, if you do not want artificial nutrition and hydration, your living will must say so.
3. Complete the day, month and year that you sign at the bottom of this form.
4. Sign your name on the signature line (or if you are unable to do so, have someone do it for you) before two (2) witnesses who know you and are at least 18 years old.
5. Print your address on the address line.
6. Have the two (2) witnesses sign their names and print their addresses where indicated below your signature. The witnesses may not be related to you by blood or marriage.
7. Give a signed copy of your living will to your physician for your medical records.

Remember, you may revoke your living will at any time simply by telling your physician not to follow it.

NOTE: This information is provided to make you generally aware of Rhode Island law about living wills and is not intended as legal advice for your particular situation. For legal advice about living wills or your health care rights, you should consult with an attorney.

STATE OF RHODE ISLAND

CHAPTER 23-4.11

A declaration may, but need not, be in the following form:

RIGHTS OF THE TERMINALLY ILL ACT

DECLARATION

I, _____, being of sound mind willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, so hereby declare:

If I should have an incurable or irreversible condition that will cause my death and if I am unable to make decisions regarding my medical treatment, I direct my attending physician to withhold or withdraw procedures that merely prolong the dying process and are not necessary to my comfort, or to alleviate pain.

This authorization includes
does not include

the withholding or withdrawal of artificial feeding. *(check only one box above)*

Signed this _____ day of _____, _____.

Signature of Declarant

Address

The Declarant is personally known to me and voluntarily signed this document in my presence. I am not related to the Declarant by blood or marriage.

Witness

Witness

Address

Address