Northwest Justice Project

May 2020

Health Care Directive (or "Living Will")

What is a Health Care Directive?

It is a form that lets you say what kind of medical treatments you do or do *not* want if you are terminally ill or permanently unconscious and cannot make decisions for yourself. A Health Care Directive also lets you write down your health care values.

What are health care values?

They are your wishes and preferences for health care, including your religious, ethical and personal preferences for care. They should guide health care decisions made for you when you cannot make decisions for yourself in **all** situations, not just if you are terminally ill or permanently unconscious. Some examples of what you can include are:

- "I'm worried about having the feeling of choking. Please do anything you can to relieve me of that stress."
- "I can tolerate a low level of pain – balance pain with keeping my brain clear."
- "Quality of life is more important to me than getting a lot of medical care."
- "What matters to me most is being in a hospital with excellent care."
- "The ability to be in the outdoors is what makes life worth living for me. If my health condition prevents me from being outside at all, then I would no longer want to live."
- "It is important to me to be able to recognize my family and say goodbye."
- "I want to spend my last days at home."
- "In my religion, we . . . (describe your religious traditions regarding health care).
- "I love jazz music and would like to listen to it whenever possible."

Does my Health Care Directive form say *who* will make decisions for me?

No. You will also need a Durable Power of Attorney form. A power of attorney form lets you choose a trusted friend or relative to help you with your health care decisions. You can find Durable Power of Attorney forms at: WashingtonLawHelp.org.

Can I still make my own decisions?

Yes. You can still make your own health care decisions if you are capable. You can also change or cancel your directive at any time.

Does my Health Care Directive form need to be notarized?

You should sign your Health Care Directive form in front of a notary. If you cannot find a notary, you can sign in front of two "disinterested" witnesses.

What should I do after I sign it?

You should give it to your medical provider, your health care agent, and a trusted friend or relative. You should also ask your local hospital if they will put it on file for you.

Are there other kinds of directives?

Yes. There are health care directives that let you say what kind of care you want if you have a mental health disability or dementia. You can find these other directives at: WashingtonLawHelp.org.

What if I need legal help?

Outside King County: Call the CLEAR hotline at 1-888-201-1014 weekdays, 9:15 am-12:15 pm.

King County: Call 211 for information and referral to a legal services provider, weekdays 8:00 am-6:00 pm. You can also call (206) 461-3200 or toll-free 1-877-211-WASH (9274).

You can get info on King County legal service providers at www.resourcehouse.com/win211/.
Deaf, hard of hearing or speech impaired callers can call CLEAR or 211 (or toll-free 1-877-211-9274) using the relay service of their choice.

CLEAR and 211 will conference in free interpreters when needed.

Free legal education publications, videos and self-help packets covering many legal issues are available at WashingtonLawHelp.org.

Health Care Directive
of

_____

[My Name]

I am of sound mind and body and voluntarily execute this health care directive. If I cannot make decisions for myself about life sustaining medical treatment, my relatives, friends, agents and medical providers should fully honor every part of this directive. If any part of this directive is invalid, the remainder should be honored. I revoke any health care directives I have signed in the past.

1. **Withhold or Withdraw Treatment.** If my attending physician diagnoses me with a **terminal condition**, or if two physicians determine that I am in a **permanent unconscious condition**, and if my physician(s) determine that life-sustaining treatment would only artificially prolong the process of dying, the following treatment should be withheld or withdrawn from me:
   (check all that apply)

   ☐ Artificial nutrition

   ☐ Artificial hydration

   ☐ Artificial respiration

   ☐ Cardiopulmonary Resuscitation (CPR), including artificial ventilation, heart regulating drugs, diuretics, stimulants, or any other treatment for heart failure

   ☐ Surgery to prolong my life or keep me alive

   ☐ Blood dialysis or filtration for lost kidney function

   ☐ Blood transfusion to replace lost or contaminated blood

   ☐ Medication used to prolong life, not for controlling pain

   ☐ Any other medical treatment used to prolong my life or keep me alive artificially

2. **Comfort Care and Pain Medication.** If I appear to be experiencing pain or discomfort, I want treatment and medications to make me comfortable, even if my medical providers believe it might unintentionally hasten my death.

3. **Health Care Institutions.** If I am admitted to a hospital or other medical institution that will not honor this directive due to religious or other beliefs: (1) my consent to admission is not implied consent to treatment, and (2) I want to be transferred as soon as possible to a hospital or other medical institution that will honor my directive.

My Name: _____ My Date of Birth: _____

4. Changes and Revocation. I understand that I can change the wording of this directive before I sign it. I also understand that I can revoke this directive at any time.

5. Health Care Values: The following wishes and preferences should guide all decisions made about my care:

My Name: _____ My Date of Birth: _____

_____ _____

My Signature Date

Notarization (preferred)

State of Washington
County of _____

I certify that I know or have satisfactory evidence that_____, is the person who appeared before me, signed above, and acknowledged that the signing was done freely and voluntarily for the purposes mentioned in this instrument.

_____ _____

Date Signature of Notary
NOTARY PUBLIC for the State of Washington.
My commission expires _____.

Statement of Witnesses (alternative)

On _____, the declarer of this document signed it in my presence. I believe the declarer is able to make health care decisions, to understand this document, and to have signed it voluntarily.

- I am not related by blood or marriage to the declarer.
- I am not now entitled to receive any portion of the declarer's estate, either by will or by operation of law, or as a result of any claim against the declarer.
- I am not the declarer's attending physician or an employee of that physician or of a health facility in which the declarer is a patient.

Witness 1 Witness 2

_____ _____

Signature Signature

_____ _____

Print Name Print Name

_____ _____

Address Address

My Name: _____ My Date of Birth: _____

Health Care Directive Contact Information

My name – first, middle, last	
My date of birth	My primary care medical provider
My phone number	My email address
My mailing address	

☐ I have a Durable Power of Attorney form that lets someone else (my "agent") make health care decisions for me if I am not able.

My health care agent's name	
My agent's relationship to me (e.g. friend, partner, spouse, sister, etc.)	
My agent's phone number	My agent's email address

My alternate health care agent's name	
My alternate agent's relationship to me (e.g. friend, partner, spouse, sister, etc.)	
My alternate agent's phone number	My alternate agent's email address

My Name: _____ My Date of Birth: _____

Glossary

Here are some terms you may find helpful when reading a health care directive:

- Attending Physician: the physician selected by, or assigned to you and who has primary responsibility for your treatment and care.

- Disinterested Witness: a person who is not related to you, will not inherit from you, and is not your medical provider.

- Life-sustaining treatment: any mechanical or artificial medical intervention that, when applied to a person diagnosed with a terminal condition or a person in a permanent unconscious condition, would only prolong the process of dying. Life-sustaining treatment does not include medication or medical intervention necessary to alleviate pain only.

- Permanent unconscious condition: an incurable and irreversible condition; a condition where a person has no reasonable probability of recovery from an irreversible coma or a persistent vegetative state according to reasonable medical judgment.

- Physician: a person licensed under Washington State physician and osteopathy laws.

- Revoke: to cancel.

- Terminal condition: an incurable and irreversible condition caused by injury, disease, or illness, that will cause death within a reasonable period of time according to accepted medical standards, and where the application of life-sustaining treatment serves only to prolong the process of dying.