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ADVANCE HEALTH-CARE DIRECTIVE

I, being of sound mind, willfully and voluntarily make this declaration to be followed if I become incompetent. This declaration reflects my firm and settled commitment to refuse life-sustaining treatment under the circumstances indicated below.

END-OF-LIFE DECISIONS: If I am in a qualifying condition, I direct that my health-care providers and others involved in my care provide, withhold, or withdraw treatment in accordance with the choice I have marked below:

Choice Not To Prolong Life

I do not want my life prolonged if: (please check all that apply)

_____(a) I have a terminal condition (an incurable condition caused by injury, disease, or illness, which, to all reasonable degree of medical certainty, makes death imminent and from which, despite the application of life-sustaining procedures, there can be no recovery), and regarding artificial nutrition and hydration, I make the following specific directions:

	I want used	I do not want used
Artificial nutrition through a conduit	_____	_____
Hydration through a conduit	_____	_____

_____(b) I become permanently unconscious (a medical condition that has been diagnosed in accordance with currently accepted medical standards that has lasted at least 4 weeks and with reasonable medical certainty as total and irrevocable loss of consciousness and capacity for interaction with the environment. The term includes, without limitation, a persistent vegetative state or irreversible coma), and regarding artificial nutrition and hydration, I make the following specific directions:

	I want used	I do not want used
Artificial nutrition through a conduit	_____	_____
Hydration through a conduit	_____	_____

Choice To Prolong Life

_____I want my life to be prolonged as long as possible within the limits of generally accepted health-care standards.

RELIEF FROM PAIN: Except as I state in the following space, I direct treatment for alleviation of pain or discomfort be provided at all times, even if it hastens my death: (Add additional sheets if necessary)

SIGNATURE OF DECLARANT: Sign and date form here: I understand the purpose and effect of this document.

_____ (date)

_____ (sign your name)

_____ (address)

_____ (print your name)

_____ (city)

_____ (state) (zip code)

STATEMENT AND SIGNATURES OF WITNESSES:

SIGNED AND DECLARED by the above-named declarant as and for his/her written declaration under 16 Del. C. § 2502, 2503, in our presence, who in his/her presence, at his/her request, and in the presence of each other, have hereunto subscribed our names as witnesses and state:

A. That the Declarant is mentally competent.

B. That neither of the witnesses:

1) Is related to the declarant by blood, marriage or adoption;
2) Is entitled to any portion of the estate of the declarant under any will of the declarant or codicil thereto then existing nor, at the time of the executing of the advance health-care directive, is so entitled by operation of law then existing;
3) Has, at the time of the execution of the advance health-care directive, a present or inchoate claim against any portion of the estate of the declarant;
4) Has a direct financial responsibility for the declarantís medical care;
5) Has a controlling interest in or is an operator or an employee of a residential long-term health-care institution in which the declarant is a resident , or
6) Is under eighteen years of age;

C. That if the declarant is a resident of a sanitarium, rest home, nursing home, boarding home or related institution, one of the witnesses, _____, is at the time of the execution of the advance health-care directive, a patient advocate or ombudsman designated by the Division of Services for Aging and Adults with Physical Disabilities of the Public Guardian.

First Witness

_____ (print name)

_____ (address) (city, state, zip code)

_____ (signature of witness) (date)

I am not prohibited by s 2503 of Title 16 of the Delaware Code from being a witness.

Second Witness

_____ (print name)

_____ (address) (city, state, zip code)

_____ (signature of witness) (date)

I am not prohibited by s 2503 of Title 16 of the Delaware Code from being a witness.