CLAY COUNTY
MEDICAL CENTER
Our Family. Caring for Yours.

PATIENT SELF DETERMINATION

I, the undersigned,_____, Date of Birth _____, being of
(Name) (MM/DD/YYYY)

sound mind, willfully and voluntarily request the following is a statement of my treatment wishes if I lack the capacity to make or communicate decisions regarding my health care treatment. I place much importance on my ability to live a meaningful life, to interact with others, to care for myself, and to engage in intellectual activity. I do not desire to live life in any condition in which I have little or no chance of regaining sufficient mental faculties to interact with others in a meaningful manner.

****IF THERE IS A PHRASE, STATEMENT, OR SECTION BELOW WITH WHICH YOU DO NOT AGREE, DRAW A LINE THROUGH IT AND ADD YOUR INITIALS.**

Therefore, I direct that all life-prolonging procedures be withheld or withdrawn when there is no hope of significant recovery and I have:

- **a terminal condition, or**
- **a condition, disease, or injury without reasonable expectation that I will regain an acceptable quality of life, or**
- **substantial brain damage or brain disease that cannot be significantly reversed.**

When any of the above conditions exist, I choose to have the following life-prolonging procedures withheld or withdrawn:

- **surgery**
- **dialysis**
- **heart-lung resuscitation ("CPR")**
- **antibiotics**
- **mechanical ventilator (respirator)**
- **tube feeding (food and water delivered through a tube in the veins, nose, or stomach)**
- **other** _____

_____

I direct I be given health care treatment to relieve pain or to provide comfort, even if such treatment might shorten my life, suppress my appetite or my breathing, or be habit-forming.

I have read these instructions and have given them careful consideration, and they are in accordance with my wishes.

Dated:_____ 20_____ _____
Declarant

_____ _____
Witness Date Witness Date

STATE OF KANSAS, COUNTY OF CLAY, ss:

The foregoing instrument was acknowledged before me this _____day of_____, 20____,

by_____.

(notary stamp) _____
Notary Public