

**Directive To My Family And My Physicians  
Concerning Life-Sustaining Procedures  
For**

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I have a basic legal right to decide about my medical care. I believe death is a natural process, even though modern medicine might sometimes be able to keep me alive. Therefore, I now state that in the following circumstances, I want to be allowed to die in peace and comfort, and I do not want my life artificially prolonged. I have thought about this decision and I voluntarily make this directive under the laws of the State of Washington, RCW 70.122.

(1) If two doctors agree that I will die from an incurable injury, disease or illness, and if I will die soon whether or not life-sustaining procedures are used on me, then I do not want life-sustaining procedures to be used except as I have indicated in the following paragraph.

(2) In my opinion, some procedures may either make me more comfortable before I die or they may keep me alive more than for a short while. I have marked the procedures that I want to be used on me:

YES NO

\_\_\_ \_\_\_ **Hydration:** providing liquids for my body either through my mouth or through tubes.

\_\_\_ \_\_\_ **Antibiotics:** medication to prevent or treat infection.

\_\_\_ \_\_\_ **Oxygen:** when it is hard for me to breathe well.

\_\_\_ \_\_\_ **Pain Medication:** to reduce or eliminate pain.

\_\_\_ \_\_\_ **Suction of air passages:** mechanical suction that clears my nose, mouth, or airways so I can breathe more easily.

\_\_\_ \_\_\_ **Respirator:** mechanical help to keep me breathing.

\_\_\_ \_\_\_ **Naso-gastric tube (NGT):** a tube through my nose for feeding me when I cannot eat through my mouth,

\_\_\_ \_\_\_ **Transfer:** moving to another facility that can better care for my needs.

\_\_\_ \_\_\_ **Die at Home:** It is my wish to be able to die at my home. Therefore, I request that if I am in a health care facility that I be discharged to return to my home to die when either I, my family or my friends have made arrangements for my home care.

\_\_\_ \_\_\_ **Other:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(3) Even after I sign this directive, I have a legal right to change my mind. I can change my mind by destroying this document or by saying or writing that I want to. If I change my mind by speaking or writing, either I or someone acting for me, must let the doctor in charge of my care know about it.

(4) If I can, I want to decide as needed about using any life-sustaining procedures. But if I cannot give directions, I want my family and my doctors to follow this directive. I have a legal right to choose or refuse medical treatment. This directive is my final decision about life-sustaining procedures. I accept the results of my decision.

(5) This directive does not apply while I am pregnant, if my doctor knows that I am pregnant.

(6) If my doctor refuses to follow this directive, I request that he or she make a reasonable effort, as the law requires, to transfer me to the care of another doctor who will carry out my wishes.

(7) I understand the meaning of these decisions. I am mentally and emotionally competent to make this directive.

DATED this \_\_\_\_ day of \_\_\_\_\_ 2001.

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Print Name

Bellingham, Whatcom County, Washington

Each of the undersigned, in the presence of the person making this directive and under penalty of perjury under the laws of Washington, states as follows:

I am over the age of eighteen (18) years. I am not related to the person making this directive and I am not entitled to any portion of that person's estate. I am not the attending physician, nor am I employed by the attending physician or by the health facility in which the person making this directive is a patient. I am competent to be a witness.

I have personally known \_\_\_\_\_, whom I believe to be of sound mind and who signed this directive in my presence.

WITNESS:

WITNESS:

\_\_\_\_\_  
\_\_\_\_\_  
NOTICE TO PHYSICIANS: Pursuant to RCW 70.122, this directive is conclusively presumed to be the directions of the signed patient regarding life-sustaining procedures, unless it has been revoked. No health facility, physician, or licensed health personnel acting under a physician's direction can be subject to civil, criminal, or professional penalty as a result of relying in good faith on this directive. A physician refusing to follow this directive is required to make a good faith effort to transfer the signed patient to a physician who will do so.