

# Directive to My Family and My Physicians Concerning Life-Sustaining Procedures

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This directive complies with all requirements of the Washington Natural Death Act,  
RCW 70.122

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## Notice To Physicians:

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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is conclusively presumed to be the directions of the signed patient regarding life-sustaining procedures, unless it has been revoked.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.

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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 Washington, RCW 70.122.

1. If the doctor in charge of my care and one other doctor 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, then I do not want life-sustaining procedures to be used on me.
2. If I am terminally ill, I specifically do not want the life-sustaining procedures I have marked below:
  - Cardiopulmonary resuscitation (CPR):** manual or mechanical efforts to restore my heart beat or breathing after it has stopped.
  - Respirator:** mechanical help to keep me breathing.
  - Oxygen:** when it is hard for me to breath well.
  - Suction of air passages:** mechanical suction that clears my nose, mouth, or airways so I can breathe more easily.
  - Naso-gastric tube:** a tube through my nose for feeding me when I cannot eat through my mouth.
  - Gastrostomy tube:** a tube through my abdomen for feeding me.
  - Artificial hydration:** providing liquids for my body either through my mouth, through tubes or intravenously.
  - Kidney dialysis:** mechanical process for cleaning my blood when my kidneys are not functioning well.
  - Antibiotics:** medication to prevent or treat infection.
  - Transfer:** moving to another facility that can better care for my needs.
  - Other (please list):**

3. Even when I am terminally ill, I want to receive care that will relieve pain, make me comfortable, or maintain my dignity. This care may include regular bathing, turning in bed, pain medication, and other measures that are not life-sustaining.
4. 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 have changed my mind. 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.
5. 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.
6. This directive does not apply while I am pregnant, if my doctors know that I'm pregnant.
7. I understand the meaning of these decisions. I am mentally and emotionally competent to make this directive.
8. I request that the doctor in charge of my care make this directive a permanent part of my medical records, as required by law. When my doctor and another doctor who has examined me agree that I am terminally ill, I also request that they state my condition in writing and attach their statement to this directive in my medical records.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

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

Witness	Witness
Address	Address
Date	Date