

# **TxPOWERDOCS**

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*Documents for Life*

## **Directive to Physicians (Living Will) Worksheet**

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The Directive to Physicians (Living Will) is designed to help you communicate your wishes about medical treatment you are unable to make your wishes known because of illness or injury.

You are encouraged to discuss your values and wishes with your family or chosen spokesperson, as well as your physician. Your physician, other health care provider, or medical institution may provide you with various resources to assist you in completing your Directive to Physicians. Brief definitions are listed below and may aid you in your discussions and advance planning.

This advance directive includes two possible situations.

If, in the judgment of your physician, you are suffering with:

- a terminal condition from which you are expected to die within six months, even with available life-sustaining treatment provided in accordance with prevailing standards of medical care
- an irreversible condition so that you cannot care for yourself or make decisions for yourself and are expected to die without life-sustaining treatment provided in accordance with prevailing standards of medical care

Then you can request that:

- all treatments other than those needed to keep you comfortable be discontinued or withheld and your physician be allowed to let you die as gently as possible
- you be kept alive in this terminal condition using available life-sustaining treatment unless you are in Hospice Care

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### **Personal Information**

In the space below, enter your full legal name and initials as you would like for it to appear on your Directive to Physician (Living Will) document.

#### **Your Full Legal Name (ADVD) \***

First Name
Middle Name (optional)
Last Name

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Suffix (optional)

**Your Initials (ADVD) \***

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**Actions**

This advance directive includes two possible situations.

If, in the judgment of your physician, you are suffering with a **terminal condition** from which you are expected to die within six months, even with available life-sustaining treatment provided in accordance with prevailing standards of medical care, then you can select one of the following:

<input type="checkbox"/>	all treatments other than those needed to keep you comfortable be discontinued or withheld and your physician be allowed to let you die as gently as possible
<input type="checkbox"/>	be kept alive in this terminal condition using available life-sustaining treatment unless you are in Hospice Care

-OR-

If, in the judgment of your physician, you are suffering with an **irreversible condition** so that you cannot care for yourself or make decisions for yourself and are expected to die without life-sustaining treatment provided in accordance with prevailing standards of medical care, then you can select one of the following:

<input type="checkbox"/>	all treatments other than those needed to keep you comfortable be discontinued or withheld and your physician be allowed to let you die as gently as possible
<input type="checkbox"/>	be kept alive in this terminal condition using available life-sustaining treatment unless you are in Hospice Care

This advance directive includes a place where, after discussion with your physician, you may list particular treatments that you do or do not want in specific circumstances, such as artificially administered nutrition and hydration, intravenous antibiotics, etc. Be sure to state whether you do or do not want the particular treatment.

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You acknowledge in this advance directive that if, in the judgment of your physician, your death is imminent within minutes to hours, even with the use of all available medical treatment provided within the prevailing standard of care, all treatments may be withheld or removed

except those needed to maintain your comfort. You acknowledge your understanding that under Texas law this directive has no effect if you have been diagnosed as pregnant. This directive will remain in effect until you revoke it. No other person may do so.