

**DIRECTIVE TO PHYSICIAN, FRIENDS, AND NEXT OF KIN**

Directive made this \_\_\_\_\_ day of \_\_\_\_\_, 2005.

I, \_\_\_\_\_, being of sound mind, willfully and voluntarily make known my desire that my life shall not be artificially prolonged under the circumstances set forth below, and do hereby declare:

"1. If at any time I should have an incurable or irreversible condition caused by injury, disease, or illness certified to be a terminal condition by two physicians, and where the application of life-sustaining procedures would serve only to artificially prolong the moment of my death and where my attending physician determines that my death is imminent or will result within a relatively short time without application of life-sustaining procedures, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally. However, my physician is hereby authorized to give such medication necessary to provide for my reasonable comfort until death.

"2. In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this Directive shall be honored by my family and physicians as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.

"3. This Directive shall be in effect until it is revoked.

"4. I understand the full importance of this Directive and I am emotionally and mentally competent to make this Directive.

"5. I understand that I may revoke this Directive at any time.

"6. I understand that if I become incapable of communication, my physician will comply with this Directive.

"7. I direct that photocopies of this document shall be deemed to have the same force and effect as the original.

"8. My residence address is \_\_\_\_\_, \_\_\_\_\_, Texas \_\_\_\_\_,  
\_\_\_\_\_ County, Texas."

SIGNED on \_\_\_\_\_, 2005.

\_\_\_\_\_  
\_\_\_\_\_, Declarant

I am not a person designated by the Declarant to make a treatment decision. I am not related to the Declarant by blood or marriage. I would not be entitled to any portion of the Declarant's estate on the Declarant's death. I am not the attending physician of the Declarant or an employee of the attending physician. I have no claim against any portion of the Declarant's estate on the Declarant's death. Furthermore, if I am an employee of a health care facility in which the Declarant is a patient, I am not involved in providing direct patient care to the Declarant and am not an officer, director, partner, or business office employee of the health care facility or of any parent organization of the health care facility.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

**STATE OF TEXAS**

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**COUNTY OF \_\_\_\_\_**

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**BEFORE ME**, the undersigned authority, on this day personally appeared \_\_\_\_\_ and \_\_\_\_\_, known to me to be the Declarant and Witnesses whose names are subscribed to the foregoing instrument in their respective capacities, and, all of said persons being by me duly sworn, the Declarant, \_\_\_\_\_, declared to me and to the said Witnesses in my presence that said instrument is her Directive to Physicians, friends, and next of kin, and she had willingly and voluntarily made and executed it as her free act and deed for the purposes therein expressed.

\_\_\_\_\_  
\_\_\_\_\_, **Declarant**

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

**SUBSCRIBED AND ACKNOWLEDGED BEFORE ME** by the said Declarant,  
\_\_\_\_\_, and by the said Witnesses,  
\_\_\_\_\_ and \_\_\_\_\_ on  
this the \_\_\_\_\_ day of \_\_\_\_\_, 2005.

\_\_\_\_\_  
**Notary Public, State of Texas**

PREPARED IN THE OFFICE OF:

Shelly B. West  
One Meadows Building  
5005 Greenville Ave, Suite 200  
Dallas, Texas 75206  
(214) 373-9292

### Definitions for Directive to Physicians, Family or Surrogates

“Artificial nutrition and hydration” means the provision of nutrients or fluids by a tube inserted in a vein, under the skin in the subcutaneous tissues, or in the stomach (gastrointestinal tract).

“Irreversible condition” means a condition, injury or illness:

- (1) that may be treated, but is never cured or eliminated;
- (2) that leaves a person unable to care for or make decisions for the person’s own self; and,
- (3) that, without life-sustaining treatment provided in accordance with the prevailing standard of medical care, is fatal.

Explanation: Many serious illnesses such as cancer, failure of major organs (kidney, heart, liver, or lung), and serious brain disease such as Alzheimer’s dementia may be considered irreversible early on. There is no cure, but the patient may be kept alive for prolonged periods of time if the patient receives life-sustaining treatments. Late in the course of the same illness, the disease may be considered terminal when, even with treatment, the patient is expected to die. You may wish to consider which burdens of treatment you would be willing to accept in an effort to achieve a particular outcome. This is a very personal decision that you may wish to discuss with your physician, family, or other important persons in your life.

“Life-sustaining treatment” means treatment that, based on reasonable medical judgment, sustains the life of a patient and without which the patient will die. The term includes both life-sustaining medications and artificial hydration and nutrition. The term does not include the administration of pain management medication, the performance of a medical procedure necessary to provide comfort, care, or any other medical care provided to alleviate a patient’s pain.

“Terminal condition” means an incurable condition caused by injury, disease, or illness that according to reasonable medical judgment, will produce death within six months, even with available life-sustaining treatment provided in accordance with the prevailing standard of medical care.

Explanation: Many serious illnesses may be considered irreversible early in the course of the illness, but they may not be considered terminal until the disease is fairly advanced. In thinking about terminal illness and its treatment, you again may wish to consider the relative benefits and burdens of treatment and discuss your wishes with your physician, family, or other important persons in your life.

I have read and understand the above.

\_\_\_\_\_  
\_\_\_\_\_, Declarant

Date: \_\_\_\_\_, 2005