

LIVING WILL

TO MY FAMILY, MY PHYSICIAN, MY LAWYER, MY CLERIC, TO ANY MEDICAL FACILITY IN WHOSE CARE I HAPPEN TO BE, AND TO ANY INDIVIDUAL WHO MAY BECOME RESPONSIBLE FOR MY HEALTH, WELFARE, OR AFFAIRS:

Name: _____ [give full name]

Address: _____ [give full address]
_____, New Brunswick

Date of birth: _____ Phone: (_____) _____

I, the above named maker of this Living Will, being of sound mind, and over the age of 16 years, request that you follow my wishes and execute this directive, to the best of your ability, in the event that I become unable to make health decisions for myself.

1. If at any time I should be certified by my attending physician and one (1) other physician who have both personally examined me to have a terminal condition or to be in a persistent vegetative state with no reasonable expectation of recovery, I would like my physician to:
[Choose the appropriate option and delete the other.]
 - Continue to use all available resources to keep me alive, if considered medically reasonable in the circumstances.
 - Withhold or withdraw treatment that artificially prolongs the moment of my death, taking into account the specific instructions given below, and permit me to die naturally with only the administration of medication and care necessary to keep me comfortable and alleviate pain.
2. Specific Instructions: *[optional - if there are none, state "None" below, and delete the balance of this paragraph. Otherwise, if there are certain treatments or procedures you do not want, specify them below and delete any that you DO WANT.]*

If I am in a terminal condition or in an irreversible coma or in a persistent vegetative state that my doctors reasonably feel to be irreversible or incurable, I **DO NOT** want the following:

- Cardiopulmonary resuscitation, for example, the use of drugs, electric shock and artificial breathing.
 - Tube feeding.
 - Hydration.
 - Blood or blood products.
 - Invasive surgery and tests.
 - Antibiotics.
 - To be taken to a hospital if at all avoidable, as it is my wish to be cared for at home if it is possible to do so.
3. In the absence of my ability to give directions regarding the use of such life sustaining procedures, it is my intention that this Living Will be honored by my family and physicians as the final expression of my wishes to refuse medical or surgical treatment and accept the consequences from that refusal.

THIS IS A 5-PAGE FILE.