
LIVING WILL
Made Pursuant to Section 12.1 of the
Health Care (Consent) and Care Facility (Admission) Act,
RSBC 1996 Chapter 181 and amendments thereto

PERSONAL DECLARATION OF _____
(Print Name of Person Making Living Will)

DESIRING A NATURAL DEATH WITH DIGNITY

TO: My family, my physician, any representative I have named, the committee of my person, if any, the Public Guardian and Trustee, any medical facility in whose care I may be, any other person who may become responsible for my health care, and any other person whom it may concern:

I, _____ of _____
Full Legal Name Street Address

Town/City

Postal Code

wish to state my strongly held beliefs and convictions with regard to life-sustaining medical treatment.

If the time comes when I can no longer take part in decisions for my own future, I wish this statement to stand as an expression of my wishes made while I am still capable.

If a situation should arise in which there is no reasonable expectation of my recovery from extreme physical or mental disability and my death is otherwise imminent, I want to be allowed to die and not be kept alive by artificial means or "heroic measures". In those circumstances, I want my care to be limited to support and comfort only and do not want any active resuscitation undertaken.

I believe that while no one should hasten death, if it is imminent, it should be allowed to come mercifully and painlessly. I believe that the indignity of deterioration, dependence, and hopeless pain is to be feared more than death. I, therefore, want medication mercifully administered to me to alleviate suffering even though this may hasten my death.

I have carefully considered these wishes. I appreciate that any attempt to countermand this declaration may be well intentioned and, therefore, confirm that I fully understand the

implications of this declaration. I have made this declaration to ease the emotional anguish of those who have to determine if intervention should be undertaken and to place the responsibility for the decision solely upon myself.

Signed on _____ (MM/DD/YY).

We were both present, at the request of

Name of Person Making Living Will (*Please Print*)

Signature of Person Making Living Will

when this declaration was signed. We then signed as witnesses in the presence of each other.

Signature of Witness

Signature of Witness

Full Legal Name

Full Legal Name

Address (Street)

Address (Street)

City

City

Occupation

Occupation

Living Will provided by:

**Sandrock McCrea Law
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