

ADVANCE HEALTH CARE DIRECTIVE / LIVING WILL

In the event that time comes and I am incapacitated to the point that I am no longer able to actively take part in decisions for my own life and I am unable to direct my healthcare physician as to my own medical care, I hereby authorize this living will as my Advance Health Care Directive to stand as a testament of my wishes.

I, (Name), Son/Daughter of
..... (Name) residing at

and with telephone number and Aadhar Number.....,

being of sound mind and active willingly and without duress, fraud or undue influence direct that the instructions provided herein are to be recognized as a formal statement of my desires with regard to my health care, custody and medical treatment, and as such hereby voluntarily declare and make this designation with regard to my Living Will (aka Advance Health Care Directive and / or Health Care Proxy). These instructions and directives shall be binding upon all involved to the fullest extent allowable by law.

DESIGNATION OF HEALTH CARE ADVOCATE / PROXY

I, herein designate my

..... (relation, name & full

address) whose telephone number is as my advocate/proxy to make any and all health care decisions on my behalf should I ever be diagnosed with a terminal illness, disease, injury or should I become incapacitated or permanently unconscious (in a coma or permanent vegetative condition) where I would remain permanently unable to make decisions.

I have specific directives regarding the delivery of medical care in certain health care conditions. Therefore, I wish to direct my medical treatment by way of the following conditions.

LIFE-SUSTAINING MEDICAL TREATMENT

Should any of the aforementioned events occur, I wish to leave the following directives regarding the treatment and procedures which may be used withheld or withdrawn:

1. In the event I have to be given special care to my health due to some serious illness, I wish not to be admitted in the ICU or Ventilator.
2. If necessary, morphine may be given for controlling the pain.
3. In the event I develop dementia and reach a state where I could not make any oral feed, I wish not to have tube feeds.
4. If I become too sick to take oral feeds due to age related facility, I wish not to have tube feeds even if it may hasten my death.
5. If I am diagnosed with cancer affecting my brain and I slip into coma, I wish not to have tube feeds and tubes if any in place should be removed. If I become comatose following a stroke or head injury and remain in coma for more than a week, I wish to have no tube feeding even if it may hasten my death
6. If I become comatose following a stroke or head injury and remain in coma for more than a week, I wish to have no tube feeding even if it may hasten my death.
7. If I become bedridden due to age related frailty, dementia, multiple strokes, head injury or terminal cancer, I wish not to have antibiotics for chest infection even if it may hasten my death.

8. If I become bedridden due to age related frailty, dementia, multiple strokes, head injury or terminal cancer, and I develop low oxygen levels in blood, develop low sodium in blood, I wish not to have correction of low sodium state by IV fluids.
9. If I become bedridden due to age related frailty, dementia, multiple strokes, head injury or terminal cancer, and I develop low oxygen levels in blood, I wish not to have ventilator support even if it may hasten my death.
10. If I become bedridden due to age related frailty, dementia, multiple strokes, head injury or terminal cancer, and I develop low oxygen levels in blood and I develop end stage renal disease, I wish not to have dialysis even if it may hasten my death.
11. If I become bedridden due to age related frailty, dementia, multiple strokes, head injury or terminal cancer, and I develop low oxygen levels in blood and I develop sudden cardiac arrest, I wish not to undergo cardiopulmonary resuscitation even if it may hasten my death.
12. If I become bedridden due to age related frailty, dementia, multiple strokes, head injury or terminal cancer, and I develop low oxygen levels in blood and I develop anaemia, I wish not to have blood transfusion.
13. If I become bedridden due to age related frailty, dementia, multiple strokes, head injury or terminal cancer, and I develop low oxygen levels in blood and I develop organ failures, I wish not to have organ transplantation.
14. I wish to have palliative care until death.

By signature below in front of the witness identified below, I hereby execute and subscribe to the declaration made in this Living Will both freely and voluntarily and wholeheartedly request that my family, physician(s), attorney and any other individuals who may in the future become responsible for my health and well-being and any decision related thereto whether partly or fully, all abide by my wishes as stated herein.

Signature –

..... (Name) Dated.....

This living will was signed by (Name) in the presence of the following individuals who by their signatures below confirm that (name) was, at the time this document was signed, of sound mind, memory, deposition, understanding and able to understand the weight of this death care decision, and not under any improper influence. The undersigned witnesses have subscribed this document in’s presence and in each other’s presence at’s request.

Signature, Name and address of Witnesses with Date

1.

2.

This Living Will has been signed by the above persons in my presence.