

Third Parties Making Health Care and End of Life Decisions

- I. Judgment of Third Parties
- II. Who Are the Third Parties?
- III. Types of Documents Third Parties Need to Make Health Care Decisions

I am mainly going to be discussing Florida Statutes Chapter 765 titled “Health Care Advance Directives” and provisions under Chapter 744 pertaining to Guardians making health care decisions. This Act was originally enacted in 1984 by Chapter 84-58 Laws of Florida. In 1992 the legislature drastically amended this Act with provisions of withholding or withdrawing life-prolonging procedures. Chapter 765 also deals with health care surrogates, health care proxy and anatomical gifts.

When a person is incapable, unwilling or refuses to make their own health care decisions, then there are designated third parties that can step in legally and make those decisions for the individual. However, when a third party does make a health care decision there are limitations, standards and possible steps they must follow in order to make such health care decisions.

That being said, there are two standards at play when third parties make health care decisions and end of life decisions for another, i.e. substituted judgment and best interest of the principal. *In RE: Guardianship of Browning*, 568 So.2d 4 (Fla. 1990), the Florida Supreme Court found that when the patient has left instructions regarding life sustaining treatment, the surrogate must make the medical choice that the patient would have made if competent. The third party must substitute the judgment of the principal for their own as opposed to making a decisions the third party believes to be in the best interest of the principal.

If there is evidence as to what a principal would have wanted, that prevails. The third party must look to any evidence of the principal’s wishes and then substitute the principal’s judgment for their own. If there is no evidence, then the third party decision maker “may consider the patient’s best interest.”

Some definitions that are crucial to understanding the Health Care Advance Directives Act directing these third parties are found in 765.101:

(1) “Advance directive” means a witnessed written document or oral statement in which instructions are given by a principal or in which the principal’s desires are expressed concerning any aspect of the principal’s health care, and includes, but is not limited to, the designation of a health care surrogate, a living will, or an anatomical gift made pursuant to part V of this chapter.

(4) “End-stage condition” means an irreversible condition that is caused by injury, disease, or illness which has resulted in progressively severe and permanent deterioration, and which, to a reasonable degree of medical probability, treatment of the condition would be ineffective.

(5) “Health care decision” means:

(a) Informed consent, refusal of consent, or withdrawal of consent to any and all health care, including life-prolonging procedures and mental health treatment, unless otherwise stated in the advance directives.

(b) The decision to apply for private, public, government, or veterans' benefits to defray the cost of health care.

(c) The right of access to all records of the principal reasonably necessary for a health care surrogate to make decisions involving health care and to apply for benefits.

(d) The decision to make an anatomical gift.

(8) "Incapacity" or "incompetent" means the patient is physically or mentally unable to communicate a willful and knowing health care decision. For the purposes of making an anatomical gift, the term also includes a patient who is deceased.

(9) "Informed consent" means consent voluntarily given by a person after a sufficient explanation and disclosure of the subject matter involved to enable that person to have a general understanding of the treatment or procedure and the medically acceptable alternatives, including the substantial risks and hazards inherent in the proposed treatment or procedures, and to make a knowing health care decision without coercion or undue influence.

(10) "Life-prolonging procedure" means any medical procedure, treatment, or intervention, including artificially provided sustenance and hydration, which sustains, restores, or supplants a spontaneous vital function. The term does not include the administration of medication or performance of medical procedure, when such medication or procedure is deemed necessary to provide comfort care or to alleviate pain.

(11) "Living will" or "declaration" means:

(a) A witnessed document in writing, voluntarily executed by the principal in accordance with s. 765.302; or

(b) A witnessed oral statement made by the principal expressing the principal's instructions concerning life

(12) "Persistent vegetative state" means a permanent and irreversible condition of unconsciousness in which there is:

(a) The absence of voluntary action or cognitive behavior of any kind.

(b) An inability to communicate or interact purposefully with the environment.

(14) "Principal" means a competent adult executing an advance directive and on whose behalf health care decisions are to be made.

(15) "Proxy" means a competent adult who has not been expressly designated to make health care decisions for a particular incapacitated individual, but who, nevertheless, is authorized pursuant to s. 765.401 to make health care decisions for such individual.

(16) “Surrogate” means any competent adult expressly designated by a principal to make health care decisions on behalf of the principal upon the principal’s incapacity.

(17) “Terminal condition” means a condition caused by injury, disease, or illness from which there is no reasonable medical probability of recovery and which, without treatment, can be expected to cause death.

II. Third Parties Making Health Care Decisions

Who Are the Third Parties?

Health Care Surrogate

Health Care Proxy

Medical Power of Attorney

Guardian

A. Health Care Surrogate:

(1) The surrogate, in accordance with the principal’s instructions, unless such authority has been expressly limited by the principal, shall:

(a) Have authority to act for the principal and to make all health care decisions for the principal during the principal’s incapacity.

(b) Consult expeditiously with appropriate health care providers to provide informed consent, and make only health care decisions for the principal which he or she believes the principal would have made under the circumstances if the principal were capable of making such decisions (substituted judgment standard). If there is no indication of what the principal would have chosen, the surrogate may consider the patient’s best interest in deciding that proposed treatments are to be withheld or that treatments currently in effect are to be withdrawn. (best interest standard)

(c) Provide written consent using an appropriate form whenever consent is required, including a physician’s order not to resuscitate.

(d) Be provided access to the appropriate medical records of the principal.

(e) Apply for public benefits, such as Medicare and Medicaid, for the principal and have access to information regarding the principal’s income and assets and banking and financial records to the extent required to make application. A health care provider or facility may not, however, make such application a condition of continued care if the principal, if capable, would have refused to apply.

(2) The surrogate may authorize the release of information and medical records to appropriate persons to ensure the continuity of the principal’s health care and may authorize the admission, discharge, or transfer of the principal to or from a health care facility or other facility or program licensed under chapter 400 or chapter 429.

(3) If, after the appointment of a surrogate, a court appoints a guardian, the surrogate shall continue to make health care decisions for the principal, unless the court has modified or revoked the authority of the surrogate. The surrogate may be directed by the court to report the principal's health care status to the guardian.

Section 765.105 gives the procedures for the review of a surrogate's decision. The patient's family, the health care facility, or the attending physician, or any other interested person who may reasonably be expected to be directly affected by the surrogate's decision concerning any health care decision may seek expedited judicial intervention pursuant to rule 5.900 of the Florida Probate Rules, if that person believes:

- (1) The surrogate's decision is not in accord with the patient's known desires or the provisions of this chapter;
- (2) The advance directive is ambiguous, or the patient has changed his or her mind after execution of the advance directive;
- (3) The surrogate was improperly designated or appointed, or the designation of the surrogate is no longer effective or has been revoked;
- (4) The surrogate has failed to discharge duties, or incapacity or illness renders the surrogate or proxy incapable of discharging duties;
- (5) The surrogate has abused powers; or
- (6) The patient has sufficient capacity to make his or her own health care decisions.

Liability of Health Care Surrogate:

Surrogates are not subject to criminal prosecution or civil liability for acting pursuant to the provisions of a valid health care surrogate document unless it is shown by a preponderance of the evidence that the surrogate did not comply in good faith with the provisions of Chapter 765.

Restrictions on Providing Consent of the Health Care Surrogate:

A health care surrogate may not provide consent as to the following medical procedures unless the principal expressly delegates the authority in its Designation of Health Care Surrogate document:

- Abortion
- Sterilization
- Electroshock Therapy;
- Experimental treatments that have not been approved by a federally approved institutional review board
- Voluntary admission to a mental health facility;
- Withholding or withdrawing life-prolonging procedures from a pregnant patient before viability as defined under the Florida Statutes Chapter 390.

Health Care Proxy:

A Health Care Proxy is a competent adult who has not been expressly designated to make health care decisions for a particular incapacitated individual, but who has been designated and authorized to make health care decisions for such individual.

In the absence of an appointed surrogate or if the named surrogate is unwilling or unable to act on behalf of a patient, then a health care proxy may be designated and the health care decision made for an incapacitated individual. The proxy's decision must be based on informed consent and with the substituted judgment standard as is a surrogate's decision. When the medical decision to be made is for life-prolonging procedures, the proxy's decision must be done by informed consent and supported by clear and convincing evidence that the decision would have been the one the patient would have chosen had the patient been competent or, if there is no indication of what the patient would have chosen, then the decision is in the patient's best interest. Before a Proxy can make the decision to withdraw or withhold medical treatment from a patient, the patient must not have a reasonable probability of regaining capacity and must be terminal, have an end-stage condition, or be in a persistent vegetative state as documented by two physicians.

Review of the Proxy's Decisions. Under 765.105, The patient's family, the health care facility, or the attending physician, or any other interested person who may reasonably be expected to be directly affected by the proxy's decision concerning any health care decision may seek expedited judicial intervention pursuant to rule 5.900 of the Florida Probate Rules, if that person believes:

- (1) The proxy's decision is not in accord with the patient's known desires or the provisions of this chapter;
- (2) The advance directive is ambiguous, or the patient has changed his or her mind after execution of the advance directive;
- (3) The proxy was improperly designated or appointed, or the designation of the surrogate is no longer effective or has been revoked;
- (4) The proxy has failed to discharge duties, or incapacity or illness renders the surrogate or proxy incapable of discharging duties;
- (5) The proxy has abused powers; or
- (6) The patient has sufficient capacity to make his or her own health care decisions.

Process of Proxy Selection

The Statutes provide an order of priority for the selection of a proxy that is reasonably available and competent to act as follows:

- (a) The judicially appointed guardian of the patient or the guardian advocate of the person having a developmental disability as defined in s. [393.063](#), who has been authorized to consent to medical treatment, if such guardian has previously been appointed; however, this paragraph shall not be construed to require such appointment before a treatment decision can be made under this subsection;
- (b) The patient's spouse;
- (c) An adult child of the patient, or if the patient has more than one adult child, a majority of the adult children who are reasonably available for consultation;
- (d) A parent of the patient;

- (e) The adult sibling of the patient or, if the patient has more than one sibling, a majority of the adult siblings who are reasonably available for consultation;
- (f) An adult relative of the patient who has exhibited special care and concern for the patient and who has maintained regular contact with the patient and who is familiar with the patient's activities, health, and religious or moral beliefs; or
- (g) A close friend of the patient.
- (h) A clinical social worker licensed pursuant to chapter 491, or who is a graduate of a court-approved guardianship program. Such a proxy must be selected by the provider's bioethics committee and must not be employed by the provider. If the provider does not have a bioethics committee, then such a proxy may be chosen through an arrangement with the bioethics committee of another provider. The proxy will be notified that, upon request, the provider shall make available a second physician, not involved in the patient's care to assist the proxy in evaluating treatment. Decisions to withhold or withdraw life-prolonging procedures will be reviewed by the facility's bioethics committee. Documentation of efforts to locate proxies from prior classes must be recorded in the patient record.

Medical Power of Attorney:

Under Florida Statutes Chapter 709, it provides that a Durable Power of attorney (DPOA) may contain a clause granting the agent named in the document authority to make health care decisions regarding the treatment of the principal or donor in the event the principal becomes incapacitated.

The medical provisions designated under a DPOA may enable the agent to make all health care decisions on behalf of the principle, even though the principal may not completely lack capacity.

Much like the DPOA covering the financial aspects of the principal's life, the Medical Power of attorney must be signed by two witnesses and a notary.

Guardian:

An appointed Guardian of the Person derives its authority under Chapter 744. During a guardianship proceeding in which a Petition to Appoint a Guardian and the Determination of Incapacity is before the Court, the Court should be informed if prior to the proceeding, a surrogate was appointed to make health care decisions for the alleged incapacitated person and if such designated surrogate can serve. If the health care surrogate is validly appointed and able to serve, then the Guardian may not be delegated the right to make health care decisions for the ward. The Order appointing the Guardian will specifically state if the Guardian will or will not be making health care decisions for the Ward. In this case, the surrogate may be directed by the Court to report the principal's health status to the Guardian. If the Court revokes said appointment of the surrogate, then the appointed guardian may make health care decisions for the ward.

Under 744.3215, if the incapacitated person's right to consent to medical and mental health treatment is removed, that right can be delegated to the guardian. In making those health care

decisions, the guardian must use substituted judgment, if known. However, if there is no indication of what decision or treatment the Ward would have made themselves, then the guardian must use the best interest standard.

III. Types of Documents Giving Third Parties Authority to Make Health Care Decisions

Designation of Health Care Surrogate

Living Will

Do Not Resuscitate Order

Anatomical Gifts/Organ Donor

HIPPA Authorization

Court Order Appoint Guardian of Person (with authority over health and medical decisions)

Advance Directives:

All of the above named documents may be considered an “advance directive”. Advance Directive is defined as a witnessed written document or oral statement in which instructions are given by a principal or in which the principal’s desires are expressed concerning any aspect of the principal’s health care, and includes, but is not limited to, the designation of health care surrogate a Living Will or an anatomical gift

Designation of Health Care Surrogate

765.202 Defines the Designation of a health care surrogate, as:

(1) A written document designating a surrogate to make health care decisions for a principal shall be signed by the principal in the presence of two subscribing adult witnesses. A principal unable to sign the instrument may, in the presence of witnesses, direct that another person sign the principal’s name as required herein. An exact copy of the instrument shall be provided to the surrogate.

Living Will

A Living Will or Living Will Declaration can be defined as a witnessed written document, executed by the principal; or a witnessed oral statement made by the principal expressing instruction concerning life-prolonging procedures, whether it to be withholding, withdrawing or administering certain medical procedures considered to be thought of a life pro-longing activities.

(1) Any competent adult may, at any time, make a living will or written declaration and direct the providing, withholding, or withdrawal of life-prolonging procedures in the event that such person has a terminal condition, has an end-stage condition, or is in a persistent vegetative state. A living will must be signed by the principal in the presence of two subscribing witnesses, one of whom is neither a spouse nor a blood relative of the principal. If the principal is physically unable to sign the living will, one of the witnesses must subscribe the principal's signature in the principal's presence and at the principal's direction.

(2) It is the responsibility of the principal to provide for notification to her or his attending or treating physician that the living will has been made. In the event the principal is physically or mentally incapacitated at the time the principal is admitted to a health care facility, any other person may notify the physician or health care facility of the existence of the living will. An attending or treating physician or health care facility which is so notified shall promptly make the living will or a copy thereof a part of the principal's medical records.

(3) A living will, executed pursuant to this section, establishes a rebuttable presumption of clear and convincing evidence of the principal's wishes.

Anatomical Gifts:

A person may make a gift of all or a part of his or her body. Any person who may make a Will may make an anatomical gift to benefit medicine and surgery or the development of medical research. F.S. 765.510, 765.512.

The gift may be made by Will or other written document signed by or at the direction of the donor in the presence of two witnesses. Both AHCA and the Department of Highways have implemented organ and tissue donation. Gifts made by the donor are irrevocable after the donor's death and are self-executing. The donor, through its gift, authorized examination for medical viability, furnishing of medical records and any other records relating to the decedent's medical and social history.

There is an order or priority for third parties consent to an individual's anatomical donation. It is as follows:

- a) The spouse of the decedent;
- (b) An adult son or daughter of the decedent;
- (c) Either parent of the decedent;
- (d) An adult brother or sister of the decedent;
- (e) An adult grandchild of the decedent;
- (f) A grandparent of the decedent;
- (g) A close personal friend, as defined in s. [765.101](#);
- (h) A guardian of the person of the decedent at the time of his or her death; or
- (i) A representative ad litem appointed by a court of competent jurisdiction upon a petition heard ex parte filed by any person, who shall ascertain that no person of higher priority

exists who objects to the gift of all or any part of the decedent's body and that no evidence exists of the decedent's having made a communication expressing a desire that his or her body or body parts not be donated upon death. Those of higher priority who are reasonably available must be contacted and made aware of the proposed gift and a reasonable search must be conducted which shows that there would have been no objection to the gift by the decedent.

An anatomical gift made by a qualified donor and not revoked by the donor, as provided in s. [765.516](#), is irrevocable after the donor's death. A family member, guardian, representative ad litem, or health care surrogate may not modify, deny, or prevent a donor's wish or intent to make an anatomical gift after the donor's death.

Do Not Resuscitate

A "Do Not Resuscitate Order (DNRO) is a statement signed by a physician and the patient directing the withholding or withdrawing of cardiopulmonary resuscitation from the patient in the event of the patient's cardiac or respiratory arrest. Please note that Chapter 765 removes the DNRO as an advance directive and is governed by a different chapter relating to emergency medical technicians and paramedics.

Under Chapter 401.45, the content and the enforcement provisions will be found. In order to be effective, the DNRO is required to be executed on an approved, standardized "yellow" form, DH Form 1896. Only one doctor needs to sign the DNRO and the patient does not have to be in a terminal condition.

If the patient is found to be incompetent to sign a DNRO, then the following appointed persons can sign in the patient's stead: Health care surrogate, guardian, proxy or person acting under a medical durable power of attorney. The court-appointed guardian or attorney in fact must have been delegated authority to make health care decisions on behalf of the patient.

Resuscitation may be withheld or withdrawn from a patient by an emergency medical technician or paramedic if evidence of an order not to resuscitate by the patient's physician is presented to the emergency medical technician or paramedic. An order not to resuscitate, to be valid, must be on the form adopted by rule of the department of Health, Bureau of Emergency Medical Services..

(1) Abortion, sterilization, electroshock therapy, psychosurgery, experimental treatments that have not been approved by a federally approved institutional review board in accordance with 45 C.F.R. part 46 or 21 C.F.R. part 56, or voluntary admission to a mental health facility.

(2) Withholding or withdrawing life-prolonging procedures from a pregnant patient prior to viability as defined in s. [390.0111\(4\)](#).

765.514 Manner of making anatomical gifts.—

(1) A person may make an anatomical gift of all or part of his or her body under s. [765.512\(1\)](#) by:

(a) Signing an organ and tissue donor card.

- (b) Registering online with the donor registry.
- (c) Signifying an intent to donate on his or her driver license or identification card issued by the department. Revocation, suspension, expiration, or cancellation of the driver license or identification card does not invalidate the gift.
- (d) Expressing a wish to donate in a living will or other advance directive.
- (e) Executing a will that includes a provision indicating that the testator wishes to make an anatomical gift. The gift becomes effective upon the death of the testator without waiting for probate. If the will is not probated or if it is declared invalid for testamentary purposes, the gift is nevertheless valid to the extent that it has been acted upon in good faith.
- (f) Expressing a wish to donate in a document other than a will. The document must be signed by the donor in the presence of two witnesses who shall sign the document in the donor's presence. If the donor cannot sign, the document may be signed for him or her at the donor's direction and in his or her presence and the presence of two witnesses who must sign the document in the donor's presence. Delivery of the document of gift during the donor's lifetime is not necessary to make the gift valid. The following form of written document is sufficient for any person to make an anatomical gift for the purposes of this part:

(2) The anatomical gift may be made to a donee listed in s. [765.513](#), and the donee may be specified by name.

(3) Any anatomical gift by a health care surrogate designated by the decedent pursuant to part II of this chapter or a member of a class designated in s. [765.512\(3\)](#) must be made by a document signed by that person or made by that person's witnessed telephonic discussion, telegraphic message, or other recorded message.

765.305 Procedure in absence of a living will.—

(1) In the absence of a living will, the decision to withhold or withdraw life-prolonging procedures from a patient may be made by a health care surrogate designated by the patient pursuant to part II unless the designation limits the surrogate's authority to consent to the withholding or withdrawal of life-prolonging procedures.

(2) Before exercising the incompetent patient's right to forego treatment, the surrogate must be satisfied that:

(a) The patient does not have a reasonable medical probability of recovering capacity so that the right could be exercised by the patient.

(b) The patient has an end-stage condition, the patient is in a persistent vegetative state, or the patient's physical condition is terminal.

765.514 Manner of making anatomical gifts.—

(1) A person may make an anatomical gift of all or part of his or her body under s. [765.512\(1\)](#) by:

(a) Signing an organ and tissue donor card.

(b) Registering online with the donor registry.

(c) Signifying an intent to donate on his or her driver license or identification card issued by the department. Revocation, suspension, expiration, or cancellation of the driver license or identification card does not invalidate the gift.

(d) Expressing a wish to donate in a living will or other advance directive.

(e) Executing a will that includes a provision indicating that the testator wishes to make an anatomical gift. The gift becomes effective upon the death of the testator without waiting for probate. If the will is not probated or if it is declared invalid for testamentary purposes, the gift is nevertheless valid to the extent that it has been acted upon in good faith.

(f) Expressing a wish to donate in a document other than a will. The document must be signed by the donor in the presence of two witnesses who shall sign the document in the donor's presence. If the donor cannot sign, the document may be signed for him or her at the donor's direction and in his or her presence and the presence of two witnesses who must sign the document in the donor's presence. Delivery of the document of gift during the donor's lifetime is not necessary to make the gift valid. The following form of written document is sufficient for any person to make an anatomical gift for the purposes of this part:

(2) The anatomical gift may be made to a donee listed in s. [765.513](#), and the donee may be specified by name.

(3) Any anatomical gift by a health care surrogate designated by the decedent pursuant to part II of this chapter or a member of a class designated in s. [765.512\(3\)](#) must be made by a document signed by that person or made by that person's witnessed telephonic discussion, telegraphic message, or other recorded message.

765.512 Persons who may make an anatomical gift.—

(1) Any person who may make a will may make an anatomical gift of his or her body.

(a) If the decedent makes an anatomical gift by one of the methods listed in s. [765.514\(1\)](#), and in the absence of actual notice of contrary indications by the decedent, the document or entry in the donor registry is legally sufficient evidence of the decedent's informed consent to donate an anatomical gift.

(b)

(3) If the decedent has not made an anatomical gift or designated a health surrogate, a member of one of the classes of persons listed below, in the order of priority listed and in the absence of actual notice of contrary indications by the decedent or actual notice of opposition by a member

of a prior class, may give all or any part of the decedent's body for any purpose specified in s. [765.513](#):

- (a) The spouse of the decedent;
- (b) An adult son or daughter of the decedent;
- (c) Either parent of the decedent;
- (d) An adult brother or sister of the decedent;
- (e) An adult grandchild of the decedent;
- (f) A grandparent of the decedent;
- (g) A close personal friend, as defined in s. [765.101](#);
- (h) A guardian of the person of the decedent at the time of his or her death; or
- (i) A representative ad litem appointed by a court of competent jurisdiction upon a petition heard ex parte filed by any person, who shall ascertain that no person of higher priority exists who objects to the gift of all or any part of the decedent's body and that no evidence exists of the decedent's having made a communication expressing a desire that his or her body or body parts not be donated upon death.

Those of higher priority who are reasonably available must be contacted and made aware of the proposed gift and a reasonable search must be conducted which shows that there would have been no objection to the gift by the decedent.

- (4) A donee may not accept an anatomical gift if the donee has actual notice of contrary indications by the donor or actual notice that an anatomical gift by a member of a class is opposed by a member of a prior class.
- (5) The person authorized by subsection (3) may make the anatomical gift after the decedent's death or immediately before the decedent's death.
- (6) An anatomical gift authorizes:
 - (a) Any examination necessary to assure medical acceptability of the gift for the purposes intended.
 - (b) The decedent's medical provider, family, or a third party to furnish medical records requested concerning the decedent's medical and social history.
- (7) Once the anatomical gift has been made, the rights of the donee are paramount to the rights of others, except as provided by s. [765.517](#)

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765.306 Determination of patient condition.—In determining whether the patient has a terminal condition, has an end-stage condition, or is in a persistent vegetative state or may recover capacity, or whether a medical condition or limitation referred to in an advance directive exists, the patient's attending or treating physician and at least one other consulting physician must separately examine the patient. The findings of each such examination must be documented in the patient's medical record and signed by each examining physician before life-prolonging procedures may be withheld or withdrawn.

DESIGNATION OF HEALTH CARE SURROGATE

Name: (Last) (First) (Middle Initial)

In the event that I have been determined to be incapacitated to provide informed consent for medical treatment and surgical and diagnostic procedures, I wish to designate as my surrogate for health care decisions:

Name:

Address:

Zip Code:

Phone:

If my surrogate is unwilling or unable to perform his or her duties, I wish to designate as my alternate surrogate:

Name:

Address:

Zip Code:

Phone:

I fully understand that this designation will permit my designee to make health care decisions and to provide, withhold, or withdraw consent on my behalf; to apply for public benefits to defray the cost of health care; and to authorize my admission to or transfer from a health care facility.

Additional instructions (optional):

I further affirm that this designation is not being made as a condition of treatment or admission to a health care facility. I will notify and send a copy of this document to the following persons other than my surrogate, so they may know who my surrogate is.

Name:

Signed:

Date:

Witnesses:

Living Will

Declaration made this day of , (year) , I, , willfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below, and I do hereby declare that, if at any time I am incapacitated and

(initial) I have a terminal condition

or (initial) I have an end-stage condition

or (initial) I am in a persistent vegetative state

and if my attending or treating physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain.

It is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences for such refusal.

In the event that I have been determined to be unable to provide express and informed consent regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I wish to designate, as my surrogate to carry out the provisions of this declaration:

Name:

Address:

Zip Code:

Phone:

I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration.

Additional Instructions (optional):

(Signed)

Witness

Address

Phone

Witness

Address

Phone

UNIFORM DONOR CARD

The undersigned hereby makes this anatomical gift, if medically acceptable, to take effect on death. The words and marks below indicate my desires:

I give:

- (a) any needed organs, tissues, or eyes;
- (b) only the following organs, tissues, or eyes

[Specify the organs, tissues, or eyes]

for the purpose of transplantation, therapy, medical research, or education;

- (c) my body for anatomical study if needed. Limitations or special wishes, if any:

(If applicable, list specific donee; this must be arranged in advance with the donee.)

Signed by the donor and the following witnesses in the presence of each other:

(Signature of donor) (Date of birth of donor)

(Date signed) (City and State)

(Witness) (Witness)

(Address) (Address)