

A life-prolonging procedures declaration mandates the implementation of all life-prolonging procedures which would extend life. Declarations must be voluntary, in writing, signed by the person making declaration, dated and witnessed by at least two individuals. These witnesses may not be the person signing on the person's behalf; a parent, spouse, or child of the person; entitled to any part of the person's estate; or directly or financially responsible for the person's medical care.

The declaration orders the utilization of all medical procedures to prolong life, including appropriate nutrition and hydration, medication to ease pain, and comfort care.

A life-prolonging procedures declaration may be revoked at any time by a signed and dated revocation, physical cancellation such as destroying the declaration, or by telling someone that it is no longer in effect. If the life-prolonging procedures declaration is revoked, the doctor must be informed.

As in the case of a living will, a life-prolonging procedures declaration does not become effective until certain conditions are met by the patient. These conditions are: the patient has been diagnosed as having an incurable injury, disease, or illness; a doctor has certified in writing that the patient is in terminal condition – meaning that there can be no recovery and death will occur within a short period of time, and that life-prolonging procedures would only prolong the dying process.

This document should be used in the case of an individual who wants extraordinary or heroic measures used to prolong his or her life.

There are numerous types of advance directives. Parkview Health encourages you to talk to your doctors, health care team, family and your attorney when completing any advance directive.

**For more information,
please visit the following websites:**

www.parkview.com

www.in.gov/isdh/25880.htm

ADVANCE DIRECTIVE

Life-Prolonging Procedures Declaration

This brochure introduces laws that affect advance directives for health care in Indiana. It provides information about a life-prolonging procedures document. It is not intended to substitute for estate planning with an attorney, nor is it a substitute for professional legal advice. Statements reflect legislation in effect in Indiana as of June 1, 2017. Other states have different laws; some information may not apply outside of Indiana.

LIFE-PROLONGING PROCEDURES DECLARATION

Declaration made this _____ day of _____, 20____, I, _____, being at least eighteen (18) years old and of sound mind, willfully and voluntarily make known my desires that if at any time I have an incurable injury, disease, or illness determined to be a terminal condition, I request the use of life-prolonging procedures that would extend my life. This includes appropriate nutrition and hydration, and the administration of medication, and the performance of all other medical procedures necessary to extend my life, to provide comfort care, or to alleviate pain.

Other instructions:

In the absence of my ability to give directions regarding the use of life-prolonging procedures, it is my intention that this declaration be honored by my family and doctor as the final expression of my legal right to request medical or surgical treatment and accept the consequences of the request.

I understand the full import of this declaration.

Signature

City, County, and State of Residence

The declarant has been personally known to me, and I believe (him/her) to be of sound mind. I did not sign the declarant's signature above for or at the direction of the declarant. I am not a parent, spouse, or child of the declarant. I am not entitled to any part of the declarant's estate or directly and/or financially responsible for the declarant's medical care. I am competent and at least eighteen (18) years old.

Signature of Witness

Printed Name

Witness Address / Telephone Number

/

Signature of Witness

Printed Name

Witness Address / Telephone Number

/

