

*As part of estate planning, it is important to plan ahead for the possibility of becoming seriously ill and being unable to make your own medical decisions. It is possible to decide in advance what medical treatment you want to receive should you become physically or mentally unable to communicate your wishes. Those wishes are recorded in a Medical Directive or Living Will.*

## MY MEDICAL DIRECTIVE

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

It is my desire that life-prolonging treatment not be continued for an unreasonable period when I cannot perform the most basic functions for myself, such as feeding myself, and it is clear that my condition will not improve and treatment merely prolongs my life without dignity.

If I am terminally ill, substantially and adversely affected by an irreversible disease or condition, comatose for an extended period, senile, or unable to communicate, the following are my Medical Directives or choices regarding medical and institutional care:

	I want	I am undecided	I do NOT want
<p><b>Cardiopulmonary Resuscitation:</b> If at the point of death, using drugs and electric shock to keep the heart beating; artificial breathing</p>			
<p><b>Mechanical Breathing:</b> Breathing by machine</p>			
<p><b>Artificial Nutrition and Hydration:</b> Giving nutrition and fluid through a tube in the veins, nose or stomach.</p>			
<p><b>Major Surgery:</b> Such as removing the gall bladder or part of the intestines</p>			
<p><b>Kidney Dialysis:</b> Cleaning the blood by machine or by fluid passing through the belly</p>			
<p><b>Chemotherapy:</b> Using drugs to fight cancer</p>			
<p><b>Invasive Diagnostic Tests:</b> Such as using a flexible tube to look into the stomach</p>			
<p><b>Blood or Blood Products:</b> Such as giving transfusions</p>			
<p><b>Antibiotics:</b> Using drugs to fight infection</p>			
<p><b>Pain Medications:</b> Even if they dull consciousness and indirectly shorten my life</p>			

My personal statement (optional):

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At the time I have signed this Medical Directive, I am of sound mind, I am 18 years of age or more, and I fully understand the consequences of my decisions.

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Signer

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Date

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(printed name)

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Witness

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Date

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Witness

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Date

*This Sample was prepared for use only in the State of Virginia.*