

**Power of Attorney for Medical Care  
Sample Choices for Life Sustaining Treatment**

*The following is a sample of the language used in the Power of Attorney for Medical Care, sometimes called a “Living Will.” The full document allows you to name the people that you would like to have make medical care decisions for you if you are unable to make them yourself due to mental or physical incapacity. In addition, you can give them guidance as to when you might want to have medical treatment withdrawn. When you sign the full document will have the opportunity to choose one of the three choices below.*

**Choice 1: Life-sustaining treatment: I grant broad discretion to my Patient Advocate**

I do not want life-sustaining treatment (including artificial delivery of food and water) if any of the following medical conditions exists:

- a. I am in an irreversible coma or persistent vegetative state.
- b. I am terminally ill, and life-sustaining procedures would only serve to artificially delay my death.
- b. My medical condition is such that the burdens of treatment outweigh the expected benefits. In making this determination, I want my Patient Advocate to consider relief of my suffering, the expenses involved, and the quality of my life, if prolonged.

I expressly authorize my Patient Advocate to make decisions to withhold or withdraw treatment which would allow me to die, and I acknowledge such decisions could or would allow my death.

**Choice 2: Life-sustaining treatment: withhold treatment only if I am in a coma or persistent vegetative state**

I want life-sustaining treatment (including artificial delivery of food or water) unless I am in a coma or vegetative state that my doctor reasonably believes to be irreversible. Once my doctor has reasonably concluded that I will remain unconscious for the rest of my life, I do not want life-sustaining treatment to be provided or continued.

I expressly authorize my Patient Advocate to make decisions to withhold or withdraw treatment that would allow me to die, and I acknowledge such decisions could or would allow my death.

**Choice 3: Directive for maximum treatment**

I want my life to be prolonged to the greatest extent possible consistent with sound medical practice and without regard to my condition, the chances I have for recovery, or the cost of the procedures, and I direct life-sustaining treatment to be provided in order to prolong my life.