



# Health Care Directive (or “Living Will”)

## What is a Health Care Directive?

It is a form that lets you state what kind of medical treatments you do or do *not* want if you are terminally ill or permanently unconscious and cannot make decisions for yourself. It also lets you write down your health care values.

## What are health care values?

They are your wishes and preferences for health care, including your religious, ethical, and personal preferences for care. They should guide health care decisions made for you when you cannot make decisions for yourself in **all** situations, not just if you are terminally ill or permanently unconscious.

Examples:

- “I’m worried about having the feeling of choking. Please do anything you can to relieve me of that stress.”
- “I can tolerate a low level of pain – balance pain with keeping my brain clear.”
- “Quality of life is more important to me than getting a lot of medical care.”
- “What matters to me most is being in a hospital with excellent care.”
- “The ability to be in the outdoors is what makes life worth living for me. If my health condition prevents me from being outside at all, then I would no longer want to live.”
- “It is important to me to be able to recognize my family and say goodbye.”
- “I want to spend my last days at home.”
- “In my religion, we . . . (describe your religious traditions regarding health care).”
- “I love jazz music and would like to listen to it whenever possible.”

## **Does my Health Care Directive form say who will make decisions for me?**

No. You need a **Durable Power of Attorney** form to do that. A power of attorney form lets you choose a trusted friend or relative to help you with your health care decisions. You can find [Durable Power of Attorney](#) forms at [WashingtonLawHelp.org](#).

## **Can I still make my own decisions?**

Yes! You can still make your own health care decisions if you are capable. You can also change or cancel your directive at any time.

## **Does my Health Care Directive form need to be notarized?**

It is best to sign your Health Care Directive form in front of a notary. If you cannot find a notary, you can sign in front of two “disinterested” witnesses.

## **What should I do after I sign it?**

Give copies to your medical provider/s, your agent, and a trusted friend or relative. Ask your local hospital if they will put it on file for you.

## **Are there other kinds of directives?**

Yes. There are health care directives that let you say what kind of care you want if you have a mental health disability or dementia. You can find these other directives at [WashingtonLawHelp.org](#).

## What if I need legal help?

- **Apply online** - [nwjustice.org/apply-online](https://nwjustice.org/apply-online)
- **Facing a legal issue in King County** (other than Eviction or Foreclosure)? Call 2-1-1 (or toll-free 1-877-211-9274) weekdays 8:00 am - 6:00 pm. They will refer you to a legal aid provider.
- **Facing a legal issue outside of King County** (other than Eviction or Foreclosure)? Call the CLEAR Hotline at 1-888-201-1014 weekdays between 9:15 am - 12:15 pm or apply online at [nwjustice.org/apply-online](https://nwjustice.org/apply-online).
- **Facing Eviction?** Call 1-855-657-8387.
- **Facing Foreclosure?** Call 1-800-606-4819.
- **Seniors (age 60 and over)** with a legal issue outside of King County can also call CLEAR\*Sr at 1-888-387-7111.

**Deaf, hard of hearing or speech impaired callers** can call any of these numbers using the relay service of your choice.

**Interpreters provided.**

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# Health Care Directive

of

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[My Name]

I am of sound mind and body, and voluntarily execute this health care directive. If I cannot make decisions for myself, my relatives, friends, agents, and medical providers should fully honor every part of this directive. If any part of this directive is invalid, the rest should be honored. I revoke any health care directives I have signed in the past.

**1. Health Care Values:** The following wishes and preferences should guide all decisions made about my care:

**a. What makes my life worth living.**

Some terminal or serious conditions may stop me from **ever** doing the things that make life worth living for me. In that situation, I want you to stop all treatment except comfort care, pain relief and palliative care if I **cannot ever again**:

Recognize my close friends and family in any meaningful way

exercise,

be outdoors,

read,

watch tv shows/movies

do the following: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Life is always worth living. Do everything you can to keep me alive.

**b. My hopes.** In my last days, I hope to spend my time:

With my close friends and family: \_\_\_\_\_

\_\_\_\_\_

With the following comfort items and/or pets:

\_\_\_\_\_

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

My Date of Birth: \_\_\_\_\_

- Eating/drinking the following items, if possible: \_\_\_\_\_  
\_\_\_\_\_
- Listening to the following music: \_\_\_\_\_  
\_\_\_\_\_
- Other: \_\_\_\_\_  
\_\_\_\_\_

c. **Pain Management.** In my last days, I hope to balance pain management and mental clarity in this way:

- I hope to spend my time in as little pain as possible, even if I'm not mentally clear.
- Please balance my ability to communicate and remain present with my family against the amount of pain in providing relief. I can tolerate some amount of pain (circle on the scale below) in exchange for more mental clarity.

1 = Hardly notice pain

2 = Notice pain does not interfere with activities

3 = Sometimes distracts me

4 = Distracts me, can do usual activities

5 = Interrupts some activities

6 = Hard to ignore, avoid usual activities

7 = Focus of attention, prevents doing daily activities

8 = Awful, hard to do anything

9 = Can't bear the pain, unable to do anything

10 = As bad as it could be, nothing else matters

d. **My fears.** There are situations or treatments I am concerned about and want to prevent or avoid if possible.

- I have a fear of (*examples*: shortness of breath, thirst, choking sensation, nausea, headaches) \_\_\_\_\_  
Please do everything possible to relieve me of that feeling through comfort care.
- I don't want to spend our life savings on my final illness. Please provide the least costly comfort care for my end-of-life care.
- Other: \_\_\_\_\_

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

My Date of Birth: \_\_\_\_\_

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e. **Where I want to be.** I would like to receive care in the following place/s if possible:

- My home.
  - Hospice care.
  - An assisted living facility.
  - An adult family home.
  - A nursing home.
  - A hospital.
  - I know that it may not be possible for me to receive care where I want, given my needs and circumstances at the time. I trust my healthcare decision-maker/s and know that they will make the best decisions for me after considering my values, and consulting with my loved ones and care providers.
  - Other: \_\_\_\_\_
- 

f. **Other things to know about me:**

- I would like my friends and family to be notified of my condition and given an opportunity to visit me to say goodbye.
- I would like to be kept alive for a short period of time if needed to allow friends and family time to travel and say goodbye.
- If possible, I would like to be able to look out a window or see nature during my last days.
- My religious or cultural traditions require the following practices around health care and end of life care:

\_\_\_\_\_  
\_\_\_\_\_

- Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

My Date of Birth: \_\_\_\_\_

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2. **Terminal Illness or Permanent Unconscious Condition.** If my attending physician diagnoses me with a terminal condition or two physicians determine that I am in a permanent unconscious condition, and if my physician/s determine that life-sustaining treatment would only artificially prolong the process of dying, I want:

a. **Comfort Care and Pain Medication.** If I appear to be experiencing pain or discomfort, I want treatment and medications to make me comfortable, even if my medical providers believe it might unintentionally hasten my death.

b. **Withdraw Artificial Life Support.**

The following treatment should be **withheld** or **withdrawn** from me:

- Artificial nutrition
- Artificial hydration
- Artificial respiration (ventilator)
- Cardiopulmonary Resuscitation (CPR), including artificial ventilation, heart regulating drugs, diuretics, stimulants, or any other treatment for heart failure
- Surgery to prolong my life or keep me alive
- Blood dialysis or filtration for lost kidney function
- Blood transfusion to replace lost or contaminated blood
- Medication used to prolong life, not for controlling pain
- Any other medical treatment used to prolong my life or keep me alive artificially

3. **Health Care Institutions.** If I am admitted to a hospital or other medical institution that will not honor this directive due to religious or other beliefs: (1) my consent to admission is not implied consent to treatment, and (2) I want to be transferred as soon as possible to a hospital or other medical institution that will honor my directive.

4. **Changes and Cancellation.** I understand that I can change the wording of this directive before I sign it. I also understand that I can cancel this directive at any time.

\_\_\_\_\_  
Date

▶ \_\_\_\_\_  
My Signature (*in front of notary or witnesses*)

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

My Date of Birth: \_\_\_\_\_

## Notarization (preferred)

State of Washington

County of \_\_\_\_\_

I certify that I know or have satisfactory evidence that \_\_\_\_\_, is the person who appeared before me, signed the Health Care Directive above, and acknowledged that the signing was done freely and voluntarily for the purposes mentioned in this instrument.

\_\_\_\_\_  
Date



\_\_\_\_\_  
Signature of Notary

Notary Public for the State of Washington.

My commission expires \_\_\_\_\_.

## Statement of Witnesses (only if you cannot find a notary)

On (date) \_\_\_\_\_, the declarer of this document signed it in my presence. I believe the declarer is able to make health care decisions, to understand this document, and to have signed it voluntarily.

- I am not related by blood or marriage to the declarer.
- I am not now entitled to receive any portion of the declarer's estate, either by will or by operation of law, or as a result of any claim against the declarer.
- I am not the declarer's attending physician or an employee of that physician or of a health facility in which the declarer is a patient.

**Witness 1**

**Witness 2**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

My Date of Birth: \_\_\_\_\_



**Health Care Directive Contact Information**  
(Attach this to your Directive)

<b>My name – first, middle, last</b>	
<b>My date of birth</b>	<b>My primary care medical provider</b>
<b>My phone number</b>	<b>My email address</b>
<b>My mailing address</b>	

I have a **Durable Power of Attorney** form that lets someone else (my “agent”) make health care decisions for me if I am not able.

<b>My health care agent’s name</b>

My agent's relationship to me (e.g. friend, partner, spouse, sister, etc.)	
My agent's phone number	My agent's email address

My alternate health care agent's name	
My alternate agent's relationship to me (e.g. friend, partner, spouse, sister, etc.)	
My alternate agent's phone number	My alternate agent's email address

# Glossary

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Here are some terms you may find helpful when reading a health care directive:

- **Artificial nutrition:** a way to feed you if you can't feed yourself or swallow. A feeding tube is inserted through your nose and down to your stomach. If you need tube feeding for an extended period, a feeding tube may be surgically inserted directly into your stomach. Artificial nutrition can be harmful if you are dying and your body cannot use the nutrition properly.
- **Artificial hydration:** a way to hydrate you if you can't drink. A plastic IV tube is inserted into the vein to deliver hydration. Artificial hydration can be harmful if you are dying and your body cannot use the hydration properly.
- **Cardiopulmonary Resuscitation (CPR):** a treatment that is initiated when someone has a complete cardiac arrest, no heartbeat and not breathing. CPR involves repeatedly pushing on the chest with force, while putting air into the lungs. The force has to be quite strong, and sometimes ribs are broken or a lung collapses. Electric shocks, known as defibrillation, and medicines might also be used. A person may also be intubated in this process, which is a tube put down the throat and into the windpipe to help get air into the person quickly.
- **Life-sustaining treatment:** any mechanical or artificial medical intervention that, when applied to a person diagnosed with a terminal condition or a person in a permanent unconscious condition, would only prolong the process of dying. Life-sustaining treatment does not include medication or medical intervention necessary to alleviate pain only.
- **Palliative care:** Specialized medical care for people living with a serious illness. It is focused on providing relief from the symptoms and stress of the illness. The goal is to improve quality of life for both the patient and their close friends and family.
- **Permanent unconscious condition:** an incurable and irreversible condition; a condition where a person has no reasonable probability of recovery from an irreversible coma or a persistent vegetative state according to reasonable medical judgment.
- **Terminal condition:** an incurable and irreversible condition caused by injury, disease, or illness, that will cause death within a reasonable period of time according to accepted medical standards, and where the application of life-sustaining treatment serves only to prolong the process of dying.
- **Ventilator:** a machine that helps you breathe. A tube connected to the ventilator is put down your throat into your trachea (windpipe) so the machine can force air into your lungs. Because the tube is uncomfortable, medicines are often used to keep you sedated while on a ventilator. If you need to remain on a ventilator for a long time, a doctor may perform a tracheotomy where a tube is inserted directly into your trachea through a hole in your neck.