



## Definitions for Terms on the Living Will Form

**“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.

**“Persistent vegetative state”** means a permanent and irreversible condition of unconsciousness in which there is the absence of voluntary action or cognitive behavior of any kind and an inability to communicate or interact purposefully with the environment.

**“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.

These definitions come from section 765.101 of the Florida Statutes. The Statutes can be found in your local library or online at [www.leg.state.fl.us](http://www.leg.state.fl.us).



## Living Will

Declaration made this \_\_\_ day of \_\_\_\_\_, 201\_\_, 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 mentally or physically 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medical probability of my recovery from such condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the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.

I do,  I do not desire that nutrition and hydration (food and water) be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying.

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 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:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State , Zip Code:** \_\_\_\_\_

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

**Additional instructions (optional):**

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

**Signed:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Witness:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

*At least one witness must not be a husband or wife or a blood relative of the principal.*