

Sample Language for a Declaration in the event of a Terminal Condition

The following language is sample language provided by the State of Arkansas to guide individuals as to the type of language that should be included in a valid Declaration:

If I should have an incurable or irreversible condition that will cause my death within a relatively short time, and I am no longer able to make decisions regarding my medical treatment, I direct my attending physician, pursuant to the Arkansas Rights of the Terminally Ill or Permanently Unconscious Act, to:

- withhold or withdraw treatment that only prolongs the process of dying and is not necessary to my comfort or to alleviate pain
- follow the instructions of _____, whom I appoint as my Health Care Proxy to decide whether life-sustaining treatment should be withheld or withdrawn.
- It is my specific directive that nutrition may be withheld after consultation with my attending physician.
- It is my specific directive that hydration may be withheld after consultation with my attending physician.
- It is my specific directive that nutrition may not be withheld.
- It is my specific directive that hydration may not be withheld.

Signed this _____ day of _____ 20_____.

Signature: _____

Address: _____

The declarant voluntarily signed this writing in my presence.

Witness: _____

Address: _____

Witness: _____

Address: _____