

Living Will

I, the undersigned _____

(Identity number) _____ of _____

being of sound mind and after careful consideration make the following declaration:

1. This Living Will does not revoke any previous will made by me.
2. In this Living Will –
 - (a) "doctors" means any one or more of the medical practitioners who may have been or may be called upon to examine me and to give a prognosis of my medical condition; and
 - (b) "systems" means any mechanical or artificial life support systems or the use of drugs.
3. Should I no longer be capable of making decisions regarding my own future and should my physical and/or mental condition deteriorate to such an extent that there is no reasonable prospect of my recovery from physical illness or impairment, I request –
 - (a) that I be allowed to die;
 - (b) that no systems be used in order to keep me alive in circumstances where, but for the use of such systems, I would have died; and
 - (c) that I be given whatever quantity of drugs that may be required to keep me free from pain or distress even if the moment of death is hastened.
4. It is my express wish that the doctors and members of my family who carry out my foregoing requests be fully exonerated and exempted from all blame or liability arising from their use or their failure to use or their decision to terminate the use of any systems.

Signed by me at _____ on the _____ day of _____ 20 _____, in the presence of the undersigned witnesses, all being present at the same time.

AS WITNESSES:

1. _____

2. _____

Testator

Note: It is suggested that at least three copies of the Living Will be signed by the testator in the presence of two witnesses. One copy should be lodged with the testator's doctor after discussion of the contents thereof. Two copies should be kept at home - one as a personal copy and the other for inclusion on an in-patient file when the need for hospitalisation arises.

OPTIONAL (delete and sign if not applicable):

I, the undersigned _____

(Identity number) _____ donate my kidneys/liver/pancreas/corneas/skin/bone* to any authorized medical institution to be used for transplantation after my death. This is done with the understanding that I will not be kept alive for more than _____ days, after being declared brain-dead.

*[*Delete which is not appropriate]*

Details of next of kin / family members

Name _____ Name _____

Relation _____ Relation _____

Tel _____ Tel _____

IN THE EVENT OF MY DEATH, PLEASE CONTACT THE ABOVEMENTIONED PERSONS.

Signed by me at _____ on the _____ day of _____ 20 _____
in the presence of the undersigned witnesses, all being present at the same time.

AS WITNESSES:

1. _____

2. _____

Donor