

North Carolina

DECLARATION OF A DESIRE FOR A NATURAL DEATH

I, _____, being of sound mind, desire that, as specified below, my life not be prolonged by extraordinary means or by artificial nutrition or hydration if my condition is determined to be terminal and incurable or if I am diagnosed as being in a persistent vegetative state. I am aware and understand that this writing authorizes a physician to withhold or discontinue extraordinary means or artificial nutrition or hydration, in accordance with my specifications set forth below:

(Initial only what is desired of the following):

If my condition is determined to be terminal and incurable, I authorize the following:

- _____ My physician may withhold or discontinue extraordinary means only.
- _____ In addition to withholding or discontinuing extraordinary means if such means are necessary, my physician may withhold or discontinue either artificial nutrition or hydration, or both.

If my physician determines that I am in a persistent vegetative state, I authorize the following:

- _____ My physician may withhold or discontinue extraordinary means only.
- _____ In addition to withholding or discontinuing extraordinary means if such means are necessary, my physician may withhold or discontinue either artificial nutrition or hydration, or both.

(Optional)

SPECIFIC MEDICAL DIRECTIVES

I, _____, being of sound mind, make this statement as a directive to be followed if I am ever unable to participate in decisions regarding my medical care. Should I become mentally incompetent because of a medical condition like a coma or persistent vegetative state or severe dementia and my doctors do not expect me to recover, I direct the following treatment decisions be made in my behalf. These directions express my legal right to refuse or accept treatment.

(Initial each of the following as you desire):

	I Want	I Don't Want	Unsure
1. CPR: Use of drugs, electric shock and artificial breathing to bring me back to life when my heart stops.	_____	_____	_____
2. Mechanical breathing: Use a machine to do my breathing for me when I cannot breathe unaided.	_____	_____	_____
3. Artificial nutrition: Give me food through a tube in my vein or my stomach.	_____	_____	_____
4. Artificial hydration: Give me liquid through a tube in my vein.	_____	_____	_____
5. Hospitalization: Move me from home or hospice or nursing home to a hospital.	_____	_____	_____
6. Major surgery: Operate on something like a blockage in my stomach or remove my gall bladder.	_____	_____	_____
7. Kidney dialysis: Have a machine do the work of my kidneys – cleansing my blood – when they stop working on their own.	_____	_____	_____
8. Chemotherapy: Give me drugs to fight cancer.	_____	_____	_____
9. Minor surgery: Operate on something minor like an infected toe.	_____	_____	_____
10. Major tests: Do tests like heart catheterization or colonoscopy to see what is wrong inside of me.	_____	_____	_____

(Initial each of the following as you desire):

I Want I Don't Unsure
Want

- 11. **Minor tests:** Do an x-ray or a blood test to see what is wrong with me. _____
- 12. **Antibiotics:** Give me drugs to fight diseases like pneumonia or a kidney infection. _____
- 13. **Blood:** Transfuse blood or blood products into me if I am in need of them. _____
- 14. **Pain medication:** Give me enough medication so that I am not in pain even if this may hasten my death. _____
- 15. **Home:** Move me from the hospital so that I can die at home. _____
- 16. **Other:** _____

Personal Remarks: _____

This the ____ day of _____, _____ Declarant's Signature: _____

I hereby state that the declarant (named above), _____, being of sound mind signed the above declaration in my presence and that I am not related to the declarant by blood or marriage and that I do not know or have a reasonable expectation that I would be entitled to any portion of the estate of the declarant under any existing will or codicil of the declarant or as an heir under the Intestate Succession Act if the declarant died on this date without a will. I also state that I am not the declarant's attending physician or an employee of the declarant's attending physician, or an employee of a health facility in which the declarant is a patient or an employee of a nursing home or any group-care home where the declarant resides. I further state that I do not now have any claim against the declarant.

Witness: _____ Witness: _____

CERTIFICATE

I, _____, Clerk (Assistant Clerk) of Superior Court or Notary Public (circle one as appropriate) for _____ County hereby certify that _____, the declarant, appeared before me and swore to me and to the witnesses in my presence that this instrument is his/her Declaration Of A Desire For A Natural Death, and that he/she had willingly and voluntarily made and executed it as his/her free act and deed for the purposes expressed in it.

I further certify that _____ and _____, witnesses, appeared before me and swore that they witnessed _____, declarant, sign the attached declaration, believing him/her to be of sound mind; and also swore that at the time they witnessed the declaration (i) they were not related within the third degree to the declarant or to the declarant's spouse, and (ii) they did not know or have a reasonable expectation that they would be entitled to any portion of the estate of the declarant upon the declarant's death under any will of the declarant or codicil thereto then existing or under the Intestate Succession Act as it provided at that time, and (iii) they were not a physician attending the declarant or an employee of an attending physician or an employee of a health facility in which the declarant was a patient or an employee of a nursing home or any group-care home in which the declarant resided, and (iv) they did not have a claim against the declarant. I further certify that I am satisfied as to the genuineness and due execution of the declaration.

This the _____ day of _____
Notary Public: _____
County of _____
My Commission Expires: _____