When your condition is terminal and there is no use in trying any other treatments, you can decide to stop further medical care and accept only care that will make you more comfortable. This means there will be no more tubes or unwanted treatment. The Advance Care Plan (Living Will) goes into effect only when you are too sick or injured to speak for yourself and when doctors believe you will die without the use of machines or aggressive treatment. If there is a reasonable chance you can be restored to health, your Advance Care Plan (Living Will) will not apply.

An Advance Care Plan (Living Will) is located on the back of this page. You may wish to use the Tennessee Advance Care Plan, a separate form. Either is binding under Tennessee law.

Additionally, there are two options in the Advance Care Plan (Living Will) to consider -

• Do you want food and water to be given through tubes? If not, you can say so. You will still be offered food and water by mouth if you are physically able to take them.

• Do you want to donate your organs/tissues for transplant after you die? You can say so in your Advance Care Plan (Living Will).

**IT'S YOUR DECISION**

The Advance Care Plan (Living Will) gives you control of decisions about your medical care when you have a terminal condition and are unconscious or too sick to communicate. It lets people caring for you know exactly what you want, so that you, and not others, choose how you are treated. It is the best way to make sure your wishes will be respected and maintained by doctors, by other healthcare providers, and by friends and family members.

**IT'S A GIFT**

The Advance Care Plan (Living Will) is a gift to your family and friends, who otherwise would be left to guess what you want. Families may not have the emotional strength to make those decisions for you. Family members may also disagree among themselves or with your doctors. And when disagreement occurs, the lack of direction often leads to continuation of treatment you may not want. Don’t let this happen to them - or to you!

**WITNESSING YOUR SIGNATURE**

Under Tennessee law, your Advance Care Plan (Living Will) may be (1) witnessed by two people, one of whom must NOT be related to you by blood, marriage, or adoption; OR (2) notarized by a notary public. If your signature is notarized, you do not have to have witnesses.
ADVANCE CARE PLAN (LIVING WILL)

I want my family and doctors to know that, if I have a terminal condition and there is no real chance I will recover no matter what is done, I want aggressive medical treatment stopped. I want to die naturally. Give me only those medicines and treatments that will make me comfortable and pain free. I want cleanliness, privacy, and peace in my final hours. Furthermore,

I want to be offered real food and water that I can eat and drink if I am hungry or thirsty. If I am unable to eat or drink, ☐ I do ☐ I do not want a tube placed in my veins, nose, or throat or surgically placed in my stomach to give me artificial food and fluids.

☐ I do ☐ I do not want to be an organ / tissue donor after I die. If I am an organ donor, artificial support may be maintained long enough for organs to be removed.

Other instructions, such as burial arrangements, hospice care, etc.: ________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

(Attach additional pages if necessary)

SIGNATURE

Your signature should either be witnessed by two competent adults or notarized. If witnessed, neither witness should be the person you appointed as your agent, and at least one of the witnesses should be someone who is not related to you or entitled to any part of your estate.

Signature: ___________________________ Date: ___________________________

Print Name: ___________________________

WITNESSES

1. I am a competent adult who is not named as the agent. I witnessed the patient’s signature on this form.

Signature of witness number 1

2. I am a competent adult who is not named as the agent. I am not related to the patient by blood, marriage, or adoption and I would not be entitled to any portion of the patient’s estate upon his or her death under any existing will or codicil or by operation of law. I witnessed the patient’s signature on this form.

Signature of witness number 2

OR

NOTARY

STATE OF TENNESSEE
COUNTY OF_______________________

I am a Notary public in and for the State and County named above. The person who signed this instrument is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person who signed as the “patient”. The patient personally appeared before me and signed above or acknowledged the signature above as his or her own. I declare under penalty of perjury that the patient appears to be of sound mind and under no duress, fraud, or undue influence.

My commission expires: ___________________________ Signature of Notary Public

Form 860 (Rev. 8/05)