

Sample Language for a Declaration in the event of becoming Permanently Unconscious

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 become permanently unconscious, I direct my attending physician, pursuant to the Arkansas Rights of the Terminally Ill or Permanently Unconscious Act, to:

- withhold or withdraw life-sustaining treatments that are no longer 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of _____, whom I appoint as my health care proxy to decide whether life-sustaining treatment should be withheld or withdrawn.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: _____