

Need some help filling out your Living Will document below?

You can now fill out a customized step-by-step version of this form and many others (your Will, Health Care Power of Attorney, and more) completely free on doyourownwill.com! And instantly download as .docx and .pdf.

Follow this link back to doyourownwill to begin: [Your Estate Planning Guide](#)



Last Will and Testament

Distribute your property, name guardians, and appoint an executor.



Living Will

Let others know your health care decisions.



Durable Power of Attorney

Appoint someone to communicate your decisions if you can't.



Or feel free to complete the blank form found below.

INSTRUCTIONS FOR DECLARATION TO PHYSICIANS FORM

A. Definitions:

- "Declaration" means a written, witnessed document voluntarily executed by the declarant under State Statute 154.03(1), but is not limited in form or substance to that provided in State Statute 154.03(2).
- "Department" means department of health and family services.
- "Feeding tube" means a medical tube through which nutrition or hydration is administered into the vein, stomach, nose, mouth or other body opening of a qualified patient.
- "Terminal condition" means an incurable condition caused by injury or illness that reasonable medical judgement finds would cause death imminently, so that the application of life-sustaining procedures serves only to postpone the moment of death.
- "Persistent vegetative state" means a condition that reasonable medical judgement finds constitutes complete and irreversible loss of all the functions of the cerebral cortex and results in a complete, chronic and irreversible cessation of all cognitive functioning and consciousness and a complete lack of behavioral responses that indicate cognitive functioning, although autonomic functions continue.
- "Qualified patient" means a declarant who has been diagnosed and certified in writing to be afflicted with a terminal condition or to be in a persistent vegetative state by 2 physicians, one of whom is the attending physician, who have personally examined the declarant.
- "Attending physician" means a physician licensed under State Statute Chapter 448 who has primary

responsibility for the treatment and care of the patient.

- "Health care professional" means a person licensed, certified or registered under State Statutes Chapters 441, 448 or 455.
- "Inpatient health care facility" has the meaning provided under State Statute 50.135(1) and includes community-based residential facilities as defined in State Statute 50.01(1g).
- "Life-sustaining procedure" means any medical procedure or intervention that, in the judgement of the attending physician, would serve only to prolong the dying process but not avert death when applied to a qualified patient.
- "Life-sustaining procedure" includes assistance in respiration, artificial maintenance of blood pressure and heart rate, blood transfusion, kidney dialysis and other similar procedures, but does not include (a) The alleviation of pain by administering medication or by performing an medical procedure. (b) The provision of nutrition or hydration.

B. Procedures for signing Declarations:

A declaration must be signed by the declarant in the presence of 2 witnesses. If the declarant is physically unable to sign a declaration, the declaration must be signed in the declarant's name by one of the witnesses or some other person at the declarant's express direction and in his or her presence; such a proxy signing shall either take place or be acknowledged by the declarant in the presence of 2 witnesses.

C. Effect of Declaration:

The desires of a qualified patient who is competent supersede the effect of the declaration at all times. If a qualified patient is incompetent at the time of the decision to withhold or withdraw life-sustaining procedures or feeding tubes a declaration executed under this chapter is presumed to be valid.

D. Revocation of Declaration:

A declaration may be revoked at any time by the declarant by any of the following methods:

- 1) By being canceled, defaced, obliterated, burned, torn or otherwise destroyed by the declarant or by some person who is directed by the declarant and who acts in the presence of the declarant.
- 2) By a written revocation of the declarant expressing the intent to revoke signed and dated by the declarant.
- 3) By a verbal expression by the declarant of his or her intent to revoke the declaration, but only if the declarant or a person acting on behalf of the declarant notifies the attending physician of the revocation.
- 4) By executing a subsequent declaration.

The attending physician shall record in the declarant's medical records the time, date and place of the revocation and time, date and place, if different, that he or she was notified of the revocation.

E. Liabilities:

No physician, inpatient health care facility or health care professional acting under direction of a physician may be held criminally liable or civilly liable, or charged with unprofessional conduct of any of the following:

- 1) Participating in the withholding or withdrawal of life-sustaining procedures or feeding tubes under ch. 154, subchapter II.
- 2) Failing to act upon a revocation unless the person or facility has actual knowledge of the revocation.
- 3) Failing to comply with a declaration, except that failure by a physician to comply with a declaration of a qualified patient constitutes unprofessional conduct if the physician refuses or fails to make a good faith attempt to transfer the patient to another physician who will comply with the declaration.

**PLEASE BE SURE YOU READ THE FORM CAREFULLY AND UNDERSTAND IT
BEFORE YOU COMPLETE AND SIGN IT DECLARATION TO PHYSICIANS
(WISCONSIN LIVING WILL)**

I, _____, being of sound mind, voluntarily state my desire that my dying not be prolonged under the circumstances specified in this document. Under those circumstances, I direct that I be permitted to die naturally. If I am unable to give directions regarding the use of life-sustaining procedures or feeding tubes, I intend that my family and physician honor this document as the final expression of my legal right to refuse medical or surgical treatment.

1. If I have a **TERMINAL CONDITION**, as determined by 2 physicians who have personally examined me, I do not want my dying to be artificially prolonged and I do not want life-sustaining procedures to be used. In addition, the following are my directions regarding the use of feeding tubes:

YES, I want feeding tubes used if I have a terminal condition.

NO, I do not want feeding tubes used if I have a terminal condition. If you have not checked either box, feeding tubes will be used.

2. If I am in a **PERSISTENT VEGETATIVE STATE**, as determined by 2 physicians who have personally examined me, the following are my directions regarding the use of life-sustaining procedures:

YES, I want life-sustaining procedures used if I am in a persistent vegetative state.

NO, I do not want life-sustaining procedures used if I am in a persistent vegetative state. If you have not checked either box, life-sustaining procedures will be used.

3. If I am in a **PERSISTENT VEGETATIVE STATE**, as determined by 2 physicians who have personally examined me, the following are my directions regarding the use of feeding tubes:

YES, I want feeding tubes used WI am in a persistent vegetative state. UNO, I do not want feeding tubes used if I am in a persistent vegetative state. If you have not checked either box, feeding tubes will be used.

If you are interested in more information about the significant terms used in this document, see

section 154.01 of the Wisconsin Statutes or the information accompanying this document.

ATTENTION: You and the 2 witnesses must sign the document at the same time.

Sign _____ Date _____

Address _____ Date of Birth _____

I believe that the person signing this document is of sound mind. I am an adult and am not related to the person signing this document by blood, marriage or adoption. I am not entitled to and do not have a claim on any portion of the person's estate and am not otherwise restricted by law from being a witness.

Witness Signature _____ Date Signed _____

Print Name _____

Witness Signature _____ Date Signed _____

Print Name _____

DIRECTIVES TO ATTENDING PHYSICIAN

This document authorizes the withholding or withdrawal of life-sustaining procedures or of feeding tubes when 2 physicians, one of whom is the attending physician, have personally examined and certified in writing that the patient has a terminal condition or is in a persistent vegetative state.

The choices in this document were made by a competent adult. Under the law, the patient's stated desires must be followed unless you believe that withholding or withdrawing life-sustaining procedures or feeding tubes would cause the patient pain or reduced comfort and that the pain or discomfort cannot be alleviated through pain relief measures. If the patient's stated desires are that life-sustaining procedures or feeding tubes be used, this directive must be followed.

If you feel that you cannot comply with this document, you must make a good faith attempt to transfer the patient to another physician who will comply. Refusal or failure to make a good faith attempt to do so constitutes unprofessional conduct.

If you know that the patient is pregnant, this document has no effect during her pregnancy.

The person making this living will may use the following space to record the names of those individuals and health care providers to whom he or she has given copies of this document: