

LAW OFFICES OF
LARRY E. CIESLA

LIVING WILL & HEALTH CARE

SURROGATE DESIGNATION

I, _____, residing at Alachua County, State of Florida, being of sound disposing mind and memory and knowledgeable about the uncertainties of human life, DO HEREBY PUBLISH, DECLARE AND ASSERT THIS TO BE MY LIVING WILL, HEALTH CARE SURROGATE DESIGNATION AND HEALTH CARE POWER OF ATTORNEY after careful consideration without suggestion or duress from any person.

1. In the event of an accident, illness or disease:

a) which causes me to be in an end-stage condition such as that there is a severe and permanent deterioration, indicated by incapacity and complete physical dependency, and for which, to a reasonable degree of medical certainty, treatment of the irreversible condition would be medically ineffective; and/or

b) which causes me to be in a persistent vegetative state such that there is (i) the absence of voluntary action or cognitive behavior of any kind or (ii) an inability to communicate or interact purposefully with the environment; and/or

c) which causes me to be in a terminal condition for which there is no reasonable medical probability of recovery and which, without treatment, can be expected to cause death; and/or

d) which impairs my bodily functions such as that my death is imminent if it were not for the use of "life-prolonging procedures", defined below; and/or

e) which causes me to be comatose with no certain and absolute assurance of my regaining awareness and higher mental functions; and/or

f) which results in little expectation of my recovery from extreme physical or mental disability; and/or

g) which cause me to have brain damage or some brain disease which is irreversible and I cannot recognize people or speak understandably, whether or not I have a terminal illness;

I DIRECT that I not be subjected to "life-prolonging procedures" which may prolong my life or delay my natural death. Such "life-prolonging procedures" shall mean and include:

i) major or minor surgical procedures; and/or

ii) forced feeding or nutrition introduction, except nutrition I may take on my own orally; and/or

iii) hydration or liquid nutrition except such as I may take on my own orally or except as may be necessary to relieve pain; and/or

iv) mechanical, drug and/or chemical treatment by any means or of any sort; and/or

v) cardiopulmonary resuscitation by the use of drugs, defibrillator, electrical shock or other means to keep my heart beating at the point of death or use of artificial breathing apparatus; and/or

vi) mechanical breathing; and/or

vii) chemotherapy; and/or

viii) kidney dialysis; and/or

ix) invasive diagnostic tests including, but not limited to, the use of a flexible tube to look into my stomach; and/or

x) blood or blood products, such as giving transfusions; and/or

xi) antibiotics; and/or

xii) diagnostic tests, including, but not limited to, blood tests or x-rays.

Rather, it is my direction that I be given only such treatment and care that will allow me to die with

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dignity and peace and in painless natural fashion. Pain medications, even if they dull my consciousness and indirectly shorten my life, may be used, for example.

I direct that "do not resuscitate" orders be placed in my file and be enforced upon my terminal illness and/or imminent death and/or upon the happening of any condition noted in paragraph 1(a) through (g) above.

I direct that no autopsy be conducted of my remains.

2. I hereby empower my Health Care Surrogate to authorize the withholding or withdrawal of any life prolonging procedures

defined above, and, if necessary, to seek and obtain court orders for such withdrawal or withholding.

3. I hereby, in behalf of myself, my Personal Representative and my heirs, hold harmless and indemnify my family, surrogate, guardian, others who may have custody or control over me, my doctors and all medical staffs treating me, as well as their employees and any hospital or nursing home, from all liability or responsibility, damages or claims, as may otherwise be owing me, my estate, my Personal Representative and/or heirs, as a result of their obedience to my orders and directions expressed in this Living Will.

4. By this instrument I hereby designate my *, * as my health care surrogate. If he is unable to serve I appoint *, * as my alternate health care surrogate.

If I am incapable of making health care decisions or providing informed consent because my judgment is so affected by a physical or mental condition that I lack the ability to communicate a willing and knowing health care decision either physically or verbally, I designate my health care surrogate to make health care decisions for me and in my name and right.

The decision of the first Surrogate to communicate a decision or statement to the pertinent health care provider shall be binding on all parties and is to be acted upon and obeyed by such health care provider. It is not the purpose of the provision of multiple Surrogates to require unanimous decisions.

Furthermore, I also hereby durably appoint the above-named Surrogate, to be my duly acting Attorney-in-Fact. As Attorney-in-Fact he or she may act for me, as set forth below, at any time, whether or not I have capacity to make my own decisions. The powers of such Attorney-in-Fact shall not be affected by any incapacity of mine except as provided in Florida Statutes section 709.08, but the powers and authority of the Surrogate shall not be constrained or affected by that Section of the Florida Statutes. It is my intention, therefore, to give my Surrogate/Attorney-in-Fact full unrestrained authority to act for me to accomplish the acts and decisions stated below:

A. Have final authority to act for me and to make any and all health care decisions for me in matters regarding my health care during and prior to my incapacity;

B. Consult with appropriate health care providers to provide informed consent in my best interests as the Surrogate perceives same;

C. Give any consent in writing using the appropriate consent forms;

D. Have access to all of my appropriate clinical records and may authorize the release of information and clinical records to appropriate persons or agencies to ensure the continuity of my health care and/or ensure receipt of health insurance benefits;

E. Apply for insurance benefits and public benefits, including but not limited to, Medicare and

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Medicaid, for me and to have access to information regarding my income and assets to the extent required to make such applications;

F. Authorize the transfer and admission of me to or from a health care facility;

G. Discharge and/or engage physicians and other health care providers in accordance with my living will;

H. Provide, withhold or withdraw consent for my admission to or services of home health care agencies, health maintenance organizations, rehabilitation facilities, mental health facilities, hospices, or such other facilities or services my Surrogate deems necessary, appropriate or reasonable for my care.

I. Provide, withhold or withdraw consent for experimental medical procedures and/or drug therapy, electroshock therapy and other treatment and/or care my Surrogate deems necessary, appropriate and/or reasonable.

J. Refuse autopsy of my remains.

K. Withhold or withdraw life-prolonging or death-delaying procedures in accordance with my living will and seek Court orders providing for the withholding and withdrawal of life-prolonging or death-delaying procedures in accordance with my living will;

L. To decide on the food supplements, nourishment, equipment, medication, general medical treatment and other services necessary or appropriate for my care, comfort and treatment.

M. Sign Do Not Resuscitate Orders in the event of my terminal condition so that paramedics, emergency medical personnel and other medical care providers do not resuscitate me to point of stabilization.

N. Do all acts and make all decisions regarding my health care as authorized by law.

O. May act for me and in my name and right as to all decisions concerning my health care whether or not I have a terminal illness.

My Surrogate shall not be liable or responsible for any costs or expenses of my medical treatment or care whatsoever and my Surrogate's signature on any admission papers for a health care facility shall not make the Surrogate liable or responsible for any costs and expenses incurred for my care at such health care facility, it being understood that the Surrogate acts for me and in my stead, and I, alone, would be liable or responsible for such costs and expenses.

My Surrogate shall not be liable to my estate, my heirs, me or to any other person as a result of the exercise of the authority granted herein.

This Designation shall continue in full force and effect forever unless, by written instrument, I have revoked the same.

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IN WITNESS WHEREOF, I have hereunto set my hand and seal on this _____ day of _____, 20__.

*

The foregoing instrument was signed, sealed, published and declared by * as and for her Living Will and Health Care Surrogate Designation, in the presence of us, who were all present at the same time, and who, in her presence, at her request, and in the presence of each other, have hereunto subscribed our names as witnesses, the day and year first above written.
