

DECLARATION OF A DESIRE FOR A NATURAL DEATH

**(Modifying The North Carolina Right To Natural Death Act To Comport With A Pro-Life Orientation As Permitted
By N.C.G.S. § 90-320(a))**

I, _____, being of sound mind, desire that, **as specified or modified below**, my life not be prolonged by extraordinary means or by artificial nutrition or hydration if it is determined that I have begun the irreversible process of dying or if I am diagnosed as being in a permanent coma or a persistent vegetative state. Therefore, if it is determined that I have begun the irreversible process of dying or if I am diagnosed as being in a permanent coma or a persistent vegetative state, I authorize my physician to withhold or discontinue extraordinary means (**as defined below in derogation of the statutory definition contained at N.C.G.S. § 90-321(a)(2)**) and to withhold or discontinue artificial nutrition or hydration, or both. I am aware and understand that this writing may authorize a physician to withhold or discontinue extraordinary means or artificial nutrition or hydration, in accordance with my specifications set forth below:

Initial one of the following statements – either A or B

_____ A. I direct that all medically indicated treatments and food and water (through tubes if necessary) be given to maintain my life, no matter what my physical or mental condition. (Skip B & C)

OR

_____ B. If a serious health condition occurs and my primary physician and at least one other physician who has personally examined me decide that the irreversible process of dying has begun and death is very near, I direct **not** to have treatments that would only prolong my dying. If these treatments have been started, they should be stopped. I also want to be given all necessary medical care appropriate to stop pain and to make me comfortable. I specifically direct, however, that hydration and nutrition **shall** continue in such a situation unless and until my primary physician and at least one other physician who has personally examined me decide that either or both hydration or nutrition are no longer providing nourishment or are directly causing additional suffering.

(Go to C)

C. If I have been diagnosed as being in a permanent coma or in a persistent vegetative state after being examined by my primary doctor and at least one other doctor who is qualified to make this decision, **choose either 1 or 2.**

_____ 1. I direct that **extraordinary*** medical care, including food and water (through tubes if needed), **shall** be used no matter what my physical or mental health.

OR

_____ 2. I direct that **extraordinary*** medical care shall not be used. I direct that food and water (through tubes if needed) be continued **unless or until** the benefits of this food and water are clearly outweighed by a definite danger or burden, or are useless.

*N.C.G.S. § 90-321(a)(2) notwithstanding, **extraordinary** medical care is understood as those medicines, treatments or operations which may be very expensive, may cause excessive pain or other

extreme difficulties or which may offer no reasonable hope of benefit.

Examples of extraordinary measures that I would want are as follows:

D. If I am pregnant and I am diagnosed as being in a permanent coma, in a persistent vegetative state or that the process of dying has begun and death is near, I direct that all medically indicated measures and food and water (through tubes if necessary) be given to maintain my life, regardless of my physical or mental condition, if this could maintain the life of my unborn children until birth.

E. N.C.G.S. § 90-323 recognizes the irreversible cessation of all functions of the entire brain, including the brain stem (also known as whole brain death), as a legal standard for the declaration of death. Generally, physicians will follow this standard. However, if I have signified by initialing the statement immediately below that I cannot accept this standard because of my personal religious beliefs, I request that it not be applied in determining my death:

_____ To declare my death on the basis of the irreversible cessation of all functions of the entire brain, including the brain stem, would violate my personal religious beliefs. I therefore direct that my death be declared solely on the basis of the traditional criteria of irreversible cessation of cardiopulmonary (heartbeat and breathing) function.

This the ___ day of _____, 200__.

Declarant - _____

I hereby state that the declarant, _____, 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

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, hereby certify that _____, the declarant, appeared before me and swore to me and to the witnesses in my presence that this instrument is the declarant's Declaration of a Desire for a Natural Death, and that the declarant had willingly and voluntarily made and executed it as the declarant's free act and deed for the purposes expressed in it.

I further certify that _____ and _____, the witnesses, appeared before me and swore that they witnessed the declarant sign the attached declaration, believing the declarant 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 provides 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 _____, 200__.

_____, Notary Public
Commission expires _____



350 N. Cox St. No. 9
Asheboro, North Carolina 27203
Tel 336.610.6000
Fax 336.610.6001

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