

## Texas Directive to Physician

Directive made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

I, \_\_\_\_\_, being of sound mind, willfully and voluntarily make known my desire that my life shall not be artificially prolonged under the circumstances set forth below, and do hereby declare:

1. If at any time I should have an incurable condition caused by injury, disease or illness certified to be a terminal condition by two physicians, and where the application of life-sustaining procedures would serve only to artificially prolong the moment of my death and where my attending physician determines that my death is imminent whether or not life-sustaining procedures are utilized, I direct that such procedures be withheld or withdrawn, and that I be permitted to die naturally. **Optional:** (1) I hereby designate \_\_\_\_\_ to make treatment decisions for me in the event I am comatose, incompetent or otherwise mentally or physically incapable of communication. (2) I do( ) do not( ) desire that artificial nutrition and hydration (food and water) administered by gastric tube or intravenously be considered as treatments to be withheld or withdrawn in accordance with this document.
2. In the absence of my ability to give directions regarding the use of such life-sustaining procedures, it is my intention that this directive shall be honored by my family and physicians as the final expression of my legal right to refuse medical or surgical treatment and accept the consequences from such refusal.
3. If I have been diagnosed as pregnant and that diagnosis is known by my physician, this directive shall have no force or effect during the course of my pregnancy.
4. This directive shall remain in force or effect until revoked.
5. I understand the full import of this directive and I am emotionally and mentally competent to make this directive.
6. I understand that I may revoke this directive at any time.

Signed: \_\_\_\_\_

City, County and State of Residence: \_\_\_\_\_

The declarant has been personally known to me and I believe him or her to be of sound mind. I am not related to the declarant by blood or marriage, nor would I be entitled to any portion of the declarant's estate on his/her decease, nor am I the attending physician of the declarant or an employee of the attending physician or a health facility in which the declarant is a patient, or a patient in the health care facility in which declarant is a patient, or a patient in the health care facility in which declarant is a patient, or any person who has a claim against any portion of the estate of the declarant upon his/her decease.

Witness \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_