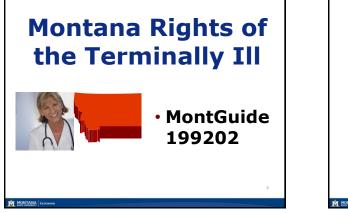




Professor & Extension Family Economics Specialist

Department of Agricultural Economics & Economics

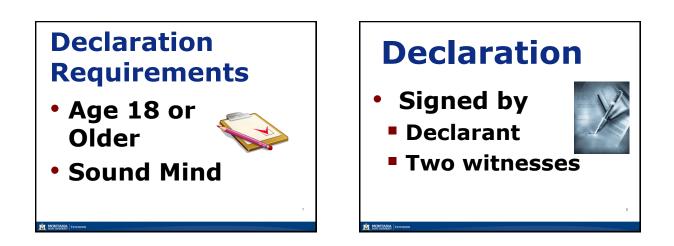




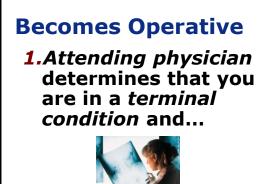


#### Declaration

• Governs withholding or withdrawing of lifesustaining treatment when a person is in a terminal condition







#### **Becomes operative**

2.You are no longer able to make decisions about the administration of *life-sustaining treatment* 



#### **Attending Physician**

 Selected by or assigned to patient who has primary responsibility for the treatment & care of patient



#### Life-sustaining Treatment



 Any medical procedure or interventions which, when administered to a qualified patient, will serve only to prolong the dying process

#### **Terminal Condition**

• Incurable or irreversible condition that, without administration of lifesustaining treatment, will, in the opinion of the attending physician, result in death within a relatively short time.



### What if physician is not willing to comply?

- Inform you
- Transfer care to another physician



# <section-header><text>

## Giving others consent

 Designee can make decisions for you



#### Priority List if no Designee

Spouse

Wife

Husband





#### Second in line

 More than one adult child



 Majority of adult children who are reasonably available for consultation

## Third in Line • Parents of the declarant

#### Fourth in Line

- Adult brother or sister
- If more than one sibling, a majority of adult children who are reasonably available for consultation



#### **Fifth in Line**

 Nearest other adult relative by blood or adoption who is reasonably available for consultation

## Change your mind?



- Verbally
- In writing

#### Concealing Living Will



- Misdemeanor
  - Fine \$500
  - County Jail 1 yr

#### **Life Insurance**

• Withdrawal of life sustaining treatment does not constitute suicide or homicide

#### Example Declaration • MontGuide 199202 Signature Date Witnesses' Signatures

#### Example Designee • MontGuide 199202 Name of designee Signature

Witnesses' Signatures



#### **Summary: Declaration**

• Allows you to terminate medical treatment should you have incurable & irreversible condition that would lead to death without treatment



State Bar of Montana

## ReviewersReviewers• MSU College of<br/>Nursing• Of<br/>Ag• Montana Department<br/>of Public Health &<br/>Human Services• Mo<br/>Ass

#### **Reviewers**

- Office on Aging
- Montana Nurses Association

