

Living Will



Living Will

Living Wills can vary considerably in what is specified and what is included. This sample may not include everything you wish. You may need to take advice before redrafting a document based on this example.

But don't let that put you off using our service - you will be able to get it just the way you want it.

You might notice that our document is quite light on legal jargon. We have removed as much legal mumbo jumbo as we can so that your document is easily understood by you, your relatives and your medical practitioners.

This Living Will is made on the day of 2021

I wish these instructions to be acted upon if two registered medical practitioners are of the opinion that I am no longer capable of making and communicating a treatment decision and that I am:-

- unconscious and it is unlikely that I shall ever regain consciousness
- suffering from an incurable or irreversible condition that will result in my death within a relatively short time
- so severely disabled, physically or mentally, that I shall be totally dependent on others for the rest of my life.

I refuse any medical or surgical treatment if:-

- its burdens and risks outweigh its potential benefits
- it involves any research or experimentation which is likely to be of little or no therapeutic value to me
- it will needlessly prolong my life or postpone the actual moment of my death.

I consent to being fed orally and to any treatment that may:-

- safeguard my dignity
- make me more comfortable
- relieve pain and suffering, even though such treatment might unintentionally precipitate my death.

Signed by

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In the presence of

Name:

Address:

Occupation:

Power of Attorney in relation to Living Will

I appoint as my Power of Attorney.....

their authority becomes effective when my medical practitioner determines that I am unable to make my own health care decisions.

My Power of Attorney shall make health care decisions based on the details given in this document and any views I might have previously expressed and based on decisions that they consider are in keeping with my known personal values.

Organ and Tissue Donation

This section states my firm and settled decisions regarding organ and tissue donation.

I wish / do not wish to donate my organs for the purpose of transplant only.

This Document should not be signed without Medical and Legal Advice.

It should be witnessed by a Solicitor/ Commissioner for Oaths .

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Michael Monahan Solicitor has got you covered for all your legal needs