

LIVING WILL Instruction Guide

The Cleveland Clinic recommends that every Patient over the age of 18 have an Advance Directive in her or his electronic medical record.

The Living Will (LW) is an Advance Directive identified under Ohio Law. This guide provides information on how to complete the LW form.

The Living Will allows you to document your wish that life-sustaining treatment, including artificially or technologically supplied nutrition and hydration, be withheld or withdrawn if you are unable to make informed medical decisions. It is effective if two physicians evaluate you and determine that you are terminally ill and unable to communicate or in a permanently unconscious state.

If you meet criteria above for the Living Will to be in effect, the Living Will declaration takes precedence over a Health Care Power of Attorney.

Page 1: Notice to Declarant. In the Ohio Living Will, you are referred to as the “Declarant.” Page 1 provides a brief explanation regarding the scope of a Living Will.

Page 2: Document your name and date of birth. The rest of Page 2 and all of Page 3 contain a list of definitions.

Page 4: Allows you to indicate if you have a Health Care Power of Attorney. There is also an option to provide the names and contact information of individuals you would want notified if the physician determines that life-sustaining treatment should be withheld or withdrawn. The bottom of Page 4 directs your physician to let you die naturally, providing only comfort care if you are declared terminally ill or permanently unconscious by two doctors.

Page 5: Provides specific guidance to the physician about the treatment and technological support that you are choosing in advance not to receive. If you intend to have artificially or technologically supplied nutrition and hydration withheld or withdrawn, you must place initials in the box in the middle of Page 5. The bottom of Page 5 (and other pages if needed) are to be used if any additional instructions or limitations are desired.

Page 6: Allows you to document your wishes regarding organ or tissue donation. This section is optional.

Page 6: Signature of the Patient, date, and name of the City you are in when signing the document.

Page 7: Witness signatures, dates and location OR a notary.

The Living Will must be EITHER notarized OR witnessed by two persons. Witnesses cannot be the Agent(s) under a Living Will, if any; related by blood, marriage or adoption; your attending physician, or the administrator of a nursing home where you may be receiving care. Cleveland Clinic Caregivers, including physicians, residents and fellows, can act as witnesses if they do not fall into the previous categories.

Each of the two witnesses attests that you signed in the presence of each witness, and appear to be of sound mind and not under or subject to duress, fraud or undue influence.

Advance Directive documents can be brought to any Cleveland Clinic registration desk or faxed to 216-445-9733 to be placed in your record.

The key legal requirements for a valid Living Will are highlighted above in yellow. For further information, please refer to Advance Directives on the website: <https://my.clevelandclinic.org/patients/information/medical-decisions-guide/advance-directives>.

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