## ALTERNATE FORM OF STATEMENT OF DESIRES

If I should have an incurable injury, disease, or illness certified by \_\_\_[state mumber]\_ \_ physicians to be a terminal condition, and if the application of life-sustaining procedures would serve only to artificially prolong the moment of my death, and if my treating physician determines that my death is imminent, whether or not life-sustaining procedures are utilized, then I desire that all life-sustaining treatment be withheld or removed.

If I am in a coma and have been for at least \_\_fstate number]\_ days, which \_\_fstate number]\_ qualified physicians familiar with my condition have diagnosed as irreversible (i.e., if there is no reasonable possibility that I will regain consciousness), then I desire that all life-sustaining treatment be removed or withheld.

If in my agent's judgment the burdens of the proposed treatment outweigh the expected benefits, then I desire that all life-sustaining treatment be withheld or withdrawn. I desire that my agent consider relief from suffering preservation or restoration of functioning, and the quality as well as the extent of the life being preserved when decisions are made concerning life-sustaining care, treatment, services, and procedures.