

# Living Will of Jewish Client

I, Jewish Client, the principal, an adult of sound mind, execute this Living Will freely and voluntarily, under ARS §36-3261, with an understanding of its purposes and consequences. I intend my statements to constitute clear and convincing evidence of my wishes concerning medical treatment.

## Jewish Law to Govern Health Care Decisions

I am Jewish. It is my desire, and I hereby direct, that all health care decisions made for me (whether made by my surrogate, a guardian appointed for me, or any other person) be made pursuant to Jewish law and custom as determined in accordance with strict Orthodox interpretation and tradition. Without limiting in any way the generality of the foregoing, it is my wish that Jewish law and custom should dictate the course of my health care with respect to such matters as the performance of cardiopulmonary resuscitation if I suffer cardiac or respiratory arrest; the performance of life-sustaining surgical procedures and the initiation or maintenance of any particular course of life-sustaining medical treatment or other form of life-support maintenance, including the provision of nutrition and hydration; and the criteria by which death shall be determined, including the method by which such criteria shall be medically ascertained or confirmed.

## Ascertaining the Requirements of Jewish Law

In determining the requirements of Jewish law and custom in connection with this declaration, I direct my Agent to consult with the following Orthodox Rabbi and I ask my Agent to follow his guidance:

Name of Rabbi:

If such Rabbi is unable, unwilling or unavailable to provide such consultation and guidance, then I direct my Agent to consult with, and I ask my Agent to follow the guidance of, an Orthodox Rabbi referred by the following Orthodox Jewish institution or organization:

Name of Institution/Organization:

If such institution or organization is unable, unwilling or unavailable to make such a reference, or if the Orthodox Rabbi referred by such institution or organization is unable, unwilling or unavailable to provide such guidance, then I direct my Agent to consult with, and I ask my Agent to follow the guidance of, an Orthodox Rabbi whose guidance on issues of Jewish law and custom my Agent in good faith believes I would respect and follow.

## **Guidelines for the Cessation of Life-Sustaining Treatment**

If my death becomes imminent, I am in a persistent vegetative state, or I have a terminal illness or incurable condition, then I do not want my life to be prolonged and I do not want life-sustaining treatment, beyond comfort care, that would serve only to artificially delay the moment of my death. I want to die naturally, with only the administration of medication or the performance of any medical procedures deemed necessary to provide me with comfort and care or to alleviate pain, even though they may shorten my remaining life.

Notwithstanding my other directions I do want the use of all medical care necessary to treat my condition until my physicians reasonably conclude that my condition is terminal or is irreversible and incurable or I am in a persistent vegetative state.

Except as modified by any guidelines stated above, the term “life-sustaining treatment” shall include, without being limited to, nutrition and hydration administered by invasive procedures, antibiotics, respirators, pacemakers, renal dialysis, or any other mechanical devices designed to assist the functioning of organs; transfusion of blood and blood products; and in the event of cardiac or cardiopulmonary arrest, resuscitative procedures.

### **Pain Relief**

I consent to the administration of whatever pain-relieving drugs and surgical pain relieving procedures my Health Care Agent or surrogate, upon medical advice, believes may provide comfort to me, even though such drugs or procedures may lead to pharmaceutical addictions, lower blood pressure, lower levels of breathing, or may hasten my death. Even if artificial life support or aggressive medical treatment has been withdrawn or refused, I want to be kept as comfortable as possible, and I do not want to be neglected by medical or nursing staff.

### **Statement of My Intent**

In the absence of my ability to give directions regarding the use of such life-sustaining treatment, it is my intent that this declaration be honored by my family and physicians as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences of such refusal.

This declaration is made after careful consideration and is in accordance with my strong convictions and beliefs. I want my wishes and directions as expressed in this declaration to be carried out to the extent permitted by law.

I declare to my family, my doctor and anyone else whom it may concern that the wishes I have expressed herein with regard to compliance with Jewish law and custom should be

treated as incontrovertible evidence of my intent and desire with respect to all health care measures and post-mortem procedures; and that it is my wish that the procedure outlined above should be followed in determining the requirements of Jewish law and custom.

### **Release of Liability**

I hereby release and hold harmless any person who, in good faith, terminates life-sustaining procedures in accordance with the guidelines in this declaration.

### **Validity of Copies**

Photocopies (photocopies include: facsimiles and digital or other reproductions, hereafter referred to collectively as “photocopy”) of this instrument may be effective and enforceable as originals, and third parties are entitled to rely on photocopies of this instrument for the full force and effect of all stated terms.

