

What Is a Living Will?

A living will is a written document that tells what medical treatments you want performed if you are not able to communicate them yourself. These wishes are usually about life-sustaining procedures. This fact sheet will cover the following:

- Choosing a living will instead of a health care proxy
- What a living will should include
- Specific treatments to consider in your living will



What Is the Difference Between a Living Will and a Health Care Proxy?

A living will is a document that says what your wishes for care are. A health care proxy form is a document where you chose another adult who will make your medical decisions for you. This person should be someone who really knows what kind of care you want. They will be called your 'health care agent.'

Both a living will and a health care proxy are used when you cannot communicate your health care wishes yourself. For example, doctors would use them when you are in a coma. You do not need to be terminally ill to complete either of them.

In general, doctors prefer a health care proxy form over a living will. This is because your health care agent can make changes if there are unexpected changes to your situation. Read CancerCare's fact sheet, "The Role of a Health Care Proxy," to learn more.

A living will is still good for recording what your wishes are, if you do not have a health care agent you care to choose.



What Should Be Included In a Living Will?

If you are unable to speak or communicate, your living will can be read and honored by members of your health care team.

In a living will document, you must include the following:

- Your legal name
- The current date
- Your personal statement regarding your health care wishes
- Your signature
- If possible, the dated signatures of two witnesses with statements that they saw you complete this document willingly

Be specific in your living will. In order for the living will to be useful, you must be very specific about what you want in a wide range of difficult medical situations. Many people find it hard to decide which treatments they would want to have, or not have, especially in complicated circumstances.



What Are Specific Procedures to Consider for a Living Will?

The following procedures can help a sick or severely injured person live longer. There are times, however, when prolonging life can harm the body or not be what you want. Talk with your health care team and any caregivers about what you want.

Cardiopulmonary resuscitation (CPR). This is used when a person's heart or breathing stop to get them started again. Common procedures during CPR are:

- Mouth-to-mouth resuscitation
- Chest compression
- Electric shock
- Insertion of a tube to open the airway
- Injection of medication into the heart or open chest

Do not resuscitate (DNR)/do not intubate (DNI) orders. These tell the doctors not to place the patient on a machine to help them breathe by inserting a tube down the patient's windpipe.

Mechanical ventilator. This is a machine used to help people breathe when they are unable to breathe enough on their own. This is sometimes called a respirator. A tube is inserted into the mouth and placed down the windpipe. Being placed on a ventilator can help people with acute or some chronic, stable conditions.

Artificial nutrition and hydration (food and water through a tube). Artificial nutrition and hydration replaces ordinary food and liquid when a patient is no longer able to swallow. A tube is placed directly into the nose, stomach, the upper intestine or a vein. This can save a life if used until the body can heal itself. When given for long-term use to end-stage patients, it cannot reverse the course of a disease.

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