



Union for Traditional Judaism

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## **LIVING WILL**

**OF**

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TO MY FAMILY DOCTOR, LAWYER AND ALL OTHERS WHOM IT MAY CONCERN:

If the time comes in the future when I can no longer take part in decisions about my health care, let this statement stand as an expression of my wishes and directions, while I am still of sound mind and capable of making decisions about my care.

If at such a time the situation should arise in which there is no reasonable expectation of my recovery from extreme physical or mental disability, when I can no longer relate to and interact with friends and loved ones, I direct that the decision to let me die, or to administer medications, artificial life support or "heroic measures," including but not limited to the use of antibiotics, respirators, dialysis, artificial nutrition and hydration, and resuscitation, be made in a manner consistent with Jewish law and tradition and in consultation with a rabbi, competent in Jewish law and the field of Jewish medical ethics, to be chosen by \_\_\_\_\_ . (spouse, children, family, friend...)

In addition, if death is impending and imminent, I direct that a decision on the matter of the transplanting of my healthy and appropriate organs upon my death be made in the same manner.

I ask that medication be mercifully administered to me to alleviate suffering, including but not limited to pain and feelings associated with suffocation and all other types of extreme discomfort.

I would like to live out my last days at home or in a hospice rather than in a hospital, if it does not jeopardize the chance of my recovery and does not impose an untenable burden on my family.

I am making this statement after careful consideration and in accordance with my strong convictions and beliefs. I want the wishes and direction here expressed carried out to the maximum extent permitted by law. Insofar as they are not legally enforceable, I hope that those to whom this document is addressed will regard themselves as morally and legally bound by these provisions.

I understand the full meaning of this instrument and sign it voluntarily and willfully. I may revoke this instrument at any time, provided that I am capable of making decisions about my care.

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Dated: \_\_\_\_\_

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Address

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Address

Witness: \_\_\_\_\_

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Address

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Witness: \_\_\_\_\_

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