

**DECLARATION PURSUANT TO 20 Pa.C.S.A. 5404:
PENNSYLVANIA ADVANCE DIRECTIVE FOR HEALTH CARE ACT
"AN ORTHODOX CHRISTIAN LIVING WILL & HEALTH-CARE PROXY"**

I, (Name and Address), being an adult of sound mind, willfully and voluntarily make this declaration to be followed in become incompetent. This declaration reflects my firm and settled commitment to refuse life-sustaining treatment under the circumstances indicated below.

My Orthodox Christian beliefs hold that it is unethical to take a life. While it is not the highest of all values to preserve life, affirmative steps to cause death, including but not limited to euthanasia or suicide, are inappropriate. It can be permissible, and even appropriate in some circumstances, to allow nature to take its course without heroic medical intervention, until God determines to take my life. Using heroic medical measures to merely maintain my body's biological functioning is not appropriate since mere biological existence itself is not considered to be of value. My death, if with dignity and proper observance and respect for the rites and traditions of the church, can be a victory of faith. In light of the foregoing, I express the following concerning my medical treatment and care.

I direct my attending physician to fully and completely inform me and my designated surrogate, if any, of my medical condition including but not limited to the fact that I may have a terminal illness and my anticipated life expectancy. This information is vital to my carrying out important religious practices as an Orthodox Christian.

I direct my attending physician to withhold or withdraw lifesustaining treatment that serves only to prolong the process of dying, if I should be in a terminal condition or in a state of permanent unconsciousness.

I direct that treatment be limited to measures to keep me comfortable and to relieve pain, including any pain that might occur by withholding or withdrawing life-sustaining treatment, in accordance with Orthodox Christian doctrines. I wish that all treatment and measures for my comfort, and to alleviate my pain, be provided so long as they do not rise to the level of constituting euthanasia. In making decisions concerning the administration of pain relief, I request that consideration be given to my Orthodox Christian beliefs, and in particular, the importance of my having some level of consciousness prior to death to be able to participate in accepting Holy Communion and making a final confession of my sins as well as participating in certain prescribed prayer services. I request that my attending physician and designated surrogate, if any, endeavor to humanely and compassionately balance my desire for pain relief and my desire to participate in these, my last religious observances.

In addition, if I am in the condition described above, I feel especially strong about the following forms of treatment:

I do or do not want cardiac resuscitation.

I do or do not want mechanical respiration.

I do or do not want tube feeding or any other artificial or invasive form of nutrition (food) or hydration (water).

I do or do not want blood or blood products.

I do or do not want any form of surgery or invasive diagnostic tests.

I do or do not want kidney dialysis.

I do or do not want antibiotics.

I realize that if I do not specifically indicate my preference regarding any of the forms of treatment listed above, I may receive that form of treatment.

I do or do not want to designate another person as my surrogate to make medical treatment decisions for me if I should be incompetent and in a terminal condition or in a state of permanent unconsciousness.

Name, address and telephone number of surrogate:

Name, address and telephone number of substitute surrogate (if surrogate designated above is unable to serve):

Finally, it is my desire that religious principles shall apply to the interpretation of this living will and medical instruction directive. I wish to condition the effectiveness of this directive upon its conformance to Orthodox Christian doctrines and beliefs to which I subscribe. In order to effectuate my wishes, if any question arises as to the requirements of my religious beliefs, I direct that my attending physician and my designated surrogate, if any, consult with and follow the guidance of my parish priest or bishop:

(Names, Addresses and Phone Numbers)

I make this declaration on (Date).

Declarant's signature:

Declarant's address:

The declarant or the person on behalf of and at the direction of the declarant knowingly and voluntarily signed this writing by signature or mark in my presence:

Witness's signature:

Witness's address: