



ICHHAMARAN (THE LIVING WILL)

Society For The Right To Die With Dignity

The Living Will

The introduction to The Living Will by Louis Kutner in 1969 is a seminal contribution to the concept of voluntary euthanasia.

The Living Will (also referred to at times as Advanced Health Directive) is a document which specifies contemporaneous or future circumstances of severe ill health when all further remediable measures are futile, when you would prefer not to have the process of dying unduly prolonged with a directive to withdraw or withhold all life supports and medications and request the physician to aid towards an easier and quicker passage to death. It is expression of one's right to choose refusal of any treatment offered under the circumstances.

It can be executed by any mature adult in full possession of his decision-making capacity, and without any element of duress or coercion.

The declaration is made so that if one is not in a state to convey one's final decision, it is taken as your expressed wish and direction.

It is preferable to make out the Living Will when one is in a fit state of health, so that no doubts can be cast that it was made under a stress of illness.

The declarant reserves the Right to withdraw the document at any time if he so desires, witnessed by two individuals attesting to oral or written withdrawal.

It absolves the physician, paramedical personnel or institution, and family members of any responsibility for the act of termination of one's life and takes full responsibility for the act upon oneself.

The Living Will may be considered as a sort of 'insurance policy' against the malfeasance of the undignified process of dying which may be imposed on an individual by misuse of modern medical technology.

Though the totality of the Living Will may not have legal sanction as yet in our country, it is well to remember that the part of the Living Will enunciating the acceptance or otherwise of any treatment is the legal right of the individual. The Society for the Right to Die with Dignity is a co-petitioner in an appeal before the Supreme Court in India for making such a Living Will legal. Even in the absence of legal sanction, it still does not detract from its value as a moral force for the family and the physician. In the absence of the document, futile treatment may be continued by the family out of a misplaced sense of duty, and by the physician out of a misplaced confusion of ethics.

Custody of the Living Will and Desirable Power of Attorney

- (1) Original documents must be kept in a place known to members of the family, your physician and those who carry your Power of Attorney.
- (2) Each of the above individuals should have Xerox copies of the documents in their possession.

ICHHA MARAN

A DECLARATION WILLING THE MODE OF MY DEATH

To,

My family, my close friends, my medical attendants and all other persons who may be concerned with my medical treatment and care.

I accept death as a natural and inevitable consequence to life and do not fear it. But I fear the process and mode of dying which may be accompanied by undue pain, suffering and the indignity of mental and physical deterioration, causing distress not only to myself but also to my family. I have given deep considerable thought to this and based on our philosophy of "ICHHA MARAN, I make the following declaration.

DECLARATION

I, _____
normally residing at _____

make this declaration when I am in full possession of my decision making capacity, and after due and careful consideration, without being under any coercion or duress, enunciating the condition of my health under which, it should be deemed that I do not desire to prolong my life.

I declare that if at any time the under mentioned conditions of my health exist and the opinion of physicians there is no reasonable prospect of recovery viz.,

1. Stoppage of heart function for more than three minutes;
2. Cessation of brain stem functions;
3. Severe and lasting brain damage from any cause;
4. Any irreversible or irremediable disease or impairment causing severe physical or mental distress or which renders me incapable of rational, purposeful and useful existence or when my vital bodily functions are incapable of independent functioning;
5. Any form of illness such as advanced malignant disease, severe immune deficiency disease or advanced degenerative disease of the nervous system or any other incurable illness which has a limited expected life-span.

Then and in those circumstances, my directions are as under:

1. I request and implore that I be allowed to die with dignity.
2. I am not to be subjected to any medical or surgical treatment or other heroic or extra ordinary means aimed at merely prolonging or sustaining my life.
3. I do not wish to be subjected to any form of life support treatment such as artificial ventilation, intravenous infusions including blood transfusions or antibiotics or pacemakers or chemotherapy or dialysis and if such have been instituted, to withdraw them.
4. I direct that only those medications which are likely to give me relief from pain and suffering be administered in appropriate doses, and to employ any other measures to ease my passage to a dignified death, and with full realisation that they may shorten my life.
5. I further empower attending the physician to seek opinion from another colleague/colleagues if he so desires or feels it necessary to do so.
6. Further, I request the physician to ask me for my final confirmation of this Declaration in the presence of a witness if I am still manifestly in a state to convey the same. If not, then this declaration must be deemed by my family and attendant physician as a final expression of my legal right to refuse any medical treatment. Further any such decision may be executed in consultation with the individuals to whom I may have assigned the Power of Attorney, if deemed necessary.
7. I hereby absolve attending physicians and other persons concerned with my medical care of any liability arising out of any act performed to meet the above directions and accept unreservedly the responsibility and consequence resulting from any action to carry out these directions.
8. I also reserve the right to revoke this Declaration at any time before two witnesses either in writing or orally.

This Declaration is signed and dated by me in presence of the 2 under mentioned witnesses present at the same time who, at my request, in my presence, and in the presence of each other, have hereunder subscribed their names as witness.

Name :

Address

Signature

Place and Date :

WITNESSES:

We testify that the above Directive was signed in our presence, the purpose of which was made clear to us. We believe that the Declaration has been

made voluntarily without any duress and was made when the Declarant was in full possession of his/her decision making capacity.

We further testify that we are not members of the Declarant's family nor related by blood, marriage or adoption to the Declarant. We have no claim against any portion of the estate of the Declarant upon his/her death.

Witness No. 1	Witness No. 2
Name	Name
Address:	Address:
Tel No.	Tel No.
Signature	
Place	Place
Date:	Date:

SPECIAL POWER OF ATTORNEY

A Power of Attorney given this _____ day of _____
_____ by me _____

Whereas

- 1) I have executed a Declaration dated _____ stating that in circumstances there set out, I should be deemed to decline to receive artificial medical treatment or any other treatment and to ask to be kept free from pain and distress.
- 2) I seek to ensure that the wishes expressed will be fully respected.

NOW THIS DEED WITNESSES THAT I appoint _____

Who have expressed their acceptance to act as such, jointly or severally, to be my attorneys for the purpose of securing compliance with terms of my declaration and I vest in my attorneys, jointly or severally, power to interpret, make decisions and take action on my behalf with regards to my declaration notwithstanding any contrary views held by any other person.

I declare that this Power of Attorney shall remain in force during my lifetime or until notice of its revocation is received by my attorneys

AS WITNESS my hand this day.

SIGNED SEALED AND DELIVERED
BY ME
IN THE PRESENCE
OF

SIGNATURE

PLACE & DATE

DECLARATION BY EXECUTOR OF POWER OF ATTORNEY

We testify that we are not members of Declarant family, nor related by blood, marriage or adoption to the Declarant and are not entitled to any part of the estate of the Declarant and have no claim against any portion of the estate of the Declarant upon his/her death.

Executor 1	Executor 2
Name	Name
Address:	Address:
Tel No.	Tel No.
Signature	
Place	Place
Date:	Date:

Issued by the SOCIETY FOR THE RIGHT TO DIE WITH DIGNITY.

This is a specimen copy on the basis of which you are advised to draw your copy of the Living Will. You may alter the content without nullifying the objectives of the original work.