

# THE LIVING IN HIS WILL PROJECT

## Introduction

A typical *living will* is a written advance directive that allows you to express your will to refuse life-sustaining medical treatments if you are unable to participate in the decision. This document would be effective while you are living as opposed to a *Last Will and Testament* which is only utilized after death. The first living will was created in 1967 by the Euthanasia Society of America. Their efforts and written living will form allowed individuals to express their own individual will and desire as to what medical conditions or perceived lack of “quality” in their life may or may not be desirable. In essence, consent was given to eliminate God’s will for their lives by either allowing another to end their life with *assisted suicide* or *euthanasia* or directing that death be delayed artificially by utilizing medical technology. Most people have heard of these terms but for clarity purposes, *assisted suicide* is where one person provides another with the information, guidance or means to take his or her own life with the intention that they will be used for this purpose and *euthanasia* is the intentional killing by act or omission of a dependent human being for his or her own alleged benefit.

## History of the Living Will

Assisted suicide and euthanasia appear to have their foundation in the study and practice of *eugenics*, which, sadly, is “defining and eliminating the unfit”. In the first half of the twentieth century, eugenics was commonly studied and practiced in both the United States and Europe. In fact, Long Island’s Cold Spring Harbor Laboratory was the Government’s central research facility from 1910 to 1940. Initially, the practice of eugenics was solely aimed at “eliminating” disabled infants and children. Dr. Foster Kennedy was the President of the Euthanasia Society of America, which was founded in 1938 in New York City. He stated that their purpose was the “legalizing of euthanasia primarily in cases of born defectives who are doomed to remain defective, rather than for normal persons who have become miserable through incurable illness.” However, euthanasia, as it relates to the terminally ill and elderly, appears to have begun in Nazi Germany in 1939. Hitler himself, after causing the death of “defective” infants and children which were deemed to be “life unworthy of life”, issued a written order on his own stationery stating that Nazi physicians should now also decide if a person’s sickness was incurable so that they “may be accorded a mercy death”.

Many scholars and authors agree that *Darwin’s theory of evolution* was the catalyst for the growth of the eugenics and euthanasia movements in America. Darwinism caused three consequences: first, God was eliminated as the Creator of life thus downgrading humanity and forcing us to fight for survival like all other animals. Second, if God is not our creator, then we cannot be made in His holy image and finally, if we are not made in His holy image, then our lives cannot

have any sacred value. This conclusion led many to believe in the “survival of the fittest” which justified horrendous tragedies such as allowing “defective” infants to die as “life unworthy of life” and the forced sterilization of those deemed to be “unfit” for reproduction. Needless to say, the Birth Control League (which was later changed to The Planned Parenthood Federation of America) was soon created and they advocated for “less children from the unfit” as they were alarmed at the high birth rates of the poor.

If the euthanasia movement is tracked through the decades you will find that the support organizations with honest names such as “The Hemlock Society” strategically changed their names to soften their appearance to the public and increase their acceptance. However, regardless of the organization’s comforting name, their purpose remains the same: to steal, kill and destroy God’s creation.

## The Purpose

My intention and hope in offering this form is that those who trust in God as their Creator will not use secular living wills which have a dark history and only focus on the individual’s attempt to master their own death, but instead continue to seek the will of God even through their last days on earth.

## The Mission

The Living In His Will Project was born of God between Sanctity of Life week and Holy Week, 2008. The initial mission of the Project is to provide 1,000 free copies of this form to help awaken Christians to the spiritual issues involved in the decision-making process at the end of *this* life.

## Directions for Completing the Living Will Form

Each state jurisdiction has different legal requirements for the execution of a living will. If you are outside of New York State, I strongly recommend that you consult with an experienced elder law attorney in your state for representation and guidance. If you need a recommendation to a qualified attorney, please contact my office. New York States does not have a statutory form for this type of document. Therefore you may alter it as you see fit but be very careful to not cause a contradiction or remove critical language; you should seek competent legal counsel prior to modification. In New York, two disinterested witnesses are required to sign after the Principal executes the document. No notary public is required in New York. It is critical that you also complete a valid Health Care Proxy or Durable Power of Attorney for Health Care. Please consider whether your selected agent and successor agent will prayerfully seek the will of God prior to and during any decision-making processes. Please understand that no attorney-client relationship is created by receiving this form as part of The Project.

## Please address any Questions or Comments to:

The Living In His Will Project  
c/o Brian Andrew Tully, Esq.  
444 New York Avenue  
Huntington, New York 11743  
Phone: (631) 424 - 2800

Email: [bat@estateplanning-elderlaw.com](mailto:bat@estateplanning-elderlaw.com)

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# Living Will of

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*And then one day I'll cross the river; I'll fight life's final war with pain, and then as death gives way to vict'ry, I'll see the lights of glory and I'll know He lives!*

*- Because He Lives, © 1971 Bill Gaither*

I complete this Living Will in furtherance of the **LIVING IN HIS WILL PROJECT** for the following reasons:

**1. I want to glorify God even unto death.**

*The greatest example the world has ever seen of God's glory occurred through an agonizing death of His only Son, Jesus Christ, on a cross. Therefore, as I too approach my later days, I hope to live and die to the glory of God.*

**2. I want to faithfully remain in God's will for my life even until the moment of physical death.**

*I have justifiably trusted in God's will for my life while I have been physically healthy and enjoying my abundant life. Therefore, I also trust Him even though I am no longer physically healthy and no longer have what this world considers to be a "quality of life".*

**3. I do not fear death as Jesus Christ conquered death and paid the full price for my salvation.**

*Jesus Christ embraced death for me and destroyed the Devil's hold on it and therefore I will not rely on my own will and attempt to delay death as I can truly say that to die is to gain the glory of eternity! This eternal life is the unmerited favor and gift of God.*

**4. I know that all human life is sacred and I choose to respect the dignity of life.**

*The sanctity of life must be respected as it is a gift from God. Therefore, to impose or allow euthanasia is murder and outside the will of God.*

**5. I trust that God uses suffering to bring me into deeper fellowship with His Son Jesus Christ.**

*God uses tribulations and difficulties to allow me to experience His grace more and by the process of sharing in the suffering of Jesus, I will come to know Him in a more intimate way.*

**Now therefore, to my family, friends, doctors, and all those concerned with my care:**

I, \_\_\_\_\_, being of sound mind, here state my feelings regarding the end of my physical life as well as life limiting and life prolonging medical treatments, in the event that I am unable to participate in such decisions.

During the time I am incompetent, my health care agent is authorized to make medical decisions on my behalf, consistent with this document, after consultation with my health care provider(s) utilizing the most current diagnoses and/or prognosis of my medical condition. I have discussed my principles and beliefs with my health care agent and I trust my agent to uphold my values and to make appropriate health care decisions on my behalf based upon past and future discussions, subject only to the limitations, provisions and directions expressed in this entire document.

**Choose Life**

I direct my health care provider(s) and health care agent to make health care decisions consistent with my general desire for the use of medical treatment that would preserve my life, including medical treatment that can cure, improve, reduce or prevent deterioration in any physical or mental condition, including the administration of medication, cardiopulmonary resuscitation (CPR) and the performance of all other medical procedures, techniques, and all to the full extent necessary to correct, reverse, or alleviate life-threatening or health impairing conditions or complications arising from those conditions.

I, however, do authorize my health care agent to withhold or withdraw consent to care, treatment (including life-sustaining treatment), services and procedures where I am actively dying and the care, treatment, services and/or procedures would only serve to prolong my dying.

I direct my health care provider(s) and health care agent and beg all who read this Living Will, to always choose life over death until that time when God Himself wipes away every tear and when anguish, pain and death is no more.

**Artificial Hydration and Nutrition**

I believe that food and water, including artificial hydration and nutrition, are not medical treatment but basic necessities. I direct my health care provider(s) and health care agent to provide me with food and fluids, orally, intravenously, by tube or by other means to the full extent both to preserve my life and to assure me the most optimal health possible.

If my health care agent determines to withhold or withdraw artificial life-sustaining procedures from me, I request that basic care, including the administration of hydration and nutrition, continue.

I acknowledge that I may stop assimilating, and benefitting from, artificial hydration and nutrition prior to my death which would in turn, cause the continuance of it to be futile and perhaps even painful. However, I request that nutrition and hydration shall not be withheld or withdrawn from me if I am still able to assimilate and benefit by it and I would instead die from malnutrition or dehydration rather than from my injury, disease, illness or condition.

If my death is imminent and receiving artificial hydration and nutrition would only serve to prolong the dying process, then I direct my health care agent to consent to the withdrawal of said artificial hydration and nutrition. My health care agent shall, however, be guided by this entire document and shall have the final determination as to whether artificial hydration and/or nutrition shall be utilized or withdrawn and discontinued.

### **Rejection of Premature Death**

I reject any action or omission that is intended to cause or hasten my death. Under no circumstances do I want assisted suicide, euthanasia or any other action done with the intention of ending my life.

### **Rejection of Delaying Death**

I reject any action that is intended to artificially prolong my life and serves to only delay my death. If it has been determined by my physicians who have personally examined me that my death is imminent even with death delaying procedures, I direct that such procedures be withheld or withdrawn. My health care agent shall, however, be guided by this entire document and shall have the final determination as to whether artificial hydration and/or nutrition shall be utilized or withdrawn and discontinued.

If life-sustaining measures are to be withheld or withdrawn, I request that my family be allowed at my bedside as much as possible, that Christian pastoral care be given such as prayer and scripture reading, and that Christian music be part of my environment even if it is determined that I am unconscious, brain dead, or in a permanently comatose state.

### **Pain Medication**

I direct that medication to alleviate my pain be mercifully administered to me provided the primary purpose is to ease the pain and to not hasten my death.

### **Quality of Life**

I request and direct that medical treatment and care be provided to me to preserve my life and maintain my health without discrimination based on my age or physical or mental disability or the perceived "quality" of my life.

### **Use of Transplanted Tissues**

I reject any treatment that uses an unborn or newborn child, or any tissue or organ of an unborn or newborn child, who has been subject to an induced abortion. This rejection does not apply to the use of tissues or organs obtained in the course of the removal of an ectopic pregnancy.

I also reject any treatments that use an organ or tissue of another person obtained in a manner that causes, contributes to or hastens that person's death.

### **Do Not Resuscitate**

I direct that my health care agent, after discussion with my health care team and obtaining an understanding of the realities of my condition, make the final determination of whether a Do Not Resuscitate (DNR) order is appropriate for me.

### **Durability**

I direct my health care providers and health care agent to follow the provisions herein, even if I am judged to be incompetent.

## **Last Days**

If acceptable to my family and if my family can provide for my needs better than a facility can, then I would like to live out my last days at home. I do acknowledge that my medical needs may prevent this from occurring. However, I ask that my health care agent consult with my health care team prior to a final decision so as to fully understand the practical duties, potential disruptions and complications that may be caused by such action.

## **HIPAA Privacy Authorization**

I have simultaneously executed a separate HIPAA Authorization which conforms to federal law. However, should that form be inaccessible for any reason and it becomes necessary for my nominated health care agent to access my personal health information and for purposes of compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy rules, all health care providers shall treat my health care agent as my Personal Representative. As required by 45 CFR 164.524, all health care providers shall provide my Personal Representative with access to my protected health information. My Personal Representative may authorize disclosure of my protected health information to others. Health care providers covered by HIPAA include, but are not limited to, the physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy, insurance company, and the Medical Information Bureau, Inc. or other health care clearinghouse.

**Special Conditions - *Initial this Box if No Special Conditions:***

I wish to detail the following special conditions and/or limitations:

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## **Conclusion**

I make this statement after careful consideration, many years of discussion with those close to me and in accordance with my strong convictions and beliefs. I have discussed my views regarding life limiting and life sustaining measures with my nominated and successor health care agents.

I have made this declaration while in full command of my faculties in order to furnish clear and convincing proof of the strength and durability of my determination to state my wishes with regard to premature death and life-sustaining medical treatment. The wishes and directions here expressed are to be carried out to the extent permitted by law. Insofar as they are not legally enforceable, I hope that those to whom this instrument is addressed will regard themselves as morally bound by these provisions and will be guided by this statement.

I have concurrently executed a Health Care Proxy. My Living Will may provide guidance for my health care agent named in said Health Care Proxy but shall not be construed so as to limit the scope of authority of my health care agent to the circumstances enumerated herein. In the event of any conflict between my Health Care Proxy and this instrument, my Health Care Proxy shall prevail.

If these instructions conflict with hospital policies or with the physician's philosophies, I insist that my instructions prevail. I am giving these instructions as an expression of my deep-felt desire to relieve my family of any feelings of guilt or responsibility for my death.

I expressly wish to eliminate any authority of any health care provider or any agent or employee of a health care provider to seek removal or replacement of my health care agent.

I direct my agent to use the power and authority granted in this document to insure (by taking legal action, if necessary) that my rights and wishes are protected.

**In Witness Whereof**, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**Principal Signature:** \_\_\_\_\_

**Principal Name Printed:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Principal Address:** \_\_\_\_\_

**Principal Phone Number:** \_\_\_\_\_

**Witnesses Affirmation:**

I declare that the person who signed or asked another to sign this Living Will is personally known to me and appears to be of sound mind and acting willingly and free from duress. He or she signed (or asked another to sign for him or her) this Living Will in my presence and that person signed in my presence. I am not the Principal's health care agent.

**Witness Signature:** \_\_\_\_\_

**Witness Name Printed:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness Address:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_

**Witness Name Printed:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness Address:** \_\_\_\_\_

## **Distribution Directions:**

I recommend that you provide each of your physicians and any hospital or nursing home that you may enter with a copy of this document and request that it be made part of your medical record. Give copies of the signed originals to your health care agent, family members and anyone else you think appropriate. Keep the original documents in a safe place that will be easily accessible to others in case of an emergency and tell someone where it is. I do not recommend that you place the original in a bank's safe-deposit box.

You should periodically review this document to be sure it complies with your wishes.

### **This Living Will form has been provided by:**

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*For additional information or copies, please contact us at (631) 424-2800.*

### **I gratefully acknowledge the following organizations due to their consistent efforts to choose life:**

*International Task Force on Euthanasia and Assisted Suicide - [www.internationaltaskforce.org](http://www.internationaltaskforce.org)*

*The Center for Bioethics & Human Dignity - [www.cbhd.org](http://www.cbhd.org)*

*National Right to Life Committee - [www.nrlc.org](http://www.nrlc.org)*

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