

Arkansas Declaration Relating to the Use of Life-Sustaining Treatment

A.C.A. § 20-17-202

An individual of sound mind and eighteen (18) or more years of age may execute at any time a declaration governing the withholding or withdrawal of life-sustaining treatment. The declaration must be signed by the declarant, or another at the declarant's direction, and witnessed by two (2) individuals.

DECLARATION

(Concerning Terminal Conditions)

If I should have an incurable or irreversible condition that will cause my death within a relatively short time, and I am no longer able to make decisions regarding my medical treatment, I direct my attending physician, pursuant to the Arkansas Rights of the Terminally Ill or Permanently Unconscious Act, to (initial one)

_____ [withhold or withdraw treatment that only prolongs the process of dying and is not necessary to my comfort or to alleviate pain]

_____ [follow the instructions of _____ whom I appoint as my Health Care Proxy to decide whether life-sustaining treatment should be withheld or withdrawn].

Signed this _____ day of _____, 20____

Signature _____

Address _____

The declarant voluntarily signed this writing in my presence.

Witness _____

Address _____

Witness _____

Address _____

DECLARATION

(Concerning Permanent Unconsciousness)

If I should become permanently unconscious I direct my attending physician, pursuant to the Arkansas Rights of the Terminally Ill or Permanently Unconscious Act, to (initial one)

_____ [withhold or withdraw life-sustaining treatments that are no longer necessary to my comfort or to alleviate pain]

_____ [follow the instructions of _____ whom I appoint as my health care proxy to decide whether life-sustaining treatment should be withheld or withdrawn].

Signed this _____ day of _____, 20____

Signature _____

Address _____

The declarant voluntarily signed this writing in my presence.

Witness _____

Address _____

Witness _____

Address _____

HALT

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