2012 Kansas Statutes

- **65-28,103.** Same; declaration authorizing; effect during pregnancy of qualified patient; duty to notify attending physician; form of declaration; severability of directions. (a) Any adult person may execute a declaration directing the withholding or withdrawal of life-sustaining procedures in a terminal condition. The declaration made pursuant to this act shall be: (1) In writing; (2) signed by the person making the declaration, or by another person in the declarant's presence and by the declarant's expressed direction; (3) dated; and (4)(A) signed in the presence of two or more witnesses at least 18 years of age neither of whom shall be the person who signed the declaration on behalf of and at the direction of the person making the declaration, related to the declarant by blood or marriage, entitled to any portion of the estate of the declarant according to the laws of intestate succession of this state or under any will of the declarant or codicil thereto, or directly financially responsible for declarant's medical care; or (B) acknowledged before a notary public. The declaration of a qualified patient diagnosed as pregnant by the attending physician shall have no effect during the course of the qualified patient's pregnancy.
- (b) It shall be the responsibility of declarant to provide for notification to the declarant's attending physician of the existence of the declaration. An attending physician who is so notified shall make the declaration, or a copy of the declaration, a part of the declarant's medical records.
- (c) The declaration shall be substantially in the following form, but in addition may include other specific directions. Should any of the other specific directions be held to be invalid, such invalidity shall not affect other directions of the declaration which can be given effect without the invalid direction, and to this end the directions in the declaration are severable.

		DECLARATION	
Declaration made this	day of (mon	th, year). I,	, being of sound mind, willfully and voluntarily mak
			rcumstances set forth below, do hereby declare:
			ed to be a terminal condition by two physicians who hav
personally examined me, one of v	vhom shall be my attend	ding physician, and	the physicians have determined that my death will occu
whether or not life-sustaining pro	cedures are utilized an	nd where the appli	cation of life-sustaining procedures would serve only t
artificially prolong the dying proce	ess, I direct that such pr	ocedures be withh	eld or withdrawn, and that I be permitted to die naturall
with only the administration of me	dication or the performa	nce of any medical	procedure deemed necessary to provide me with comfor
care.			
In the absence of my ability	to give directions regar	rding the use of su	uch life-sustaining procedures, it is my intention that thi
			opression of my legal right to refuse medical or surgical
treatment and accept the consequ	ences from such refusal.		
I understand the full import of	this declaration and I an	n emotionally and r	mentally competent to make this declaration.
			Signed
City, County and State			
			of Residence larant to be of sound mind. I did not sign the declarant'
			e declarant by blood or marriage, entitled to any portion o
		tate succession or	under any will of declarant or codicil thereto, or directl
financially responsible for declara			
Witness Witness Witness		Witness	
		(OR)	
STATE OF)			
S	5.		
COUNTY OF)			
This instrument was acknowle	dged before me on	(date) by	(name of person)
(Signature of notary public)			
(Seal, if any)			
(Seal, II ally)			My appointment expires:
Copies			my appointment expires.
copics			

History: L. 1979, ch. 199, § 3; L. 1994, ch. 224, § 2; July 1.