SECTION 44-77-50

STATE OF SOUTH CAROLINA
COUNTY OF _____

DECLARATION OF A DESIRE FOR A NATURAL DEATH

I, _____, being at least eighteen years of age, and a

Charles,
State of South Carolina, make this Declaration this _____ day of _____, 19_____.

I willfully and voluntarily make known my desire that no life-sustaining procedures be used to prolong my dying if my condition is terminal, and I declare:

If at any time I have a condition certified to be a terminal condition by two physicians who have personally examined me, one of whom is my attending physician, and the physicians have determined that my death will occur within a relatively short period of time without the use of life-sustaining procedures and where the application of life-sustaining procedures would serve only to prolong the dying process, I direct that the procedures be withheld or withdrawn, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure necessary to provide me with comfort care.

In the absence of my ability to give directions regarding the use of life-sustaining procedures, it is my intention that this Declaration be honored by my family and physicians and any health facility in which I may be a patient as the final expression of my legal right to refuse medical or surgical treatment, and I accept the consequences from the refusal.

I am aware that this Declaration authorizes a physician to withhold or withdraw life-sustaining procedures. I am emotionally and mentally competent to make this Declaration.

THIS DECLARATION MAY BE REVOKED;

(1) BY BEING DEFACED, TORN, OBLITERATED, OR OTHERWISE DESTROYED, IN EXPRESSION OF THE DECLARANT'S INTENT TO REVOKE, BY THE DECLARANT OR BY SOME PERSON IN THE PRESENCE OF AND BY THE DIRECTION OF THE DECLARANT. REVOCATION BY DESTRUCTION OF ONE OR MORE DECLARATIONS REVOKES ALL OF THE ORIGINAL DECLARATIONS. THE REVOCATION OF THE ORIGINAL DECLARATION ACTUALLY NOT DESTROYED BECOMES EFFECTIVE ONLY UPON COMMUNICATION TO THE ATTENDING

PHYSICIAN. THE ATTENDING PHYSICIAN SHALL RECORD IN THE DECLARANT'S MEDICAL RECORDS THE TIME AND DATE WHEN THE PHYSICIAN RECEIVED NOTIFICATION OF THE REVOCATION;
(2) BY A WRITTEN REVOCATION SIGNED AND DATED BY THE DECLARANT EXPRESSING HIS INTENT TO REVOKE, THE REVOCATION BECOMES EFFECTIVE ONLY UPON COMMUNICATION TO THE ATTENDING PHYSICIAN. THE ATTENDING PHYSICIAN SHALL RECORD IN THE DECLARANT'S MEDICAL RECORD THE TIME AND DATE WHEN THE PHYSICIAN RECEIVED NOTIFICATION OF THE WRITTEN REVOCATION;

(3) BY AN ORAL DECLARATION BY THE DECLARANT OF HIS INTENT TO REVOKE THE DECLARATION. THE REVOCATION BECOMES EFFECTIVE ONLY UPON COMMUNICATION TO THE ATTENDING PHYSICIAN BY THE DECLARANT. HOWEVER, AN ORAL REVOCATION MADE BY THE DECLARANT
BECOMES EFFECTIVE UPON COMMUNICATION TO THE ATTENDING PHYSICIAN BY A PERSON OTHER THAN THE DECLARANT IF:

(A) THE PERSON WAS PRESENT WHEN THE ORAL REVOCATION WAS MADE;

(B) THE REVOCATION WAS COMMUNICATED TO THE PHYSICIAN WITHIN A REASONABLE TIME;

(C) THE PHYSICAL OR MENTAL CONDITION OF THE DECLARANT MAKES IT IMPOSSIBLE FOR THE PHYSICIAN TO CONFIRM THROUGH SUBSEQUENT CONVERSATION WITH THE DECLARANT THAT THE REVOCATION HAS OCCURRED.

THE ATTENDING PHYSICIAN SHALL RECORD IN THE PATIENT'S MEDICAL RECORD THE TIME, DATE, AND PLACE OF THE REVOCATION AND THE TIME, DATE AND PLACE, IF DIFFERENT, OF WHEN HE RECEIVED NOTIFICATION OF THE REVOCATION, THE ORAL EXPRESSION CLEARLY MUST INDICATE A DESIRE THAT THE DECLARATION NOT BE GIVEN EFFECT OR THAT LIFE-SUSTAINING PROCEDURES BE ADMINISTERED;
(4) BY A WRITTEN, SIGNED, AND DATED REVOCATION OR AN ORAL REVOCATION BY A PERSON DESIGNATED BY THE DECLARANT IN THE DECLARATION, EXPRESSING THE DESIGNEE'S INTENT PERMANENTLY OR TEMPORARILY TO REVOKE THE DECLARATION. THE REVOCATION BECOMES EFFECTIVE ONLY UPON COMMUNICATION TO THE ATTENDING PHYSICIAN BY THE DESIGNEE. THE ATTENDING PHYSICIAN SHALL RECORD IN THE DECLARANT'S MEDICAL RECORD THE TIME, DATE AND PLACE OF THE REVOCATION AND THE TIMES, DATE AND PLACE, IF DIFFERENT, OF WHEN THE PHYSICIAN RECEIVED NOTIFICATION OF THE REVOCATION. A DESIGNEE MAY REVOKE ONLY IF THE DECLARANT IS INCOMPETENT TO DO DO. IF THE DECLARATION WISHES TO DESIGNATE A PERSON WITH AUTHORITY TO REVOKE THIS DECLARATION ON HIS BEHALF, THE NAME AND ADDRESS OF THAT PERSON MUST BE ENTERED BELOW:

_____
NAME OF DESIGNEE

ADDRESS: _____

_____
DECLARANT _____

STATE OF _____
COUNTY OF _____

We, _____ and _____
the undersigned witnesses to the foregoing Declaration, dated the _____ day of _____, 19_____, being first duly sworn, declare to the undersigned authority, on the basis of our best information and belief, that the Declaration was on that date signed by the declarant as and for his DECLARATION OF A DESIRE FOR A NATURAL DEATH in our presence and we, at his request and in his presence, and in the presence of each other subscribe our names as witnesses on that date. The declarant is personally known to us, and we believe him to be of sound mind. Each of us affirm that he is qualified as a witness to this Declaration under the provisions of the South Carolina Death With Dignity Act in that he is not related to the declarant by blood or marriage, either as a spouse, lineal ancestor, descendant of the parents of the declarant, or spouse of any of them; nor directly financially responsible for the declarant's medical care; nor entitled to any portion of the declarant's estate upon his decease, whether under any will or as an heir by intestate succession; nor the beneficiary of a life insurance policy of the declarant; nor the declarant's attending physician; nor an employee of the attending physician; nor person who has a claim against declarant's decedent's estate as of this time. No more than one of us is an employee of a health facility in which the declarant is a patient. If the declarant is a patient in a hospital or skilled or intermediate care nursing facility at the date of execution of this Declaration at least one of us is an ombudsman designated by the State Ombudsman, Office of the Governor.

_____
Witness

_____
Witness

Subscribed before me by _____, the declarant, and subscribed to before me by _____ and _____, the witnesses, this _____ day of _____, 19_____.

_____
Notary Public

Notary Public for _____

My Commission Expires: