## 2018 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 (month, year). I,,	being of sound mind, willfully and voluntarily make
known my desire that my dying shall not be artificially prolonged under the circum	stances set forth below, do hereby declare:
If at any time I should have an incurable injury, disease, or illness certified to	be a terminal condition by two physicians who have
personally examined me, one of whom shall be my attending physician, and the p	
whether or not life-sustaining procedures are utilized and where the application	
artificially prolong the dying process, I direct that such procedures be withheld or	
with only the administration of medication or the performance of any medical	procedure deemed necessary to provide me with
comfort care.	
In the absence of my ability to give directions regarding the use of such life	
declaration shall be honored by my family and physician(s) as the final express	ion of my legal right to refuse medical or surgical
treatment and accept the consequences from such refusal.	
I understand the full import of this declaration and I am emotionally and ment	
	Signed
City, County and State	(D. 1)
	of Residence
The declarant has been personally known to me and I believe the declarant	
signature above for or at the direction of the declarant. I am not related to the declarant of the declarant.	
of the estate of the declarant according to the laws of intestate succession or under	er any will of declarant or codicil thereto, or directly
financially responsible for declarant's medical care.	TATILITY
Witness(OR)	_ witness
STATE OF	
ss. COUNTY OF )	
This instrument was acknowledged before me on (date) by	(name of nerson)
This histration was acknowledged before the on (date) by	(name of person)
(Signature of notary public)	
(Seal, if any)	
(, <sub>y</sub> /	My appointment expires:
Copies	* **

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