

As Orthodox we believe that life does not end at our earthly death but continues, we pray, to eternal life with Christ, our Savior. We hope that this “Orthodox Living Will” enables you to make decisions regarding the end of your life so that it may be as peaceful as possible for you and your family and loved ones.

**DRAFT OF AN ORTHODOX “LIVING WILL”
JOHN DOELOPOULOS’ HEALTH CARE PROXY**

In the name of the Father, the Son and the Holy Spirit, One God in Trinity, in whom I commit my whole life.

To My Family, My Physician, My Lawyer, Whom It May Concern, and All Others

Throughout my life, I have prayed for a painless, blameless and peaceful death, which would provide a good defense before the dread judgment seat of God. I have the hope that at least at my death, if not sooner, with God's help and of my own will, I might give total assent to God's will regarding my life.

In accordance with the laws of the State of () I, John Doelopoulos of (City, State), do hereby constitute and appoint my spouse Mary Doelopoulos as my true and lawful health care agent to act for me and in my name, place and stead. If Mary Doelopoulos is not available, willing or competent to serve and he/she is not expected to become available, willing or competent to make a timely decision given my medical circumstances, I do hereby appoint my son Michael Doelopoulos.

If the time comes when I lack the capacity to make or communicate medical decisions involving my own future, as certified in writing by my attending physician who shall use judgment in accordance with accepted medical standards, let this statement, made while I am still of sound mind, stand as an expression of my wishes and directions.

If at such time the situation should arise in which there is no reasonable expectation of my recovery from extreme physical disability or disease, I wish that a priest of the Orthodox Church be called to hear my confession of sins and to administer Holy Communion to me, if that is medically possible.

Following this sacramental restoration of communion with God, I direct that I be allowed to die, and not be kept alive by extreme or heroic measures involving either medications or artificial life support systems. I do ask that medication be administered to me to alleviate pain and suffering, even if such measures may shorten my remaining life. However I specifically direct that water be provided to me to maintain hydration, and that I be provided with sedatives, pain killing drugs, non-artificial oral feeding, suction, and hygienic care, as determined by my physician.

This statement is made after careful consideration and is in accordance with my strong convictions and beliefs.

I want the wishes and directions herein expressed carried out to the extent permitted by law.

I request that if the persons to whom this is directed are not legally bound to comply with my request, that each consider himself to be morally and spiritually bound to do so.

I recognize that this decision places a heavy burden of responsibility upon these loved ones, and it is with the intention of sharing that responsibility and lessening the burdens of decision that I make this statement. This health care proxy may be revoked by me herein either orally or in writing.

A certificate of a duly qualified and licensed attending physician evidencing his or her opinion that such person is unable by reason of physical disability, advanced age or mental weakness to make health care decisions shall conclusively bind all persons then or thereafter interested hereunder.

I hereby declare that my said health care agent shall not be liable to me for any acts done hereunder excepting only such acts as may be done willfully in bad faith, and in consideration of my health care agent acting as such, I hereby release and discharge my said health care agent from any and all such liability.

_____ Date _____ Date _____
John Doleopoulos Witness: Mary Doleopoulos

DISCLAIMER: THIS DOCUMENT MUST BE REVIEWED BY YOUR ATTORNEY. NO RESPONSIBILITY IS ACCEPTED OR CLAIMED FOR ITS PROPRIETY IN YOUR STATE SHOULD YOU USE THIS DRAFT LIVING WILL FOR YOUR OWN PURPOSES.