## 2021 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.

are severable.			
DECLARATION			
Declaration made this	day of	(month, year). I,	, being of sound
mind, willfully and voluntar	•	, , , ,	,
prolonged under the circum		•	
If at any time I should have			
condition by two physicians	who have perso	onally examined me, one	of whom shall be my
attending physician, and the	e physicians hav	e determined that my de	ath will occur whether
or not life-sustaining proced	lures are utilize	d and where the applicat	ion of life-sustaining
procedures would serve onl	y to artificially p	orolong the dying process	s, I direct that such
procedures be withheld or v	withdrawn, and	that I be permitted to die	naturally with only the
administration of medicatio	n or the perforr	nance of any medical pro	ocedure deemed
necessary to provide me wit	th comfort care.		
In the absence of my ability	to give direction	ns regarding the use of su	ıch life-sustaining
procedures, it is my intention	n that this decla	ration shall be honored	by my family and
physician(s) as the final exp	ression of my le	gal right to refuse medica	al or surgical treatment
and accept the consequence	s from such refu	ısal.	
I understand the full import	of this declarat	ion and I am emotionally	and mentally
competent to make this decl	aration.		
Signed			
City, County and State			

The declarant has been personally known to me and I believe the declarant to be of sound mind. I did not sign the declarant's signature above for or at the direction of the declarant. I am not related to the declarant by blood or marriage, entitled to any portion of the estate of

of Residence

the declarant according to the laws of intestate succession or under any will of declarant or codicil thereto, or directly financially responsible for declarant's medical care.
Witness Witness
(OR)
STATE OF)
SS.
COUNTY OF)
This instrument was acknowledged before me on (date) by
(name of person)
(Signature of notary public)
(Seal, if any)
My appointment expires:
Copies
<b>History:</b> L. 1979, ch. 199, § 3; L. 1994, ch. 224, § 2; July 1.