

*A Letter to My Physician Concerning
My Decision About
Physician Aid-in-Dying*

(This is a model letter that you can use to convey your end-of-life wishes to your doctor. It should be accompanied by a copy of your Designation of Health Care Surrogate and Living Will.)

Dear Dr. _____:

I wish to inform you that I believe in and fully support the concept of physician aid-in-dying for individuals who are terminally ill or have an end-stage condition or are in a permanent vegetative state. If a time comes when I am suffering from an incurable and/or terminal illness, and choose to end my suffering, I wish to have physician aid-in-dying.

I have fully considered this issue. I believe I have the right to control the time and manner of my own death.

I have completed a Designation of Health Care Surrogate and a Living Will. I will provide you with a copy of each document. I realize, however, that withholding or withdrawing medical treatment as authorized by these documents may not shorten the time of my dying as I wish. Regardless of whether or not such withholding/withdrawing would affect my time of dying, I want the option of physician aid-in-dying if it is then legal.

Signature

Date

Hemlock Foundation of Florida, Inc.

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