

ADVANCE DIRECTIVE/DECISION

Previously known as a Living Will

This is a binding Advance Directive under common law in Scotland and Northern Ireland, and is a legally-binding Advance Decision under the Mental Capacity Act 2005 in England and Wales.

TO MY FAMILY, MY DOCTOR AND ALL OTHER PERSONS CONCERNED

This Advance Directive/Decision is made by me

Full name _____
Address _____
Date of birth _____ NHS number (if known) _____

At a time when I am of sound mind and after careful consideration, I declare that if at any time the following circumstances exist:

1. I lack capacity to participate in decisions about my medical care; and
2. two independent doctors are of the opinion that I am unlikely to recover from illness or impairment to a quality of life that I would consider acceptable (see below),

then, and in those circumstances, my directions are as follows:

1. I am not to be subjected to any medical intervention or treatment, including clinically-assisted nutrition and hydration, aimed at prolonging or sustaining my life. I maintain this refusal even if it shortens my life;
2. Any distressing symptoms (including any caused by lack of food or fluid) are to be fully controlled by appropriate analgesic or other treatment, even though that treatment may shorten my life.

The quality of life I would consider acceptable is as follows:

I ask my medical attendants and any person consulted by them to bear this desired quality of life in mind when considering what my wishes would be in any uncertain situation.

Further, I would like to register a request for active euthanasia if that is legally possible at the time this Advance Directive/Decision becomes applicable. *(Delete if not desired)*

I reserve the right to revoke this Directive/Decision at any time but, unless I do, it should be taken to represent my continuing directions. My Advance Directive/Decision may be shared with anyone who has a legitimate interest in my care.

CAVEAT

If I am pregnant, I wish to receive medical treatment or procedures leading to the safe delivery of my child. Once my child is safely delivered, my wishes as set out in the rest of this document should be adhered to. *(Delete if not desired or not applicable)*

Signature

.....

Date

.....

(Your witness should sign at the same time as you, providing their full details.)

Witnessed by

Signature

.....

.....

Full name

.....

.....

Address

.....

.....

Date

.....

.....

I confirm that the maker of this Directive/Decision signed it in my presence. I do not know of any pressure being brought on her/him to make such a Directive/Decision and I believe it was made by her/his own wish.

Only complete this section if you *have already* appointed a Welfare Attorney (Scotland) or Lasting Power of Attorney for Health and Welfare (England and Wales).

Details of my Welfare Attorney (Scotland only) and Lasting Power of Attorney (England and Wales) are as follows:

Full name

.....

.....

Address

.....

.....

Phone

.....

Email

.....

Before signing this Advance Directive/Decision, I have talked it over with my GP (*delete if not applicable*)

NOTE: If there is – or may be – any doubt about your mental capacity to make this Advance Directive/Decision (at the time at which you make it), you should obtain a signed statement from your GP saying that s/he believes you had the mental capacity to make the decisions stated here and to understand their consequences.

You may, if you wish, attach an additional page to this Advance Directive/Decision, setting out your personal values and beliefs relevant to your end-of-life decision-making. Although not legally binding, such a statement may prove persuasive to health care and legal professionals, particularly in situations of doubt or if your Advance Directive/Decision is not fully valid and/or applicable.

You may also attach a **'Do Not Resuscitate'** form if you have completed one.