

Important:

Living Will

This document should be lodged with the declarant's medical records.

A doctor having conscientious objection should immediately refer the declarant to another doctor. Living wills are accepted in the British Medical Association's ethical recommendations and by common law. The form does not ask the doctor to do anything illegal.

Duplicate copies may optionally be lodged with a solicitor and a close friend, and a further copy kept for reference.

Section A. ADVANCE MEDICAL DIRECTIVE. *Note: This section may be legally binding.*

Section A comprises specific instructions to the health-care team in the event that I can no longer express my own wishes; it covers very serious conditions.

To the Declarant: When filling out this part of the form, you should cross out anything that does not express your true wishes, then initial any changes clearly.

Section B. LIFE VALUES STATEMENT.

This gives indications of the personal value I attach to my life under various circumstances. I ask my health care team to bear these in mind when making difficult decisions about my treatment or non-treatment, especially in situations not covered by Section A. Where I have indicated that life under such circumstances would be "Much Worse Than Death" this means that I would find the situation totally unbearable and unacceptable, and that I would prefer all life-sustaining treatment to be stopped or withdrawn rather than exist for the rest of my life in such a state.

Note: A doctor should not be liable to civil or criminal proceedings if he acts in good faith and with reasonable care in respecting the directives and values in this document.

DO NOT FILL OUT THIS FORM WITHOUT DEEP AND CAREFUL CONSIDERATION.

Complete Section A or Section B or both.

For further information and advice on living wills, you may wish to consult your doctor or one of the organisations or individuals listed below:

Age Concern England, Astral House, 1268 London Rd, London SW16 4ER;

Phyllis Goodheir, 16 Woodlands Drive, Coatbridge, ML5 1LE;

The Natural Death Centre, 20 Heber Rd, London NW2;

The Terrence Higgins Trust, 52-54 Gray's Inn Rd, London WC1X 8JU;

The Voluntary Euthanasia Society, 13 Prince of Wales Terrace, London W8 5PG;

The Voluntary Euthanasia Society of Scotland, 17 Hart St, Edinburgh EH1 3RN.

Solicitors in England may wish to contact *The Law Society*, Law Society House, 50/52 Chancery Lane, London WC2A.

Physicians may wish to contact *The British Medical Association*, Ethics Department, BMA House, Tavistock Square, London WC1H 9JP, and consult their code of practice, "Advance Statements about Medical Treatment".

This living will form was developed by CG Docker and is © 1994, revised 1996. Requests for reprinting are welcomed however, together with suggestions for further development which should be addressed to CG Docker, BM 718, London WC1N 3XX U.K. Much of the text is drawn from existing documents, and many individuals and organisations have contributed ideas and made helpful suggestions, including the National Agency for Welfare and Health Helsinki and the Ethics Committee of the Seattle Veterans Affairs Medical Center.

Personal copies may be made by the Declarant for his or her own use.

SECTION A. ADVANCE MEDICAL DIRECTIVE

TO MY PHYSICIAN AND HEALTH CARE TEAM, MY FAMILY, MY SOLICITOR AND ALL OTHER PERSONS CONCERNED:

this declaration is made at a time when I am of sound mind and after careful consideration.

I UNDERSTAND THAT MY LIFE MAY BE SHORTENED BY THE SPECIFIC REFUSALS OF TREATMENT MADE IN THIS DOCUMENT.

I DECLARE that if at any time the following circumstances exist, namely:

(1) I suffer from one or more of the conditions mentioned in the *Schedule*; and (2) I have become unable to participate effectively in decisions about my medical care; and

(3) two independent physicians (one a consultant) are of the expert, considered opinion, after full examination of my case, that I am unlikely to make a substantial recovery from illness or impairment involving severe distress or incapacity for rational existence,

THEN AND IN THOSE CIRCUMSTANCES my directions are as follows:

1. that I am not to be subjected to any medical intervention or treatment (aimed at prolonging my life) such as life support systems, artificial ventilation, antibiotics (i.e. to control infection), artificial feeding - whether enteral or parenteral (tube feeding into the stomach or into a vein), invasive surgery, dialysis (e.g. using a kidney machine), or blood transfusion;

2. that **any distressing symptoms (including any caused by lack of food or fluid) are to be fully and aggressively controlled by appropriate palliative care, ordinary nursing care, analgesic or other treatments**, even though some of these treatments may have the secondary effect of shortening my life.

HOWEVER, modes of treatment mentioned in (1) above may be applied for elimination of serious symptoms. Giving intensive care to me is to be allowed only on the condition that reliable reasons exist for the possibility that such treatment will have a better result than merely short prolongation of life. In the event that a treatment with prospect of recovery has been started but proves to be futile, it has to be discontinued immediately.

I consent to anything proposed to be done or omitted in compliance with the directions expressed above and absolve my medical attendants from any civil liability arising out of such acts or omissions.

I offer the health-care team my heartfelt thanks for respecting my sincerely held wishes, as expressed in this directive.

I accept the risk that I may be unable to express a change of mind at a time in the future when I am incapacitated, that improving medical technology may offer increased hope, but I personally consider the risk of unwanted treatment to be a greater risk. **I wish it to be understood that I fear degradation and indignity far more than death.** I ask my medical attendants to bear this statement in mind when considering what my intentions would be in any uncertain situation.

I RESERVE THE RIGHT TO REVOKE THIS DIRECTIVE at any time, orally or in writing, but unless I do so it should be taken to represent my continuing directions. I hereby deliberately *accept the risk* that I may no longer be able to revoke my declaration if I am in a condition listed in the *Schedule*, in order to exclude a risk which is greater to me, namely that I should continue living in circumstances that are not acceptable to me.

SCHEDULE

- A Advanced disseminated malignant disease (e.g. cancer that has spread considerably)
- B Severe immune deficiency (e.g. *Acquired Immune Deficiency Syndrome*)
- C Advanced degenerative disease of the nervous system (e.g. *advanced Parkinson's Disease*)
- D Severe and lasting brain damage due to injury, stroke, disease or other cause
- E Advanced dementia, whether Alzheimer's, multi-infarct or other, resulting in very limited awareness of the immediate environment and inability to initiate simple tasks
- F Any other condition of comparable gravity

Additional instructions (if any, such as pregnancy waiver)

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If you would like a particular person's wishes to be taken into consideration during decisions about your medical care, please give their details here:

Name of my proxy Telephone number

Address

To my proxy: Please try to ensure that decisions are taken

- (mark one box only) how you believe I would have taken them
- using your own best judgement

The wishes of your proxy may be taken into consideration, but have no overriding force in British law - neither do the wishes of relatives. It is advisable to discuss this document with your proxy.

I have discussed this document with my doctor Mark here if Yes

Doctor's Tel. No Name of Doctor

Address

It is not obligatory to discuss your living will in advance with your doctor, but it may be very helpful to do so.

SECTION B. VALUES HISTORY STATEMENT Please use this section as a guide to my values when considering the likely result of treatment.

Circle the number on the scale of one to five, that most closely indicates your feelings about each of the situations described.

Much Worse Than Death: I Would Definitely Not Want Life Sustaining Treatment	Somewhat Worse Than Death: I Would Probably Not Want Life Sustaining Treatment	Neither Better Nor Worse Than Death: I'm Not Sure Whether I Want Life- Sustaining Treatment	Somewhat Better Than Death: I Would Probably Want Life- Sustaining Treatment	Much Better Than Death: I Would Definitely Want Life- Sustaining Treatment
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(a) Permanently paralysed. You are unable to walk but can move around in a wheelchair. You can talk and interact with other people.

1 2 3 4 5

(b) Permanently unable to speak meaningfully. You are unable to speak to others. You can walk on your own, feed yourself and take care of daily needs such as bathing and dressing yourself.

1 2 3 4 5

(c) Permanently unable to care for yourself. You are bedridden, unable to wash, feed, or dress yourself. You are totally cared for by others.

1 2 3 4 5

(d) Permanently in pain. You are in severe bodily pain that cannot be totally controlled or completely eliminated by medications.

1 2 3 4 5

(e) Permanently mildly demented. You often cannot remember things, such as where you are, nor reason clearly. You are capable of speaking, but not capable of remembering the conversations; you are capable of washing, feeding and dressing yourself and are in no pain.

1 2 3 4 5

(f) Being in a short term coma. You have suffered brain damage and are not conscious and are not aware of your environment in any way. You cannot feel pain. You are cared for by others. These mental impairments may be reversed in about one week leaving mild forgetfulness and loss of memory as a consequence.

1 2 3 4 5

SIGNATURE OF DECLARANT to Sections A & B:

Name (print clearly) **Day/Month/Year**

Address.

..... **Date of Birth***

**If you are under 18 years of age, you may still complete this document, though it may not have the same legal force.*

WITNESS'S SIGNATURE: I declare that the abovenamed has signed this document in my presence. He/she has declared it to be his/her firm will, is in full capacity and fully understands the meaning of it. I believe it to be a firm and competent statement of his/her wishes. As far as I am aware, no pressure has been brought to bear on him/her to sign such a document and I believe it to be his/her own free and considered wish. So far as I am aware, I do not stand to gain from his/her death.

Signed (*Witness*): **Name**

Address