Chesterfield and District Joint Crematorium Committee

"Living Wills" - Advance Directives

Living Will and Life Values Statement

TO MY FAMILY, MY DOCTOR, MY HEALTH CARE TEAM, MY SOLICITOR AND ALL OTHER PERSONS CONCERNED: This Living Will and Life Values Statement are made by me at a time when I am of sound mind and after careful consideration.

In the event of a clash of interpretations, I wish my Living Will (Part One) to take precedence over my Life Values Statement Part Two

PART ONE: Living Will

I wish to be fully informed about any illness I may have, about treatment alternatives and likely outcomes.

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 below: and
- (2) I have become unable to participate effectively in decisions about my medical care: and
- (3) Two independent physicians (at least one a Consultant) are of the expert, considered opinion, after a full examination of my case, that I am unlikely to make a substantial recovery from illness or impairment which involve 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 interventions or treatments aimed at prolonging or sustaining my life such as life support systems; artificial ventilation; antibiotics; surgery; using a kidney machine; or blood transfusion;
- (2) that any distressing symptoms (including any caused by lack of food) are to be fully controlled by appropriate analgesic or other treatment, even though that treatment may shorten my life;
- (3) that I am not to be tube fed into the stomach or vein; nor artificially hydrated (although I wish my mouth to be kept moistened);
- (4) That I wish to be allowed to spend my last days at home if at all possible.

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

I wish to be as conscious as my circumstances permit (allowing for adequate pain control) as death approaches. 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 anytime, but unless I do so it should be taken to represent my continuing directions.

SCHEDULE

A Advanced disseminate	d malignant	disease (e.g.	cancer that	has spread	considerably)
------------------------	-------------	---------------	-------------	------------	---------------

- B Severe immune deficiency (e.g. AIDS)
- C Advanced degenerative disease or the nervous system (e.g. advanced Parkinson's Disease).
- D Severe and lasting brain damage due to injury, stroke, disease or other cause.
- E Senile or pre-senile dementia, whether Alzheimer's, multi-infarct or other.

My additional instructions (if any, such as pregnancy waiver) are:

F Any other condition of comparable gravity.

.....

PART TWO: Life Values Statement

This Life Values Statement 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 decisions about my treatment or non-treatment, especially in situations not

^{*} Information provided by the Chesterfield and District Joint Crematorium Committee in support of The Charter for the Bereaved.

Chesterfield and District Joint Crematorium Committee

"Living Wills" - Advance Directives

covered by Part One above. 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 to exist for the rest of my life in such a state.

(Instructions. Please give a number to the circumstances below as follows:

- 1 = 'Much worse than death: I would definitely not want life-sustaining treatment.'
- 2 = 'Somewhat worse than death: I would probably not want life-sustaining treatment.'
- 3 = 'Neither better nor worse than death: I am not sure whether I would want life-sustaining treatment.'
- 4 = 'Somewhat better than death: I would probably want life-sustaining treatment.'
- 5 = 'Much better than death: I would definitely want life-sustaining treatment.')
- (a) Permanently paralysed. You are unable to walk but can move around in a wheelchair. You can talk and interact with other people. My number for this is...
- (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. My number for this is...
- (c) Permanently unable to care for yourself. You are bedridden, unable to wash, feed, or dress yourself. You are totally cared for by others. My number for this is...
- (d) Permanently in pain. You are in severe bodily pain that cannot be totally controlled or completely eliminated by medications. My number for this is...
- (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 not in pain. My number for this is...
- (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. My number for this is...

I have lodged a copy of this declaration with the following doctor, who is/is not my GP, with whom I have/have not discussed its contents:

Name

Address Tel No.

Should I become unable to communicate my wishes as stated above and should amplification be required, I appoint the following person to represent these wishes on my behalf and I want this person to be consulted by those caring for me and for this person's representation of my views to be respected:

Name

Address Tel No.

If this person named above is unable to act on my behalf, I authorise the following person to do so:

Name[.]

Address Tel No.

MY SIGNATURE

Date

My name

My address

WE TESTIFY that the above- named signed this document in our presence, and made it clear to us that he/she understood what it meant. We do not know of any pressure being brought on him/her to make such a declaration and we believe it was made by his/her own wish. We are over 18, we are not relatives of the above-named, nor do we stand to gain from his/her death.

Witnessed by: (two Witnesses)

Signature: Signature: Name: Address: Address:

FOR RENEWING DOCUMENT IN LATER YEARS:

I reaffirm the contents of all my statements above.

MY SIGNATURE

Date

Witnessed by: (two witnesses)

Signature: Signature: Name: Name: Address: Address:

If you fill in the part appointing a person to represent your wishes on your behalf, it should be someone whom you trust absolutely, especially if they stand to inherit under your will.

^{*} Information provided by the Chesterfield and District Joint Crematorium Committee in support of The Charter for the Bereaved.