

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 disseminated malignant disease (e.g. cancer that has spread considerably)
- B Severe immune deficiency (e.g. AIDS)
- 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 Senile or pre-senile dementia, whether Alzheimer's, multi-infarct or other.
- F Any other condition of comparable gravity.

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

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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

