LIVING WILL - Introduction

This Living Will has been adapted from others for guidance purposes only. Should you wish to leave a Living Will you are advised to seek further advice from your own legal representative.

THE LIVING WILL

TO MY FAMILY, MY PHYSICIAN AND ALL OTHER PERSONS CONCERNED, THIS DIRECTIVE is made by me at a time when I am of sound mind and after careful consideration. 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 (one a consultant) are of the opinion that I am unlikely to recover 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 treatments aimed at prolonging or sustaining my life.
(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 force fed (although I wish to be given water to drink).
(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 civil liability arising out of such acts or omission.
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 any time, but unless I do so it should be taken to represent my continuing directions.

SCHEDULE

A Advanced disseminated malignant disease.
B Severe immune deficiency.
C Advanced degenerative disease of the nervous system.
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.

I have lodged a copy of this Living Will with the following doctor, 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 view 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 Directive in our presence, and made it clear to us that he / she understood what is meant. We do not know of any pressure being brought on him / her to make such a directive 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:
Signature …….. Signature ……...
Name …… Name …….
Address …… Address ……..
……. …….
……. …….

FOR RENEWING WILL IN LATER YEARS:
I reaffirm the contents of my Living Will above:

MY SIGNATURE …… Date ……..
Witnessed by:
Signature …….. Signature ……...
Name …… Name …….
Address …… Address ……..
……. …….
……. …….

If you would like to see the 'Advanced Declaration' on which this Living Will is largely based, contact the Natural Death Centre, 20 Heber Road, London, NW2 6AA.