

END OF LIFE CHOICES

Your Advance Decision and
Statement of End of Life Wishes

ADVANCE DECISION

Do not complete this form without first reading the related document: 'End of Life Choices: Your guide to advance decisions and statements of end of life wishes'.

Title Name

Address

Postcode NHS Number

GP Name and Address

This Advance Decision is intended to apply indefinitely, unless I specifically revoke it. I give permission for anyone legitimately involved in my care to read it.

ADVANCE DECISION

TO MY HEALTHCARE PROVIDERS:

Thank you for your care and for respecting my wishes. If for personal reasons of your own, you feel unable to accept and follow my wishes, please pass my care to someone who can.

The following have copies of my Advance Decision (tick as applicable):

- my GP/other health professional
- family
- friends
- solicitor

Details (names/addresses/phone numbers):

ADVANCE DECISION

I have discussed my Advance Decision with (tick as applicable):

- my GP/other health professional
- family
- friends
- solicitor

Details (names/addresses/phone numbers):

ADVANCE DECISION

TICK AS APPLICABLE:

- At the time of completing this Advance Decision I have mental capacity to make the decisions contained in it. I have carefully considered the decisions I have made and no-one has coerced me. Should I subsequently lose mental capacity through dementia or other irreversible progressive mental condition, I intend for the decisions I have made here to refuse treatment to be valid and my wishes set out here followed.

or

- Because I have recently been diagnosed with dementia (Alzheimer's Disease), I have attached a statement from my GP or other health professional confirming that at the time of completing this Advance Decision, I have the mental capacity to make the decisions contained in it.

I WANT LIFE SUPPORT TREATMENT (tick as applicable)

- When I am unable to make or communicate decisions I always want to have life support treatment.
- If my doctor believes it could help my health condition or symptoms.

I DO NOT WANT LIFE SUPPORT TREATMENT (tick as applicable)

- If two health professionals decide that I am likely to die within a short period of time.
- If two health professionals decide I have permanent and severe brain damage, I have severe dementia or I am in a coma from which I am not expected to recover.

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- If life support treatment would only delay the moment of my death.
- If life support treatment begun before I lost capacity is not helping my health condition or symptoms, I want it stopped.

This refusal includes but is not limited to (tick as applicable):

- Cardio-pulmonary resuscitation
- Ventilation
- A feeding tube
- Antibiotics for a potentially life-threatening infection
- Specialised treatment for particular conditions (such as chemotherapy, dialysis or insulin)
- Other: (say what these are)

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- I maintain this refusal even if it risks or shortens my life.
- I want everything possible to be done to relieve my suffering and distress, even if it risks or shortens my life.
- If I refuse food and/or drink by mouth, I refuse repeated attempts to feed/hydrate me; or being persuaded or cajoled to eat or drink - even if this refusal risks or shortens my life.

I do not want my life to be preserved or prolonged if I am persistently (tick as applicable):

- unaware of my surroundings
- unable to recognize family and friends
- unable to attend to my personal hygiene
- unable to swallow
- unable to interact with others
- anxious and agitated
- in severe pain
- unable to communicate verbally or in writing

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Signed by me:

Dated

Witness full name (Present when I signed.)

Signed:

Title

Name

Address

ADVANCE DECISION

OTHER IMPORTANT INFORMATION:

NHS Organ Donation Register (tick as applicable):

- I have registered/not registered [delete as applicable] as an organ donor
- I have registered my decision not to donate my organs

I have donated my body for anatomical examination: yes/no [delete as applicable]

Medical School (name) and registration acceptance date:

I have a Health and Welfare Lasting Power of Attorney: yes/ no [delete as applicable]

Attorney/s name/s address/es/ phone number/s:

ADVANCE DECISION

NB If you want to add or amend a decision to refuse life-sustaining treatment, you need to sign a new Advance Decision and have it witnessed in the same way as this original. You will then need to make sure you give copies of the new one to everyone who has copies of the previous one and ask them to destroy the old one. But otherwise it is useful to indicate that you have reviewed it with no changes, below:

I have reviewed My Advance Decision and confirm it on this date:

Review Date:

Signature:

Review Date:

Signature:

Review Date:

Signature:

OPTIONAL SECTION

**THIS ACCOUNT OF MY LIFE VALUES MAY BE HELPFUL TO THOSE
IMPLEMENTING MY ADVANCE DECISION:**

(e.g. my beliefs, my attitude to quality of life, my attitude to risk, my reasons for the choices I have made in My Advance Decision)

Write here, or attach a separate page:

END OF LIFE WISHES

Tick as applicable:

- I want my doctor to give me enough medication to relieve my pain, even if that makes me sleepy/unable to respond/ hastens my death
- I want to be kept fresh, clean and warm
- I want to be offered food and fluids by mouth
- I want to be offered fluid only
- I do not want to be offered food or fluid and want to be sedated to relieve symptoms of hunger and thirst
- If I show signs of distress I want my carers to do whatever they can to help me
- I want my lips and mouth to be kept moist
- I want to have personal care such as bathing, hair washing, shaving and teeth cleaning so long as they don't cause me pain or distress
- If I can't control my bladder or bowel functions, I want my clothes and bed linen changed as soon as they are soiled
- I really like (specify below e.g. massages/ having my hand held/ having my hair, face or arm stroked/other)
- I really hate: (massages/ stuffy rooms/ loud TV/other)

Other:

END OF LIFE WISHES

Other:

My Spiritual Wishes

I belong to the following religious or faith group

I want that group to know that I am approaching the end of my life:

yes/no [delete as applicable]

I want my family, friends and health professionals to respect my religious or spiritual wishes

yes/no [delete as applicable]

END OF LIFE WISHES

I want the following people to be informed that I am approaching the end of my life:

A large, empty rectangular box with a light gray border, intended for the user to list the names of people they want to be informed of their end-of-life wishes.

I **do not** want the following people to be informed that I am approaching the end of my life:

A large, empty rectangular box with a light gray border, intended for the user to list the names of people they do not want to be informed of their end-of-life wishes.

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I want to be cared for with kindness and cheerfulness, not sadness.

I would like a religious person such as a priest, Imam, Rabbi, to visit me:

I only want a religious person from my religious or faith group to visit me:

If I am not aware of such a visit I would still take comfort from a visit:

I do not want a religious person to visit me:

I would find the reading of religious or spiritual works comforting

I would find the reading of religious or spiritual works that are not those of the religious or faith group to which I belong comforting

yes/no [delete as applicable]

yes/no [delete as applicable]

yes/no [delete as applicable]

yes/no [delete as applicable]

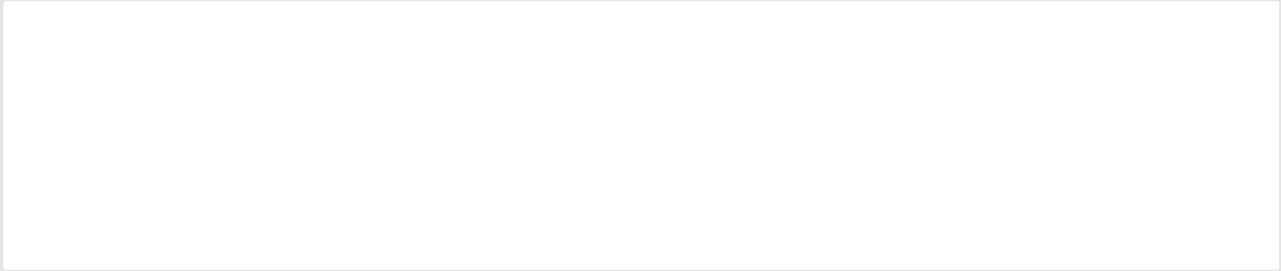
yes/no [delete as applicable]

yes/no [delete as applicable]

I would find the following religious or spiritual musical works comforting:

END OF LIFE WISHES

I would find readings from the following novels or poetry comforting:



Ambience

My preferences for ambience (temperature, noise level, lighting level, scent) are:



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I would find TV/ films/ radio/music comforting:

yes/no [delete as applicable]

List preferences:

I would like to have familiar pictures, photographs and recordings around me: yes/no [delete as applicable]

List preferences:

END OF LIFE WISHES

Visitors

I want my family to decide who visits

yes/no [delete as applicable]

I want my friends to decide who visits me:

yes/no [delete as applicable]

I want my medical team to decide who visits me:

yes/no [delete as applicable]

I would welcome people popping in:

yes/no [delete as applicable]

I do not want visitors:

yes/no [delete as applicable]

Pets

I find the presence of my pets comforting

yes/no [delete as applicable]

I want my pet/pets to be with me if possible

yes/no [delete as applicable]

I would find visits from comfort animals such as dogs comforting

yes/no [delete as applicable]

What I want my loved ones to know (you might like to write your own version of your wishes, the following are ideas):

I want my family and friends to know that I love them.

I wish to be forgiven for any hurt I have caused others.

I wish my family, friends and others to know that I forgive them for any hurt they might have caused me.

I want my family, friends and others to think of me as I was before I became ill.

I want my family and friends to remember happy times with me.

I want my family and friends to make peace with each other before my death, if they can.

I want my family, friends and carers to respect my wishes, even if they don't agree with them.

I want to thank my family and friends for all their love and care.

I want to thank the health professionals involved in looking after me at the end of my life for their care.

END OF LIFE WISHES

What I want my loved ones to know:



END OF LIFE WISHES

What I want my loved ones to know:



END OF LIFE WISHES

What I want after my death to happen to my body (tick as applicable)

- cremation
- burial
- body donated to medical science

Other/ details:

Service or memorial event:

I would like the following sort of meeting or service to take place after my death:

END OF LIFE WISHES

I would like the following (music, readings, refreshments)



I want the following person/charity/organisation to receive any memorial contributions.



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If someone asks how I'd like to be remembered, please say the following:

This Statement of End of Life Wishes is intended to apply indefinitely unless I specifically revoke it. I understand that My Statement of End of Life Wishes is not legally binding but I want my wishes to be followed so far as practicable, so long as nothing contained in my Statement of End of Life Wishes causes me unnecessary distress or suffering.

Title

Name

Signed by me:

Dated

PUTTING YOUR AFFAIRS IN ORDER

As you're someone who is making an Advance Decision and Statement of End of Life Wishes and thinking about personal responsibility for your own health decisions, it's likely you'll have made a Will and possibly also a Lasting Power of Attorney for Health and Welfare. My Death, My Decision recommends that you use a solicitor or professional will-writing service to ensure your Will is valid and that all your wishes are followed.

It's not necessary to get a solicitor's advice to make a legally binding Advance Decision, but you should check carefully that your Advance Decision is correctly completed and witnessed.

A gift in your Will, or an instruction in a Letter of Wishes with your Will or codicil, could help change the law on assisted dying. My Death, My Decision campaigns for an assisted dying law that would give adults of sound mind who are either terminally ill, or suffering from an incurable condition they consider intolerable, the choice of an assisted death. My Death, My Decision will press for any such law to include robust safeguards to satisfy independent medical assessors that the person is fully informed, has made a well-considered and consistent request and has not been coerced.

As a not-for profit grassroots movement almost entirely run by unpaid volunteers, My Death, My Decision relies on gifts and donations from supporters who believe the law must change - whatever the amount donated or left to us in a Will, all gifts will help to make the law on assisted dying more just and compassionate.

PUTTING YOUR AFFAIRS IN ORDER

Any information you share with us will be treated with respect and in confidence, and you can change your gift any time.

Your gift could bring about a lasting legacy - a change in the law on assisted dying to benefit generations to come. Thank you so much for supporting our campaign and for considering making a donation or a legacy.

PUTTING YOUR AFFAIRS IN ORDER

Title

Name

Email Address

Address

Postcode

Contact Number

Tick as applicable:

- I have already included a donation to My Death, My Decision in my Will
- I intend to leave a donation to My Death, My Decision in my Will
- I have instructed my executor in a Letter of Wishes to make a donation to My Death, My Decision
- I would like to talk to the Chair of My Death, My Decision about leaving a gift in my Will to My Death, My Decision
- I don't want to leave a gift in my Will but I will make a donation to the cause now

Send to: Director of Finance, My Death, My Decision, Unit A, 39 Moreland Street, London EC1V 8BB

My Death, My Decision Limited, a company limited by guarantee, registered in England number 11758121,
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