

B) WITNESSES' STATEMENT

We, the undersigned, believe this **Advance Health Directive** to have been signed as a free personal expression, without duress, and with the signatory's rational appreciation of the implications of the requests made in it.

1) Name
(Print)

Address
(Print)

.....PC

Signature

2) Name
(Print)

Address
(Print)

.....PC

Signature

I acknowledge that the above witnesses are

- over 18 years of age
- no relatives of mine
- no beneficiaries from my estate

Date Signature

C) POWER OF ATTORNEY

I herewith **authorise** the following person(s)

1) Name
(Print)

Date of Birth Place

Address
.....PC

Signature

2) Name
(Print)

Date of Birth Place

Address
.....PC

Signature

to represent me and act on my behalf when I am no longer able to indicate my wishes on medical matters.

He/ she will in my place

a) represent my interests on medical matters

Date Signature

b) arrange for my **Advanced Health Directive** to be observed when the specified condition(s) arise(s).

Date Signature

We, the undersigned, accept this proposal:

1) Name: 2) Name:

Signed: Signed:

Date: Date:

A) ADVANCE HEALTH DIRECTIVE

FOR ATTENTION OF MY HEALTH CARERS

Please read this carefully

I,
(Clearly print full name)

born on at,
(Date) (Place)

being of sound mind and after careful consideration, make the following statement :

To provide for the eventuality that I will no longer be able to indicate my wishes on medical matters, I have drawn up this statement which is addressed to everyone who will be involved in my medical treatment and care.

1) **Prohibition of Medical Treatment**

If the circumstance arises, when I will be suffering more than I wish to bear - whether from a physical, psychological, chronic or terminal condition - and from which I am not expected to recover and which will provide little or no prospect of a return to, what is for me, a reasonable and dignified existence, **I do not wish to receive further medical treatment.**

This applies in any case, but more specifically if I find myself in the following situation:

- a coma lasting longer than < > week(s)
- a permanent vegetative state (mindless state)
- other conditions as described in pt. 9)

2) My Wishes

If I come to be in a condition referred to at pt. 1)

- a) - I expressly refuse and prohibit any **medical treatment and acts** (incl resuscitation), except for measures to relieve pain, respiratory distress and other discomfort.
- I refuse and prohibit the artificial or forced **administration of food and liquids;**
- b) when the Law allows it, I request the physician treating me to **abide by my end-of-life decision** by allowing me to take substances under his/her supervision - or, if I am no longer able to do so, to administer to me substances - that will bring about a gentle and quick death.

Principles underlying my wishes

My life is very precious to me. But if the circumstance arises when my life becomes no longer worth living, **I should be able to make the decision to die and choose the circumstances of my death.** One of the options should be medically assisted euthanasia - a peaceful dying process and gentle death.

3) Referral

If the physician treating me in the circumstances referred to at pt. 1) is unwilling or unable to comply with my above mentioned wishes, I ask him/her to refer me immediately to another physician who is willing and able to do so.

4) Indemnity Provisions

If my wishes have been complied with, I release the physician treating me from his/her duty of secrecy regarding my medical particulars.

I also declare him/ her, and others responsible for my care, **not civilly or criminally liable** for complying with my wishes.

5) Risk Acceptance

If my refusal of medical treatment will result in my death, I invoke my right to decide on the ending of my own life. Under these circumstances **I choose and accept of my own free will the ending of my life. I also accept the risk that I may later wish to amend or revoke it,** but am then no longer able to do so.

6) Non-compliance

According to the law, a physician is, as a rule, bound to adhere to a written authorisation with regard to the administration of medical services. I invoke this provision. I authorise my representative to take civil/criminal proceedings, if required, in order to ensure that my wishes are observed.

7) Validity of Directive

This directive will remain in force irrespective of the period that has elapsed since its signature, until replaced by a new signed and witnessed directive.

8) My Declaration

I declare that I
- have given careful thought to this directive and to the additions signed by me
- was not unduly influenced or pressured
- fully understand the consequences of my decision

This statement replaces any other previously signed.

Signed

in the presence of signatories
to the Witnesses Statement

Place Date

9) Additions

In so far as they are **ticked and signed,** I consider the following to be included in the situations referred to in pt. 1) :

- a) ? - a life with permanent paralysis.
Date Signature
- b) ? - being totally dependent on other persons for such general daily activities as eating, drinking, going to the lavatory, dressing and undressing.
Date Signature
- c) ? - having a handicap such as being blind or virtually blind and/or deaf and/or virtually deaf, which make it impossible or virtually impossible for me to perform what I consider to be worthwhile activities such as reading, writing, watching television, listening to music and doing manual work or handicrafts.
Date Signature
- d) ? - having a severe impairment or continuing degeneration of my mental faculties as a result of which I -
- no longer know who or where I am
- have lost my capacity to communicate
- no longer recognise those dear to me
- must be confined because I could harm myself or others.
Date Signature
- e) ? -
.....
.....
Date Signature