

Advance directive | Short version

Drawn up by

Name, first name _____

Date of birth _____ Place of residence _____

If I become incapacitated, it is my wish that, firstly, all medically indicated measures should be taken so that I may regain capacity and be restored to my previous condition.

However, if after careful medical assessment it is deemed impossible or unlikely that I will regain capacity, I wish to forgo all measures which would serve merely to prolong life and suffering.

In any event, I wish to receive effective treatment of pain and other distressing symptoms such as anxiety, restlessness, breathing difficulties and nausea.

- I have not appointed a trusted person to act as my representative.
- I have appointed the following trusted person as my representative, whom I authorize to make my wishes known to the health care team. This person is to be informed about my condition and involved in decision-making; he/she can access my medical records, and I release all physicians and nursing staff from their duty of confidentiality vis-à-vis this person.

Name, first name _____

Address _____ Postcode/town _____

Tel. home _____ work _____ mobile _____

E-mail _____

If my representative cannot be contacted or is unable for other reasons to exercise this responsibility, I designate the following substitute:

Name, first name _____

Address _____ Postcode/town _____

Tel. home _____ work _____ mobile _____

E-mail _____

- I have informed my representative about this advance directive.

Organ donation

- I wish to donate my organs, and I consent to the removal of any organs, tissue or cells and to the implementation of the preparatory medical measures which are required prior to organ donation.
- I consent only to the removal of _____
- I do not wish to be a donor.

Place/date _____ Signature _____

N.B. Please keep your advance directive in such a way that it can be found should the need arise; advance directives should **not** be sent to the FMH/SAMS. The SAMS guidelines on advance directives are available online (in French and German) at www.samw.ch > *Ethik* > *Richtlinien* and further information on advance directives is available at www.fmh.ch > *Service* > *Patientenverfuegung*.