Advance directive | Detailed version

Drawn up by

Name, first name _____

Date of birth _____

Place of residence _____

1. This advance directive is applicable in the following situations

I am drawing up this advance directive after careful reflection in case, at some point, I am no longer able to express my wishes as a result of illness or an accident. The advance directive is to be applicable:

☐ in all situations where I am incapacitated and decisions on medical treatment have to be taken – i.e. in the case of unexpected acute events such as a heart attack, stroke or accident, but also in advanced stages of chronic disease;

or

☐ _____

_____

2. My motivation and personal values

The following description of my motivation and personal values is a product of careful reflection and is intended to guide the health care team in the event of any difficulties of interpretation.

The following specific situation has prompted me to draw up this advance directive:

☐ (description, if appropriate) _____

_____

☐ No specific situation; this is a precautionary measure in case I should become incapacitated.

What I particularly wish to achieve with this advance directive is…

…that all possible medical measures are taken to keep me alive. My suffering should be relieved as far as possible, but I accept that certain burdens may be associated with the preservation of my life. ☐ This reflects my views more closely.	or	…that medical treatment should aim above all to relieve suffering. Prolonging life at all costs is not the priority for me. I accept that my life may be shortened if certain medical treatments are withheld. ☐ This reflects my views more closely.

Describe in your own words your motivation for drawing up an advance directive:

_____

_____

_____

My current situation:

_____

_____

_____

My attitude to life:

_____

_____

_____

My experience, attitude and fears concerning disease, dying and death:

_____

_____

_____

What I understand by 'quality of life'; what impairments/losses of independence I would find it difficult to accept:

_____

_____

_____

Personal and/or religious convictions by which I am guided:

_____

_____

_____

☐ As a member of the following religion, I wish to receive pastoral care:

_____

☐ I do not wish to receive pastoral care.

3. Statements concerning treatment goals and specific medical measures

In drawing up this advance directive, I have received advice from

☐ My GP, Dr _____

☐ or _____

☐ I do not wish to give any instructions concerning specific medical measures, but I would ask the health care team to act as far as possible in accordance with my wishes (see above, Section 2: 'My motivation and personal values').

☐ I wish to give specific instructions for the following situations (cf. choices I - IV).

I Unexpected acute event (e.g. accident, stroke, heart attack)

If I am incapacitated as a result of an unexpected acute event and – after initial emergency measures and 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.

☐ Yes ☐ No

II Treatment of pain and other symptoms

☐ In any event, I wish to receive effective treatment of pain and other distressing symptoms such as anxiety, restlessness, breathing difficulties and nausea. I am prepared to accept the reduced awareness (sedation) which such treatment may induce.

or

☐ For me, alertness and the ability to communicate are more important than optimum relief of pain and other symptoms.

III Artificial hydration and nutrition

a) I consent to *long-term* artificial hydration and nutrition (by nasogastric tube, infusion, surgically implanted feeding tube).

☐ Yes ☐ No

b) [If you answered No under a)] I consent to artificial hydration and nutrition *on a temporary basis*, i.e. if it is expected that my suffering will thereby be relieved or that I will subsequently be able – possibly with support – to ingest fluids and food by the normal route again.

☐ Yes ☐ No

IV Resuscitation in the event of a cardiac and/or respiratory arrest
I wish to be resuscitated.

☐ Yes ☐ No

Additional comments:

_____

_____

_____

_____

4. Trusted person/health care representative

☐ 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.

5. Special instructions in the event of my death

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.

Autopsy: I consent to an autopsy

☐ Yes   ☐ No   ☐ I leave this decision to my representative

I am aware that the drawing-up of an advance directive is voluntary, and that I may revoke or modify it at any time, as long as I have mental capacity.

I have prepared separate supplements to this advance:

☐ No   ☐ Yes, namely _____

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.*