Camden and Islington NHS
NHS Foundation Trust

ADVANCE DECISION TO REFUSE LIFE-SUSTAINING MEDICAL TREATMENT

Life sustaining treatment is any treatment that is needed to keep you alive and without which you might die. These may include a blood transfusion, an operation, ECT, hydration or feeding.

- ► It must be in writing and it must be signed in the presence of a witness.
- ► It must be made at a time when you have the capacity to make such a decision.
- ► It must state clearly and specifically that this decision is to apply to the specific treatment even if life is at risk.
- ► It is strongly advised that you discuss any Advance Decision to Refuse Life-Sustaining Treatment with a healthcare professional.
- ► It would be helpful to explain why you are refusing this treatment.

Please state precisely which treatment you wish to refuse and the circumstances in which that refusal should apply

CONFIDENTIAL
KEEP THIS SAFE

I confirm that I am aged 18 or over and have the capacity to make an Advanced decision to Refuse Life-Sustaining Treatment. The decision is intended to have effect if I lack capacity to make treatment decisions**. I understand that the decision stands even if my life is at risk, and the treatment in question is necessary to sustain my life, and that I might die as a result.**

I can confirm that I am over 18 years of age and understand that this document remains effective until I make clear that my wishes have changed.

Service User		
Print Name:		
Signature:	**Date:**	

Independent Witness		
Name:		
Address:		
Signature:	**Date:**	

Optional
We strongly advise you discuss such an important decision with a healthcare professional and family and friends.

Name of Professional with whom this was discussed:
Name:
Profession:
(i.e. doctor, care co-ordinator. Etc;)

Professionals Contact Details
Address:
Tel:
E-mail:

Details of family members, friends, or advocates who know and understand about this advance decision. They have given permission to be contacted and will speak for me in a crisis/dispute.

Name:
Address:
Tel:
Relationship to me:
i.e. partner, relative, friend, advocate, carer, etc)

Name:
Address:
Tel:
Relationship to me:
i.e. partner, relative, friend, advocate, carer, etc)