

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>i.e. partner, relative, friend, advocate, carer, etc)</i>

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