## Leaflet 3

**Living Will (The Natural Death Centre’s Adaptation)**

The following Living Will has been adapted by the Natural Death Centre from those put out by the Voluntary Euthanasia Society, the Terrence Higgins Trust and others. The British Medical Association approves of Living Wills. You would be well advised, however, to discuss your Living Will with your GP, or with another doctor if necessary; and to lodge a copy with a doctor (it might be best to change doctor if necessary, in order to find one who is sympathetic to the Living Will concept) and with your relatives. If you go into hospital, you can show it to your doctors there and have a copy put in your notes. You may also want to update the form every few years, even if just to sign and have witnessed the statement (below right) to the effect that it still represents your wishes. Strike out any parts which you do not wish to apply to your case or write your own version entirely. If you appoint representatives (below) these should be people you trust absolutely, especially if they would benefit financially from your death.

## TO MY FAMILY, MY PHYSICIAN AND ALL OF THE PERSONS CONCERNED THIS

**DIRECTIVE** is made by me at a time when I am of sound mind and after careful consideration. I wish to be fully informed about any illness I may have, about treatment alternatives and likely outcomes. **I DECLARE** that if at any time the following circumstances exist namely:

1. I suffer from one or more of the conditions mentioned in the schedule below; and
2. I have become unable to participate effectively in decisions about my medical care; and
3. Two independent physicians (one a consultant) are of the opinion that I am unlikely to recover from illness or impairment involving severe distress or incapacity for rational existence.

**THEN AND IN THOSE CIRUMSTANCES** my directions are as follows:

1. That I am not to be subjected to any medical intervention or treatment aimed at prolonging or sustaining my life;
2. That any distressing symptoms (including any caused by lack of food) are to be fully controlled by appropriate analgesic or other treatment, even though that treatment may shorten my life.
3. That I am not to be force-fed (although I wish to be given water to drink.)
4. I wish to be allowed to spend my last days at home if at all possible.
5. I consent to anything proposed to be done or omitted in compliance with the directions expressed above and absolve any medical attendants from any civil liability arising out of such acts or omission. I wish to be as conscious as my circumstances permit (allowing for adequate pain control) as death approaches. I ask my medical

attendants to bear this statement in mind when considering what my intentions would be in any uncertain situation.

**I RESERVE** the right to revoke this **DIRECTIVE** at any time, but unless I do so it should be taken to represent my continuing directions.

## SCHEDULE

1. Advanced disseminated malignant disease.
2. Severe immune deficiency.
3. Advanced degenerative disease of the nervous system.
4. Severe and lasting brain damage due to injury, stroke, disease or other cause.
5. Senile or pre-senile dementia, whether Alzheimer's multi-infarct or other.
6. Any other condition of comparable gravity.

I have lodged a copy of this Living Will with the following doctor, with whom I have/ have not discussed its contents:

Name: Address:

 Tel No:

Should I become unable to communicate my wishes as stated above and should amplification be required, I appoint the following person to represent these wishes on my behalf and I want this person to be consulted by those caring for me and for this person's representation of my views to be respected:

Name: Address:

 Tel. No:

My signature: Date: My name: My address:

We testify that the above named signed this Directive in our presence, and made it clear to us that he/she understood what it meant. We do not know of any pressure being brought on him/her to make such a directive and we believe it was made by his/ her own wish. We are over 18, we are not relatives of the above names, nor do we stand to gain from his/her death.

# Witnessed by

Signature: Name: Address: Signature: Name: Address:

**For renewing Will in later years:** I reaffirm the contents of my Living Will above My signature: Dated**:**

# Witnessed by

Signature: Name: Address: Signature: Name: Address:

If you would like to see the 'Advance Declaration; on which this Living Will is largely based, contact the Voluntary Euthanasia Society, 13 Prince of Wales Terrace, London W8 5PG (Tel 070 7937 7770). (Their form for Scotland is different from that used in the rest of Britain). The Terrace

Higgins Trust version is available from 52-54 Gray's Inn Road, London WCIX 8JU (Tel 070 7831 0330). The Natural Death Centre, an educational charity, can supply additional copies of this present Will for one S.A.E. plus one first class stamp to cover expenses. The Centre offers counselling sessions, weekend workshops, dinner-discussions, information leaflets (please send four first class stamp) and a 224 page Natural Death Handbook (£10.95 incl. P&p in advance of

4/93 publication) which covers everything from preparing for dying, to practical nursing of the dying, to funerals without using undertakers, and a listing of the most helpful undertakers, cemeteries, crematoria, etc. The Natural Death Centre, 20 Heber Road, London NW2 6AA (Tel 0208 208 2853, Fax 0208 452 6434).