NORTH·LONDON
HOSPICE

Advance Decision to Refuse Treatment

My name:

Address:

Telephone number:

Date of birth:

Any distinguishing features if unconscious:

What is this document for?

This Advance Decision to Refuse Treatment document has been written by me to specify in advance which treatments I do not want in the future. These are my decisions about my healthcare in the event that I have lost mental capacity and cannot consent to or refuse treatment. This Advance Decision replaces any previous Advance Decision I have made.

This Advance Decision does not refuse the offer or provision of basic care, support and comfort.

Advance Decision to Refuse Treatment

Advice to the reader

I have written this document to identify my Advance Decision. Please do not assume that I have lost capacity before any actions are taken. I might need help and time to communicate.

In the event that I have lost capacity, I would expect any healthcare professionals reading this document to check that my Advance Decision is valid and applicable, in the circumstances that exist at the time.

This Advance Decision becomes legally binding and must be followed if professionals are satisfied it is valid and applicable. Please help to share this information with people who are involved in my treatment and care and need to know about this.

Please also check if I have made any other statements about my preferences or decisions that might be relevant.

I reserve the right to revoke this directive at any time, but unless there is evidence that I have done so it should be taken to represent my continued directions.

I consent to anything proposed to be done or omitted in compliance with the directions outlined below and absolve my medical attendants from any civil liability arising out of such acts or omissions.

My directions are as follows:

(Please only sign those sections which you feel are applicable).

1. Any distressing symptoms are to be fully controlled by appropriate analgesic, sedative or other treatment, even though the treatment may shorten my life.

Signature: .....

2. I am not to be subjected to any medical intervention or treatment aimed solely at prolonging my life.

Signature: .....

3. I would like to refuse the following specific treatments:

Treatment to be refused (eg resuscitation, ventilation, NG/ PEG, re-insertion of stent, antibiotics, dialysis)	**Detail of specific circumstances in which refusal would be valid** (ie for resuscitation, in event of sudden collapse, for ventilation should I develop respiratory failure, for NG/PEG should I become unable to swallow, for antibiotics, should I develop a chest infection etc.)

NB. If you wish to refuse a treatment that is or may be life-sustaining, you must state in the box above that you are refusing that treatment even if your life is at risk as a result. An Advance Decision refusing life-sustaining treatment **must** be signed and witnessed.

Before signing, I have discussed this with

Name of healthcare professional:

Profession/job title:

Telephone number:

I give permission for this document to be discussed with my relatives/carers: YES / NO

Person to be contacted to discuss my wishes:

Name:

Relationship:

Telephone number:

My signature: Date:
(or nominated person)

Witnesses

The maker of this Advance Decision directive signed it 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 to bear on him/her to make such a directive and we believe it was made by his/her own wish. So far as we are aware we do not stand to gain from his/her death.

N.B. Only one witness is legally required.

Witness 1

Signature: Date:

Print Name:

Address:

Witness 2

Signature: Date:

Print Name:

Address:

Optional Reviews:

This Advance Decision directive was reviewed and confirmed by me on:

Signature: Date:

Witness signature:

The following list identifies the people who have a copy and have been told about this Advance Decision to Refuse Treatment and their details.

Name	Address & Telephone

Further information (optional)

I have written the following information that is important to me. It describes my hopes fears and expectations of life, and any potential health and social care problems. It does not directly affect my Advance Decision to Refuse Treatment but the reader might find it useful.

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London N12 8TT
(For Sat Nav use N12 8TF)

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HOSPICE

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