

STATEMENT OF WISHES

This Statement of Wishes will be used to guide future medical and personal care decisions ONLY when you lose the ability to make or communicate your medical treatment and personal care decisions yourself. In this case, your person responsible will make medical treatment decisions on your behalf, in consultation with your treating doctors. Medical treatment and personal care decisions will be made in your best interests and taking into account your expressed wishes. If you do not tell us your wishes we will still care for you and provide treatment in your best interests.

Please note: The law requires that this statement of your wishes must be taken into account when determining your treatment.

I _____ (person's name)

of _____ (person's address)

am of sound mind, and I have read and understand the importance of this document. I have also had this document explained to me and had all my questions answered to my satisfaction.

I understand that it is most important to have discussed my wishes with my family, friends and doctor so that they are aware of them.

I request that my stated choices recorded in this document, are respected by my family, person responsible, and by my doctors. In addition I request that they respect my beliefs and values in life as we have previously discussed.

Plans for Life Prolonging Treatments (3 options)

Initial the boxes you want and cross out the boxes you don't want. You may write specific requests on the lines provided.

<input type="checkbox"/>	<p>1. I would like life-prolonging treatments to be commenced and continued, including Cardio Pulmonary Resuscitation (CPR), while they are medically appropriate (as deemed by the treating team) and remain in my best interests.</p> <hr/> <hr/> <hr/>
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AND/OR

<input type="checkbox"/>	<p>2. If I am acutely ill, and unable to communicate with my family and friends, and it is reasonably certain that I will not recover, I want to be allowed to die naturally and be cared for with dignity. I do not want to be kept alive by extraordinary or overly burdensome treatments that might be used to prolong my life (e.g. Cardio Pulmonary Resuscitation (CPR)). If any of these treatments have been started, I request that they be discontinued. However, I do want Palliative Care that includes medications, and other treatments to alleviate suffering and keep me comfortable, and to be offered something to eat and drink.</p> <hr/> <hr/> <hr/>
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If you do not wish to make a plan regarding life-prolonging treatments, please initial the box below.

<input type="checkbox"/>	<p>3. I understand that if I do not initial any of the above boxes, that decisions regarding life-prolonging treatments will be made by the person responsible for making my medical decisions, in consultation with my treating doctors.</p> <hr/> <hr/> <hr/>
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Other requests with regard to my medical care

e.g. Such as circumstances in which you do or do not want a particular treatment.

Other points that are important to me for medical and personal care

If you have other end of life wishes, e.g. organ or body donation, you may wish to attach your documentation to this plan. NB. it is important to register as a donor and discuss your wishes with your next-of-kin/family.

I ask that the following persons be included in my health care decisions if there is time:

If I am nearing my death, I want the following (tick box(s) and initial lines that would be important to you):

Keep me warm, dry and pain free

Do not transfer me to hospital unless absolutely necessary

Only give measures that enhance comfort or minimise pain eg. Morphine for pain

No x-rays, blood tests or antibiotics unless they are given to improve comfort

Other:

If I am nearing my death and cannot speak, please give my family and friends the following message:

Wedding band/ other jewellery

