

My Advance Care Directive

A declaration of my health care values, goals and preferences

I _____ (person's full name) DOB _____

of _____ (person's address)

am of sound mind, and I have read and understand the importance of this document. I request that my stated choices recorded below, are respected by my "person responsible", my family and by my doctors.

I understand that this document is **only** to be used as guidance when I am no longer able to communicate or make decisions for myself.

Values and Beliefs (it may be helpful to record these so others understand them)

Who or what supports you when you are faced with serious challenges? Do you have any religious or spiritual views you would like to record? What are the things about your life that really matter to you?

Do you believe in miracles?

Yes / No

Goals (what is important to you? What do you personally define as 'living well'?)

How important is being able to get around by yourself, the ability to recognise your family, to prolong life for as long as possible? How important is it for you to be at home?

Preferences

Have you decided who you want to make decisions on your behalf (if you no longer have the capacity to decide for yourself)? (see the Information Sheet for details on how to ensure this happens). Who else would you like to be involved? Are there any specific preferences for care or treatment you would like to record?

Plans for Life Prolonging Treatments (life prolonging treatment means any medical procedure, device or medication to keep you alive (e.g. Cardio-Pulmonary Resuscitation (CPR). It does not mean that your disease will be cured or that you will get back to the way you were before having the treatment)

Initial the box that describes the treatment you want and cross out the box that describes the treatment you don't want. You may write specific requests on the lines provided.

<input type="checkbox"/>	I would like all decisions about life-prolonging treatments, including CPR, to be in the hands of my doctors and those I have listed above. I would ask that they read my values statements above, but otherwise I do not wish to offer any specific guidance.
<i>Comments:</i>	<hr/> <hr/>

OR

<input type="checkbox"/>	If I am acutely ill, and unable to communicate responsively with my family and friends, and it is reasonably certain that I will not recover, I want to receive care that is palliative. I want to be allowed to die naturally and to be cared for with dignity. I want medications and other treatments to keep me comfortable, and to be offered something to eat and drink. 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
	<i>You may write specific requests or further details here (for example, do you want to be pain free, even if it means being sleepy and unable to talk to loved ones)</i>
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*If there are potentially life-prolonging therapies (like CPR) that you do not want **right now**, please immediately notify your doctor.*

Other points that are important to me (you may want to write specific care requests, spiritual care wishes, or people you would like to have with you)

If I am nearing my death, I want the following (list things that would be important to you):

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 in this case to register as a donor and discuss your wishes with your next-of-kin/family

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

If there is not enough room to write all your requests and wishes, please attach further pages as necessary. It is recommended that all additional pages are signed, dated and witnessed.

I _____ hereby declare that the information completed above is a true record of my wishes on this date.

Signature _____
(your signature)

Date _____

Witness signature _____
(preferably your 'person responsible')

Date _____

Witness name _____

Relationship _____