

Living wills and enduring powers of attorney

A living will/advance request *must* be kept separate from your will itself, otherwise nobody will know about it until it's too late.



Take the time to read this living will carefully, and fill in all the boxes. The purpose of the boxes is to make sure that you give informed consideration to every item. Only then will your living will meet the seven conditions (see page 35) to make it valid.

1. Mental capacity
2. Ethical
3. Duress-free
4. Informed
5. Clear
6. Applicable
7. Lawful

Draft living will

About me

My name:.....

My address:.....

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My mental capacity

I believe that I have the mental capacity to make this Living Will. This is to say, I possess the mental ability to gather relevant information, (for example about any medical condition from which I may suffer), analyse it and make the decisions which are set out here.

Although I may be unwell at the time of making my Living Will, my mental capacity for this task is not clouded by illness, pain, anxiety or medication.

Yes **No**

My freedom of choice

I am making this Living Will voluntarily, free from undue influence, pressure or duress. This is my decision and mine alone.

Yes **No**

My medical condition

Option 1 – if I am in good health at the time making this Living Will,

I understand that if I fall ill I may have a different view of what is and is not an acceptable quality of life, but all the same I intend this Living Will to be binding.

Yes **No**

or

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‘Artificial nutrition and hydration’ – giving food and water other than by mouth. **Yes** **No**

When my Living Will is to become effective

I intend my Living Will to become effective when:

- I am suffering from one or more of the medical conditions listed in this Living Will, *and*
 - I have no realistic prospect of recovery or even of significant improvement *and*
 - I have permanently lost the mental capacity to make decisions concerning my treatment, *and/or*
 - I have permanently lost the physical capacity to communicate my wishes concerning my treatment.
- Yes** **No**

Medical conditions

The medical conditions I have in mind are:

- cancer **Yes** **No**
- AIDS or other immune deficiency **Yes** **No**
- multiple sclerosis, motor neurone disease, Parkinson’s disease or any other disease of the nervous system **Yes** **No**
- mental impairment caused by injury, stroke, senile or pre-senile dementia, disease, or any other cause **Yes** **No**

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- persistent Vegetative State or similar condition
Yes No
- any other equally serious or disabling medical condition
Yes No
- any medical condition from which I am suffering at the time of making this Living Will, and which I specify in the box below.

My advance refusal of medical treatment

In any of the circumstances specified above, and subject to my further instructions below, I refuse medical treatment unless a cure for my condition is imminent. **Yes, I refuse** **No**

My further instructions

I wish to receive basic care until my life ends, and I instruct those responsible for me as follows:

- if I am suffering from pain or distress, I am to receive appropriate pain relief or other treatment, even though that pain relief or treatment may shorten my life
Yes **No**

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- if withdrawing artificial nutrition and/or hydration would cause me pain or distress, I wish them to continue **Yes** **No**
- if I should be in a persistent vegetative state or similar condition, but measures to end my life cannot be taken without a court order, the contents of this Living Will are to be made known to those responsible for the decision **Yes** **No**
- if, while suffering from any of the conditions listed above, I contract a further, curable, illness, I refuse medical treatment for this illness. *[For example: if I have senile dementia and then contract pneumonia, I am not to receive treatment for the pneumonia.]*
Yes, I refuse **No**

Pregnancy

If I am pregnant with a viable foetus at the time this Living Will comes into effect, the interests of the foetus are to prevail over mine. This means that medical treatment for me should continue until it can be withdrawn without threatening the life or health of my unborn child.

Yes, continue treatment **No** **Not applicable**

Ethics and responsibility

I do not ask those looking after me to do anything which is unlawful or unethical with reference to the British Medical Association's Code of Conduct.

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If my treatment is in the hands of someone who for religious or ethical reasons feels unable to comply with my instructions in this Living Will, I wish them to hand over my care to someone who is able to comply.

I release those looking after me from all liability arising from carrying out my instructions in this Living Will. **Yes** **No**

Interpretation

If in the future those looking after me are in doubt about how to apply the instructions in my Living Will to the circumstances which arise, they are to consult the person or persons named below, whose interpretation of my instructions is to be taken into consideration.

[This clause is optional. You don't have to name anyone if you do not want to.]

1. Name.....

Address.....

Telephone no.....

Email.....

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2. Name.....
Address.....
Telephone no.....
Email.....

Cancellation

I have the right to cancel or change this Living Will while I have the mental capacity to do so. I will normally do this by marking this Living Will as cancelled, or destroying it. If I have sent copies of this Living Will to my doctor and/or family I will tell them about the cancellation.

Otherwise, they can assume that my Living Will remains in force. **Yes** **No**

Advice

I have taken, *or had the opportunity of taking*, professional advice about my medical condition (if applicable) and the implications of this Living Will, before signing it. **Yes** **No**

[Note: To tick the Yes box here, you do not need to have taken advice, just had the chance to do so if you wanted.]

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Signing, witnessing and dating

I sign this Living Will to give it legal force, in the presence of two independent adult witnesses, neither of whom will profit by my death.

Signed on the.....day of.....200....

My signature.....

Witness 1

Signature:.....

Full name:.....

Address:.....

Occupation:.....

Witness 2

Signature:.....

Full name:.....

Address:.....

Occupation:.....

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Alternative validations for someone unable to read and/or write

Suppose you cannot read your living will, because of blindness, illiteracy, etc, or because of disability you cannot write your signature?

Have no fear! As long as you have the mental capacity to do so, you can make a living will regardless of your ability to read or write. But you should use one of the signature clauses below:

- if you cannot read the document, it should be read over to you and you should confirm that you understand it before it is signed
- if you are unable to write, your living will can be signed by someone else on your behalf (for example, Adam Smith on behalf of John Locke).

Signature clause for someone who is blind or otherwise unable to read, but can still sign

As I am unable to read, my Living Will has been read aloud to me. I understand and approve it. By signing this Living Will I intend to give it legal force; and I sign it in the presence of two independent adult witnesses, neither of whom will profit by my death.

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Signed on the.....day of.....200....

My signature.....

Witness 1

Signature:.....

Full name:.....

Address:.....

Occupation:.....

Witness 2

Signature:.....

Full name:.....

Address:.....

Occupation:.....

Signature clause for someone unable to write

As I am unable to write, I have authorised
..... to give my Living Will legal
force by signing it in my presence and in the presence
of the two witnesses named below, neither of whom
will profit by my death; and both of them have signed
it in my presence.

You need this book first

Signed on the.....day of.....200....

Signature of.....signing for me

Witness 1

Signature:.....

Full name:.....

Address:.....

Occupation:.....

Witness 2

Signature:.....

Full name:.....

Address:.....

Occupation:.....

**Signature clause for someone who is unable to read
and unable to write**

As I am unable to read, my Living Will has been read aloud to me. I understand and approve it.

As I am unable to write, I have authorised
..... to give my Living Will legal force
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two witnesses named below, neither of whom will profit from my death; and both of them have signed it in my presence.

Signed on the.....day of.....200....

Signature of.....signing for me

Witness 1

Signature:.....

Full name:.....

Address:.....

Occupation:.....

Witness 2

Signature:.....

Full name:.....

Address:.....

Occupation:.....