

Sample



Advance Directive

This Advance Directive applies indefinitely unless I specifically revoke it. I give permission for anyone legitimately involved in my care to read it.

Your name (block capitals):

Your address:

Your date of birth: Your NHS no. (if known):

Your GP's name + address:

Statement to sign:

If, for any reason, I am unable to make or communicate decisions about my medical treatment, I **REFUSE** all life-prolonging treatments/interventions, including (but not limited to):

- **CARDIO-PULMONARY RESUSCITATION**
- **VENTILATION (EXCEPT TO KEEP ME COMFORTABLE)**
- **ANTIBIOTICS FOR A POTENTIALLY LIFE THREATENING INFECTION OR UNDERLYING CONDITION**
- **CLINICALLY ASSISTED ARTIFICIAL NUTRITION AND HYDRATION**

If I experience a medical 'emergency', such as – but not limited to – a heart attack, stroke or traumatic brain injury, I **REFUSE** resuscitation and any other treatments/interventions which may prolong my life.

I maintain this refusal even if my life is shortened as a result.

However, in any of these circumstances, I do want pain relief and other palliative care as necessary to keep me comfortable and free from distress, even if my life is shortened as a result.

Your signature: Date:

Witness signature: Date:

Witness name (block capitals) + address:

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