ADVANCE DECISION TO REFUSE TREATMENT

made under the Mental Capacity Act 2005, sections 24 to 26

1. About me

My full name is Jane Elizabeth Sample. My address is 1 Test Street, Exampleton, EX1 1AA. My date of birth is 14 March 1950. My NHS number is 000 000 0000. My GP is Dr A Example, Example Surgery, Exampleton.

2. My decision

I am 18 or over and I have the mental capacity to make this decision. I am making it myself, of my own free will. It replaces any earlier advance decision I have made.

If I lack the capacity to consent to or refuse treatment at the time it is proposed, and any of the circumstances in clause 3 applies, I refuse the treatment listed in clause 4. That treatment is not to be started, and if it has been started it is not to be continued.

3. The circumstances in which my refusal applies

My refusal applies if any one of the following is the case:

(a) I have severe dementia and no longer recognise the people close to me.

(b) I have had a severe stroke or brain injury and my doctors do not expect me to recover the ability to communicate.

4. The treatment I refuse

I refuse the following:

(a) Cardiopulmonary resuscitation (CPR) if my heart or breathing stops.

(b) Being put on a breathing machine (mechanical ventilation).

(c) Food or fluids given by tube or drip (clinically assisted nutrition and hydration).

5. If my life is at risk

I confirm that this advance decision is to apply to the treatment I have refused even if my life is at risk.

6. Care I am not refusing

I am not refusing care that keeps me comfortable: being kept warm and clean, pain relief and the relief of other symptoms, and being offered food and drink by mouth.

7. Lasting power of attorney

At the date I sign this, I have not made a lasting power of attorney for health and welfare.

SAMPLE

Signed by me in the presence of the witness named below

My signature _____

Date _____

Witness: I saw the person named above sign this document, and I am signing it in their presence.

Witness signature _____

Witness full name _____

Witness address _____

_____

Date _____

SAMPLE