

Who keeps the Living Will?

In England and Wales, anyone can keep the Living Will. This could be a GP, a partner or a friend.

We recommend that a copy be kept with your medical notes held by your GP and also in your Health Records at the Christie Hospital – health records are subject to patient confidentiality.

You may also wish to carry something with you to show that you have a Living Will, particularly, for example, if you have an advanced illness.

Tell us now
Information about Living Wills
(Advance Directives)



What is a Living Will?

A Living Will is a set of instructions that you make regarding your future medical care. It is also known as an Advance Directive or Advance Statement.

The Living Will goes into effect when you are very sick and are not able to communicate your wishes yourself. In legal terms this is called 'incapacity' or 'lack of capacity'.

A Living Will can help patients and professionals talk openly about important decisions about your care.

You can change or cancel a Living Will at any time. It does **not** replace any will you make about your property or possessions.

Why should I have a Living Will?

Some people choose to plan ahead if they are facing progressive illness. Before their illness becomes too severe, and while they can still make informed decisions, people may decide to define what they want to happen in terms of their future treatment and care. These decisions are recorded in a Living Will or Advance Directive.

Do I have to have a Living Will?

No, the choice is yours.

How can I make a Living Will?

The Christie Trust has a Living Will Policy and a form that you can use. The team of doctors and nurses treating you will be happy to meet and discuss it with you.

If you already have a Living Will, please show it to your treating team.

We recommend that you should review your Living Will at least every five years.

The only legal requirement for making a Living Will valid is that the patient is competent at the time of making the statement, is aware of the implications of the decision, and that the circumstances match those stated in the Living Will.

The patient is responsible for making the treating team aware of the Living Will.

If a Living Will or Advance Statement is not written, it is only likely to be legally valid if supported by appropriate evidence.

What other things might be included in a Living Will?

- Appointing a person as a patient representative or health care proxy, so that he or she can, for example, communicate your views if you are no longer capable of expressing these.
- Any religious or cultural practices that need to be observed.
- Any type of treatment that you would not accept.
- A more general statement of your views, wishes and values.
- It may also record your wishes about attempts to resuscitate you in the event of a cardiac arrest.

What is a Patient's Representative?

This is someone nominated to convey your wishes on your behalf about clinical treatment, in the event of you becoming incapable of making, or communicating, your own decision.

What are the limitations of Living Wills?

A Living Will can only reflect a person's wishes at the time it is written. Many circumstances, including improvements in medical science and available treatments, can change as time passes.

That is why we encourage people to ensure that they review their wishes at regular intervals. Please remember to destroy any previous version of the document after making changes.

The Living Will has to be interpreted to make sure that the situation it describes still applies.

A Living Will cannot be used to:

- Refuse basic nursing care such as basic hygiene and pain relief
- Stop staff offering you food and drink by mouth
- Request euthanasia
- Request unreasonable treatment

Advance Directive (Living Will Declaration)

This is an important document. Before you complete it, please read the notes which are attached to this form. We recommend that you discuss your Living Will with a doctor, but you do not have to.

Please keep a copy of this document with your other important personal documents.

Your personal details:

Your name

Your address

I make this Living Will to record my wishes in case I become unable to communicate and cannot take part in decisions about my medical care.

If you discuss this living will with a doctor before or after you fill it in, please fill in this section.

I have discussed this Living Will with the following doctor or nurse:

Name of doctor or nurse

Address of doctor or nurse

Telephone number of doctor or nurse

Living Will Advance Directives

1. Medical Treatment in general

Two possible conditions are described below:

Case 1 is about a 'Life threatening condition'

Case 2 is about 'Permanent mental impairment or unconsciousness'

For each condition choose 'A' or 'B' by ticking the appropriate box, or leave both boxes blank if you have no preference.

You do not have to make the same choice for each one.

I declare that my wishes concerning medical treatment are as follows:

Case 1 – Life threatening condition

Here are my wishes if:

- I have a physical illness from which there is no likelihood of recovery and
- The illness is so serious that my life is nearing its end

A I want to be kept alive for as long as is reasonably possible using whatever forms of medical treatment are available and appropriate

☐

B I do not want to be kept alive by medical treatment. I want medical treatment to be limited to keeping me comfortable and free from pain.
I refuse all other medical treatment

☐

Case 2 – Permanent mental impairment or unconsciousness

Here are my wishes if:

- My mental functions have become permanently impaired or I am unconscious
- The impairment is so severe that I do not understand what is happening to me
- There is no likelihood of improvement, and
- My physical condition then becomes so bad that I would need treatment to keep me alive

A I want to be kept alive for as long as is reasonably possible using whatever forms of medical treatment are available and appropriate

☐

B I do not want to be kept alive by medical treatment. I want medical treatment to be limited to keeping me comfortable and free from pain.
I refuse all other medical treatment

☐

2. Particular treatments or tests

If you have any wishes about any particular medical treatments or tests, you can record them here. If you want to refuse, or have particular treatments or tests, you should say so clearly. You should speak to a doctor before you write anything in this space.

I have the following wishes about particular medical treatments or tests:

3. Having a friend or relative with you if your life is in danger

You can fill in this section if you would like a particular person to be with you if your life is in danger. It may not be possible to contact the person you name, or for him or her to arrive in time

If my life is in danger, I want the following person to be contacted to give him or her a chance to be with me before I die:

Name

Address

Daytime telephone number:

Evening telephone number:

If you fill in a name in this section and you want to be kept alive for as long as is reasonable in the circumstances that may arise, to give the person you name a chance to reach you, tick this box

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If you tick this box, any wishes you have stated in **Section 1 – Medical Treatment in General** and **Section 2 – Particular treatments or tests** may be temporarily disregarded.

Living Will – Patient's Representative

I appoint the following person to represent me in decisions about my medical care if I am unable to make decisions myself. I want him or her to be consulted about my views and I want anyone who is caring for me to respect these views.

Name

Address

Daytime telephone number:

Evening telephone number:

This Living Will remains effective until I make clear that my wishes have changed.

Signatures:

Sign and date the form here in the presence of a witness

Your signature:

Date:

The witness must sign here after you have signed the form.
The witness should then print his or her name and address in the spaces provided and complete the declaration below.

Signature of witness:

Name of witness:

Address

Declaration by witness

The capacity in which I know the patient:

I confirm that I am not the patient's spouse/relative or healthcare representative and will not benefit personally from the patient's death (tick box)

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