ALWAYS CONTACT DAVIES SOLICITORS AND SEEK LEGAL ADVICE BEFORE USING THIS FORM

THIS ADVANCE DIRECTIVE is made on the day of 20

by me……..

of ……

born on ……..

I WISH these instructions to be acted upon if two registered medical practitioners are of the opinion that I am no longer capable of making and communicating a treatment decision, **AND** that I am :

unconscious, and it is unlikely that I shall ever regain consciousness; or

suffering from an incurable or irreversible condition that will result in my death within a relatively short time; or

so severely disabled, physically or mentally, that I shall be totally dependent on others for the rest of my life.

I REFUSE any medical or surgical treatment if :

its burdens and risks outweigh its potential benefits; or

it involves any research or experimentation which is likely to be of little or no therapeutic value to me; or

it will needlessly prolong my life or postpone the actual moment of my death.

I CONSENT to any treatment that may :

safeguard my dignity; or

make me more comfortable; or

relieve pain and suffering, even though such treatment might unintentionally precipitate my death.

I APPOINT of
to take part in decisions about my medical care on my behalf and to represent my views about them. I wish him/her to be consulted about and involved in those decisions and I wish those caring for me to respect the views he/she expresses on my behalf.

SIGNED by me

in the presence of :

Name:……..

Address:……..

……

Occupation…….

Davies Solicitors
30 Woollards Lane
Great Shelford
Cambridge CB22 5LZ