

MODEL OF AN ADVANCE DIRECTIVE DOCUMENT

Before completing this document please read "the considerations on the advance directive document" carefully and seek help and guidance from a professional in order to evaluate the scope of your decisions. Sections I, II, and III are complementary and successive, since without the specification of the principles and health situations referred to in sections I and II, the instructions in section III make no sense.

I,....., an adult, holder of National Identity Card no.a resident of, street....., no., being in a position to take a free and well-informed decision,

Hereby issue the instructions I wish to be taken into account with regard to my health care when I find myself in a situation in which for different circumstances derived from my physical and/or mental condition I am unable to express my will.

I. CRITERIA I WISH TO BE TAKEN INTO ACCOUNT

Quality of life is essential to me in my life, and I relate this quality of life to certain circumstances which, by way of example, I hereby mention:

- The ability to communicate and interact with other people in any way.
 - Not suffering major physical or mental pain.
 - The ability to be sufficiently and functionally independent so that I can carry out the basic activities of daily life by myself.
 - Not prolonging life for its own sake if the minimum requirements referred to in the previous sections are not fulfilled when the situation is irreversible.
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- In the event of any doubt as to the construction of this document, I wish my representative's opinion to be taken into account.

II. HEALTH SITUATIONS

I wish the principles mentioned in the previous section to be generally respected, in the medical situations specified below, as well as in others:

- Irreversible disease that will inevitably and shortly lead to my death.
- Chronic vegetative condition.
- Advanced state of a fatal disease.
- Condition of serious dementia.
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III. INSTRUCTIONS ON HEALTH ACTION

Taking the foregoing into account, and according to the specific health criteria and situations, this involves taking decisions such as the following:

- Not to futilely prolong my life artificially, for example by means of life support-mechanical ventilation, haemodialysis, cardiopulmonary reanimation, intravenous liquids, drug or artificial alimentation techniques.
- I wish to be given the drugs required to palliate, as far as possible, discomfort, mental suffering and physical pain caused by my disease.
- That without prejudice to any decision I take, I will be provided with the health care necessary to afford me a decent death.
- Not to receive complementary treatments and untested therapies that have no efficacy or are futile for the purpose of prolonging my life.
- If I were pregnant, and any of the situations described in section II occurred, I wish the validity of this document to be suspended until after partum, provided that this does not have a negative effect on the foetus.
- _____
- _____
- _____
- _____
- I likewise express my wish to donate my organs for transplants, treatments, research or teaching.

IV. REPRESENTATIVE

In accordance with article 8 of Law 21/2000, I appoint as my representative, for him or her to act as the valid and obligatory intermediary with the doctors or the health-care team attending me, in the event that I were to find myself in a situation in which I cannot express my own will, _____, holder of National Identity Card no. _____, a resident of _____, street..... _____, no....., and telephone no

I consequently authorise my representative to take decisions pertaining to my health if I cannot do so for myself.

- Provided that they do not contradict any of the wishes expressed in this document.
- Specific limitations.
- _____
- _____

Date
Signature

Alternative representative or surrogate

Name and surnames
Address
Telephone no.:
Date
Signature

V. ACCEPTANCE BY THE REPRESENTATIVE (optional)

I accept the appointment and agree to be the representative of.....
in the event that he were unable to express his own will with regard to his health care. I understand and agree to follow the instructions expressed in this document by the person I represent. I understand that my representation is only applicable in the event that the person I represent cannot issue these same instructions by himself and provided that he has not revoked this document, either totally or else in the part pertaining to me.

Name and surnames of the representative
ID card no.
Signature of the representative
Date

Name and surnames of the alternative representative
ID card no.
Signature of the representative
Date

VI. DECLARATION BY THE WITNESSES

We, the undersigned, adults, declare that the person signing this advance directive document has done so of his own free will, and that we have seen no type of coercion in his decision.

Similarly, we, the undersigned, as first and second witnesses, declare that we are in no way related, either by kinship or by patrimony, with the person signing this document.

First witness

Name and surnames
ID card no.
Address
Signature
Date

Second witness

Name and surnames
ID card no.
Address
Signature
Date

Third witness

Name and surnames
ID card no.
Address
Signature
Date

Place and date,

Patient Signature