



Advance Health Directive – example statements

A. Identify the things that worry you – Part 3.2

Part 3.2 These are things that worry me when I think about my future health

It can be helpful here to include:

- What worries you
- What you wouldn't consent to, and why you feel strongly about this

3.2 – example

I worry about:

- not being able to make my own decisions
- not being able to feed and toilet myself independently

Please do not attempt to keep me alive if I become unwell and it's not likely that I'll be able to return to making my own decisions and to feeding and toileting myself independently.

I feel strongly about this as my independence is very important to me. I have cared for others and don't want to be in that position myself.

B. To identify the circumstances in which you choose life sustaining treatments, tick option 4 in Part 4.1

1. Tick **Option 4 in Part 4.1 Life-sustaining treatment decisions** (page 8)
2. Tick **Option B** (as appropriate) on pages 9-10
3. Include statements such as those following:



Part 4.1 Option B

4.1 Life-sustaining treatment decisions *continued*

Life-sustaining treatment	A. I consent to this treatment in all circumstances	B. I consent to this treatment in the following circumstances	C. I refuse consent to this treatment in all circumstances	D. I cannot decide at this time
Artificial nutrition A feeding tube through the nose or stomach	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Option B only: In which circumstances do you consent to this treatment?</p> <p>Only if temporary and it's likely that I can return to all of: meaningful conversation, making & communicating my own decisions, feeding myself and toileting myself independently.</p>				

Examples (use your own wording):

- Only if it's likely that I'll be able to engage in meaningful conversation. If not, then I refuse consent to this life-sustaining treatment.
- Only if it's predicted that I'll be able to return to making and communicating my own decisions. If not, then I refuse consent to this life-sustaining treatment.
- Only if temporary (no more than three weeks) and there is confidence that I'll be able to shower and toilet completely independently. If not, then I refuse consent to this life-sustaining treatment.
- Only if temporary and it's likely that I'll be able to return to living in my own home. If not, then I refuse consent to this life-sustaining treatment.
- **Regarding assisted ventilation:** I consent to non-invasive ventilation support (e.g. oxygen mask) if it's likely that I can return to I refuse consent to invasive ventilation support (e.g. being on a ventilator) for more than four weeks.
- Only if temporary and it's likely that I can return to all of the following: making and communicating my own decisions; having meaningful conversations; feeding myself; toileting myself; and having independent mobility.

Note: If you list several criteria that are all required for consent, be sure that each criteria is essential for you.