**Living Will and Death Plan of XXX aka XXX**

**TO MY FRIENDS, FAMILY, MY DOCTORS AND ALL OTHER PERSONS CONCERNED:**

**THIS DIRECTIVE is made by me at a time when I am of sound mind and after careful consideration.**

I wish to be fully informed about any illness I may have, about treatment alternatives and likely outcomes.

I DECLARE that if at any time the following circumstances exist, namely:

1. I suffer from one or more of the conditions mentioned in the schedule below; and
2. I have become unable to participate effectively in decisions about my medical care; and
3. Two independent physicians (one a consultant) are of the opinion that I am likely to recover from illness or impairment involving either severe distress or incapacity for a reasonable quality of conscious existence,

THEN AND IN THOSE CIRCUMSTANCES my directions are as follows:

1. that I am not to be subjected to any medical intervention aimed at prolonging my life;
2. that any severely distressing symptoms (including any caused by lack of food) may be controlled by appropriate analgesic or other treatment, even though that treatment may shorten my life.
3. That I am not to be force fed (although I wish to be given water to drink).
4. That I wish to be allowed to spend my last days at home if at all possible or in quiet and aesthetically pleasing surroundings.

I consent to anything proposed to be done or omitted in compliance with the directions expressed above and absolve my medical attendants from any civil liability arising out of such acts or omissions.

I wish to be as conscious as my circumstances permit (allowing for adequate pain control) as death approaches. I ask my medical attendants to bear this statement in mind when considering what my intentions would be in any uncertain situation.

I RESERVE the right to revoke this DIRECTIVE at any time, but unless I do so it should be taken to represent my continuing directions.

# SCHEDULE

A Advanced disseminated malignant disease

B Severe immune deficiency

C Advanced degenerative disease of the nervous system

D Severe and lasting brain damage due to injury, stroke, disease or other cause

E Severe senile or pre-senile dementia, whether Alzheimer’s, multi-infarct or other

F Any other condition of comparable gravity.

Should I become unable to communicate my wishes as stated above and should amplifications be required, I appoint the following person to represent these wishes on my behalf and I want this person to be consulted by those caring for me and for this person’s representation of my views to be respected:

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (AKA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEL NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## *Please turn over*

**Preferences and wishes surrounding my death**

1. If my condition is terminal I would like to be told full details, plus implications.
2. I would like to doctor to tell me a guess as to how much time I might have left on average.
3. I would like every effort be made to use alternative medicine and approaches that might give remission.
4. If possible, when I am dying, I would like to be cared for where friends and family can either care for me or visit easily.
5. I would like to have flowers, plants and photos of friends and family around me and be in as quiet and gentle atmosphere as possible.
6. I would like friends and family to be told that I am terminally ill.
7. Those friends and relatives who I would most like to be involved in my care are XXX, XXX, XXX, ... if they so wish.
8. The persons I would most like to be there at the moment of my death are XXX, XXX, XXX, ... if they so wish.
9. I would like to be as conscious as possible as I die, and would pain like control.

(10) For the moment of my death I would like all life support machinery disconnected from my body.

MY SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ aka\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR RENEWING WILL IN LATER YEARS:

I reaffirm the contents of my Living Will and death plan as written above.

MY SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### *Please turn over*

#### **Funeral Wishes of XXX aka XXX**

#### I have written a living will and death plan which express my preferences.

1. My next of kin is XXX
2. I wish to donate my organs – anything useful to prolong or improve another person’s life may be removed from my body after death.
3. I would like my body to remain at home or at a place of Buddhist worship (preferably a Triratna Centre) until the funeral if I die at home.
4. I do not wish for my body to be embalmed.
5. The friends and family I wish to be mainly responsible for arranging my funeral are XXX, XXX, XXX, ... if they so wish.
6. I would like to be cremated.
7. If a coffin is to be made, I would like it to be of natural and biodegradable material and, if wood, recycled.
8. If I am cremated, I would like my ashes to be scattered on XXX by friends and family if they wish to attend.

Funeral service:

I would like the service led by XXX if possible, otherwise an appropriate Triratna Buddhist practitioner.

If possible, I would like addresses about my life given by XXX, XXX, XXX, ... if they so wish.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_