



lifecircle | Living will & additional personal statement

My Living will

Title _____

First name _____

Name _____

Date of Birth _____

I hereby declare that I am in full possession of my ability to judge and I have decided the following after careful consideration:

Should I, by illness or by accident, lose my ability to judge **and should I not have, from a medical point of view, any chance at all to regain the ability to judge**, the points listed below must be respected according to my right to full self-determination:

Please mark the points according to your wishes.

1. Concerning life-prolonging measures I wish the following:

	yes	no
Resuscitation	<input type="radio"/>	<input type="radio"/>
Transfer to an intensive care station	<input type="radio"/>	<input type="radio"/>
Artificial respiration	<input type="radio"/>	<input type="radio"/>
Artificial nutrition	<input type="radio"/>	<input type="radio"/>
Use of Antibiotics	<input type="radio"/>	<input type="radio"/>
Use of chemotherapy	<input type="radio"/>	<input type="radio"/>

2. Palliative therapy to relieve pain, breathing problems, and other complaints:

- I wish to receive any type of analgesics and sedatives in the dose that guarantees the best quality of life for me.
- I take explicitly into account that the use of high doses of this medication can shorten my life.



3. In case of dementia the following applies in addition to the above:

- If I refuse food, I must not be lead to food ingestion by being repeatedly asked or even forced to do so.
- Should ever active euthanasia be permitted in my home country, I wish an active termination of my life when I can no longer recognize my relatives and friends.

All of the above orders that are not eliminated, will be valid until I die.

Organ donation after my death:

- yes
- no

Reservation

This living will shall enter into force only if I cannot express my will any more. I may at any time revoke it in part or in whole. As long as I am of sound mind, I will confirm the validity of these statements every two years by the renewing of my signature.

In self-responsibility, I confirm the following:

For consequences that apply by respecting this, my own explicitly stated will, I hereby discharge all persons, who support me in the enforcement of my living will, in particular also the physicians caring for my health, of all liability. Should my living will not be fully respected, I authorise the persons of trust listed below to represent my interests.

The following persons have knowledge of my living will:

First name / Name _____

Address _____

ZIP/Town _____

Phone _____

First name / Name _____

Address _____

ZIP/Town _____

Phone _____



First name / Name _____

Address _____

ZIP/Town _____

Phone _____

First name / Name _____

Address _____

ZIP/Town _____

Phone _____

Living will (LW) signed by:

First name _____

Name _____

Date of Birth _____

Signature _____

Date _____

LW renewed (date) _____

LW renewed (date) _____

LW renewed (date) _____



Personal statement as a supplement to my Living will

My personal statement

Title _____

First name _____

Name _____

Here I note my reasons for signing a living will:

The sufferings and conditions described here would make life unbearable for me:



Here I am listing points that are particularly important to me and that make my life worth living:

If I am suffering from an incurable disease and I need nursing care, the following points are important:



If my dying is foreseeable, I would like the following to be fulfilled:

Personal statement written and signed by:

First name _____

Name _____

Date of Birth _____

Signature _____

Date _____