

# ADVANCE DECISION TO REFUSE TREATMENT

## *Patient*

Name:

Address:

Date of Birth:

NHS Number:

Signature:

Date

## *Next of Kin*

## *Witness*

Name:

Signature:

Date:

### 1. Scope

- (1) This is an advance decision to refuse treatment.
- (2) It has legal force under the Mental Capacity Act 2005 (England and Wales), and at common law (Scotland, Northern Ireland).
- (3) It is to apply in the circumstances specified should I lack decision-making capacity in respect of medical intervention at the time its administration or continuance is proposed.
- (4) It is to apply even if, as a consequence of refusal, my life is put at risk.

### 2. Circumstances to which this decision applies

- (1) This advance decision is applicable to any of the following circumstances:
  - (a) I lose decision-making capacity in respect of life prolonging interventions and I am not likely to regain capacity in the future;
  - (b) I am in a permanent vegetative or permanent minimally conscious state.
- (2) For the purposes of section (2)(1)(a), the question whether I am likely to regain capacity in the future is to be resolved on the balance of probabilities.

### 3. Interventions refused

- (1) In the event that any of the circumstances outlined in section 2 arise, I refuse all life prolonging measures, including, but not limited to:
  - (a) Mechanical ventilation;
  - (b) Cardiopulmonary resuscitation;
  - (c) Artificial nutrition and hydration (both enteral and parenteral);
  - (d) Antibiotics;
  - (e) Surgery;
  - (f) Blood transfusion;
  - (g) Dialysis;
  - (h) Chemotherapy;
  - (i) Radiotherapy;
  - (j) Suction.

### 4. Organ transplantation

I am on the Organ Donor Register. I do not refuse any intervention that would facilitate the donation and/or retrieval of my organs and tissues for transplantation, even if any measures applied have the temporary effect of pro-longing my life.

### 5. Palliative care

- (1) Between the time when the refusal of treatment in sections 1-3 of this decision is executed and the moment of my death, I would be very grateful to receive any intervention to alleviate pain and/or suffering.
- (2) Nothing in section 5(1) should be taken to undermine the refusal of treatment in sections 1-3 of this decision.

### 6. Referral in the event of conscientious objection

- (1) I appreciate that in exercising my legal rights, I may be asking those invested in my care to refrain from doing that which, in their view, conscience requires.
- (2) In the event that my attending clinician(s) are unable to respect this refusal:
  - (a) I refuse all medical interventions;
  - (b) I am to be referred to a clinician who is able to respect my wishes.

### 7. Disputes

- (1) In the event of any dispute arising from this advance decision, I ask the relevant health authority, and/or my next-of-kin, to initiate, at the earliest opportunity, proceedings in the appropriate Court for declarations as to whether this advance decision:
  - (a) is valid;
  - (b) is applicable to the interventions proposed.
- (2) In the event of a dispute arising from this advance decision, I also ask my next-of-kin to seek a declaration that any intervention(s) provided between the time when the attending physician(s) became aware of this advance decision and the issue of proceedings constituted battery.