
Electronic annex 4c

Template for an Advance Decision to Refuse Treatment (ADRT)

Below is a suggested template providing text that may be used to assist the drawing up of an ADRT that would be valid and applicable in the context of a prolonged disorder of consciousness (PDOC).

ADVANCE DECISION AS TO FUTURE MEDICAL TREATMENT

Of

[]

I, [Name] (DOB: [.../.../.....]), of [Address],

have the capacity to make the decisions set out in this document and do hereby certify that this is my Advance Decision as to future medical treatment and certify that I am not acting under any undue influence, duress, or menace.

MEDICAL TREATMENT

[1] I DECLARE that if at any time I suffer from one or more of the conditions mentioned in the schedule detailed in clause [2] below and I am assessed by a qualified medical practitioner, psychiatrist or psychologist registered with the General Medical Council or such other appropriate regulatory body as required by United Kingdom law as lacking the mental capacity within the meaning of the Mental Capacity Act 2005 as amended to make decisions as to the medical treatment and care that I should receive THEN AND IN THESE CIRCUMSTANCES my directions are as follows:-

- (i) I am not to be subjected to any medical intervention or treatment aimed at prolonging my life including but not limited to:-
 - (a) artificial ventilation;
 - (b) endotracheal intubation of any kind and for any purpose;
 - (d) resuscitation through any means mechanic or organic.

- (ii) that pain by any cause be controlled by analgesic or other treatment, not falling under treatments prohibited under clause [1](i) above, even though that treatment may shorten my life.
- (iii) that I am not to receive nutrition or hydration by artificial means or by means of force.

My decisions, as set out in the declaration above:

- (A) are to apply to life sustaining treatment even where these decisions place my life at risk, and
- (B) are intended to apply indefinitely unless specifically revoked.

[2] I DIRECT that the provisions of clause [1] above should be followed in the event that I suffer from any of the medical conditions listed in the schedule of medical conditions below:–

SCHEDULE OF MEDICAL CONDITIONS

- (i) advanced disseminated malignant disease;
- (ii) disease of the immune system leading to immune system deficiency;
- (iii) disease of the central nervous system or muscular system including but not limited to motor neurone disease, multiple sclerosis, Parkinson’s disease and their variants;
- (iv) conditions resulting total paralysis and/or locked in syndrome;
- (v) lasting brain damage due to injury, stroke, disease or any other cause;
- (vi) senile or pre-senile dementia whether Alzheimer’s, multi infarct or other;
- (vii) coma, minimally conscious state or vegetative state resulting in any way and to any degree in a lack of awareness of myself and/or my environment;
- (viii) diseases of the cardio-pulmonary system leading to heart failure;
- (ix) advanced disease of the respiratory system including but not limited to localised malignant disease and chronic obstructive pulmonary disease;
- (x) any other condition of comparable gravity to those conditions listed in clause [2](i)–(ix) above.

Signature:

Date:

The above named person signed this document in my presence

Name of Witness:

Signature of Witness:

Date:

Alternatively: Where the person making the advance decision is unable to sign this form themselves it may be signed on their behalf by another person under their direction.

This form was signed by me in the presence of and under the direction of

..... (*insert name of person making the advance decision*)

Signature:

Date:

The above-named person signed this document in my presence and their signature was acknowledged by
..... (*insert name of person making the advance decision*)
in my presence.

Name of Witness:

Signature of Witness:

Date: