Advance Decision: next steps

Step 1 Read the document carefully and check that you are happy with it.

Step 2 Share this document to make sure people know about your Advance Decision.

You should:

- Give a copy to your GP and ask them to add it to your medical records.
- Give copies to people you know and trust.
- Keep a copy for yourself.

Step 1 Review your Advance Decision every two years.

To register your ADRT online or to Support myADRT please visit https://myADRT.com

Advance Decision to Refuse Treatment

This Advance Decision to Refuse Treatment sets out the situations in which I want to refuse medical treatment should I lack capacity to make or communicate that decision in the future. I have carefully considered these decisions and I confirm that I have capacity to make them.

About me

Name: ______________________________

Address: ______________________________

Date of birth: ______________ NHS number: ______________

Distinguishing features: ______________________________

GP details

Name: ______________________________

Address: ______________________________

Phone Number: ______________________________

My refusals of treatment

I confirm that the following refusals of treatment are to apply even if my life is at risk or may be shortened as a result.

I understand life-sustaining treatment includes but is not limited to CPR, clinically assisted nutrition and hydration, mechanical or artificial ventilation and antibiotics for life-threatening infections.

Dementia

If I have any type of dementia, and I can no longer make or communicate a decision about my medical treatment, and I am unlikely to regain the ability to make these decisions, then I refuse all life-sustaining treatment.

Brain injury

If I have a brain injury following a stroke, head injury or any other cause, and I can no longer make or communicate decisions about my medical treatment, and I am unlikely to regain the ability to make these decisions, then I refuse all life-sustaining treatment.

Diseases of the central nervous system

If I have a disease of the central nervous system and I can no longer make or communicate decisions about my medical treatment, and I am unlikely to regain the ability to make these decisions, then I refuse all life-sustaining treatment.

Terminal illness

If I have any terminal illness, and I can no longer make or communicate decisions about my medical treatment, and I am unlikely to regain the ability to make these decisions, then I refuse all life-sustaining treatment.

To avoid doubt

I wish to be given all medical treatment to alleviate pain or distress, or aimed at ensuring my comfort.

Signature

I confirm that I have carefully considered my wishes as set out in this form and that all the information and decisions within it are my own.

Signature:	
Print Name:	
Date:	

Witness

I confirm to witnessing the signing of this Advance Decision.

Signature:	
Print Name:	
Date:	
Address:	
Relationship:	