

Appendix3:

THE LIVING WILL

TO MY FAMILY, MY PHYSICIAN AND ANY HEALTH AUTHORITY:

This **advance directive** is made by me

Full Name:

Address:

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at a time when I am of sound mind and after careful consideration.

If the time comes when I can no longer take part in decisions for my own future, let this declaration stand as my directive.

If there is no reasonable prospect of my recovery from physical illness or impairment expected to cause me severe distress or to render me incapable of rational existence, I do not give my consent to having my dying process prolonged by artificial means, including any pacemaker, nor do I give my consent to any form of tube-feeding when I am dying; and I request that I receive whatever quantity of drugs and intravenous fluids as may be required to keep me free from pain or distress even if the moment of death is hastened.

DO NOT RESUSCITATE: I do not give my consent to any person's attempt at resuscitation, should my heart and breathing stop and my prognosis is hopeless.

This declaration is signed and dated by me in the presence of the two undermentioned witnesses present at the same time who at my request in my presence and in the presence of each other have hereunto subscribed their names as witnesses.

Signature:

Date:

N B: Witnesses should NOT be family members or your personal medical practitioner/s, nor should they be beneficiaries in your Last Will and Testament.

WITNESSES:

Signature

Signature:

Name:

Name:

Address:

Address:

NOTE: Should they wish, any person has my concurrence to apply for a court order to ensure compliance with this directive should any medical practitioner or health authority refuse to give effect to it.

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SAVES – The Living Will Society

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