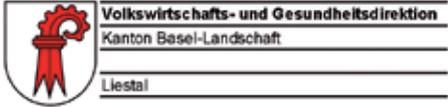


**PATIENT DECREE / LIVING WILL**



## Why complete a Patient Decree?

We all have to die some time. The circumstances of our death, and the speed with which that will occur, cannot be predicted as long as we are in good health. Death is often preceded by a lengthy period of dying and it is important to consider this last phase of our existence in good time.

The dying is in need of physical and spiritual care. Their physical symptoms and complaints, such as pain, respiratory distress and anxiety, need the best possible relief (palliative medicine). Terminal care is a complex and challenging task. It demands time, devotion, patience and respect. It imposes a similar burden on relatives, doctors and caregivers.

### Loss of the ability to express oneself

The seriously ill and seriously injured are not infrequently unconscious or restricted in their powers of judgment. They cannot always express themselves regarding questions relating to their own life and death. Nonetheless they retain their inalienable personal rights, including their right to self-determination. This enables every sick or injured person to approve or reject a proposed medical procedure. This right to self-determination should also remain particularly well preserved at critical times in a person's life. Should you no longer be able to express yourself, your Patient Decree will help your relatives and your medical team to determine your presumed wishes.

### Life-prolonging measures

In the face of approaching death it is frequently appropriate to renounce life-prolonging measures such as surgery, the use of ventilators, artificial kidneys, drip feeding, blood transfusions and antibiotics, if these would merely prolong life and would not improve the quality of life and would not prevent death. Sick or injured persons who are conscious and able to make judgments have to verbally express their specific renunciation of life-prolonging measures in the sense set out above. If an affected person is no longer able to express himself/herself, the doctor decides whether or not to refrain from instigating a life-prolonging measure. In so doing, the doctor must consult the Patient Decree, the proxy / trusted third party/parties mentioned therein and the medical team. A valid Patient Decree makes it more likely that a decision will be taken in accordance with the patient's wishes.

### Permanent vegetative state

Certain head injuries and brain diseases can lead to brain damage that leaves the patient deeply unconscious over a long period of time, despite a normal cardiac and respiratory function. The term "permanent vegetative state" is used if, despite intensive treatment, reawakening after a longer period of time is deemed impossible. The Patient Decree enables one to state if one would perhaps wish to remain in this state for years, or if one would wish to renounce life-prolonging measures when it is extremely likely that the "vegetative state" would continue.

### Brain death and organ donation

Irreversible failure of the brain – brain death – may occur as a consequence of severe head injuries and, rarely, for other reasons. In hospital it is possible, even after brain death, to artificially maintain cardiac and respiratory function for a short time, and thus to ensure the continued function of internal organs such as the kidneys and the liver. It is then and only then, that the question of the removal of organs for organ donation arises. The Patient Decree makes this possible. When making a decision regarding organ donation one should bear in mind that an organ transplant can save the life of a critically ill patient and sometimes even cure him/her completely. Sadly, there is a shortage of human organs at present.

No one is immune from injury and illness. Everyone, also the young, should therefore sign a Patient Decree.

## Important remarks regarding the Patient Decree

### 1. Validity

To be legally binding, the Patient Decree must be signed and dated by hand. To remain binding, it should be confirmed at the latest after five years.

### 2. Revocation, amendments and additions to the Patient Decree

It is possible at any time to amend and add to the Patient Decree and also to revoke it in its entirety or in part. The form must be signed and dated by hand. In the case of its revocation, this should ideally be done by preparing a new Patient Decree and then destroying the old one.

### 3. Proxy / Trusted third party

It is advisable to list one or more proxy / trusted third party/parties in the Patient Decree so that they can represent you if you become seriously ill, or are seriously injured and are no longer able to express yourself. A proxy / trusted third party can be a parent, spouse/partner, descendant or close friend. However, depending on your circumstances and family situation, it might also be appropriate to name trusted individuals who are not related to you. Please in any case ensure that you discuss the content of the Patient Decree with the appointed proxy / trusted third party/parties so that they can act in your best interests.

### 4. Advice

Have any questions arisen while completing the Patient Decree? If so, you may consult your doctor with full confidence. You may also contact the Foundation for palliative medicine (Stiftung HOSPIZ IM PARK, Klinik für Palliative Care). They will be pleased to help.

If you would like to add further instructions to your Patient Decree you may do so by hand in the section "Special additional remarks". If you need help in preparing a funeral instruction or quite generally in settling your affairs, consult your doctor or your spiritual advisor.

The Patient Decree is not the place for testamentary dispositions relating to your assets or to determine a legal attorney. You are advised to consult a notary or lawyer in this connection. You may also consult the free legal advice bureau set up by the Swiss lawyers' association (Rechtsberatung der Advokatenkammer).

### 5. Information

It is most important that you inform your closest relatives, your family doctor or your trusted third party/parties of the existence and content of your Patient Decree. You should let them know where it is kept and provide each of them with a copy.

### 6. Deposition

It is advisable to deposit a copy of the Patient Decree with the Medical emergency call centre (MNZ-Stiftung Medizinische Notrufzentrale in Basel. This is totally reliable and confidential. Your Patient Decree can be accessed from the MNZ-Stiftung round-the-clock and 365 days a year.

### Important

You may either telephone the HOSPIZ IM PARK to request a Patient Decree form or else download it in electronic form from the homepage of the Ärztesgesellschaft BL or of the HOSPIZ IM PARK. Advice may be obtained from your doctor or the HOSPIZ IM PARK. The Patient Decree may be deposited with the MNZ-Stiftung Medizinische Notrufzentrale (low cost).

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Renggenweg 1  
4450 Sissach  
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Stiftung HOSPIZ IM PARK  
Klinik für Palliative Care  
Stollenrain 12, 4144 Arlesheim  
Telephone: 061 706 92 22  
Telefax: 061 706 92 20  
[www.hospizimpark.ch](http://www.hospizimpark.ch)

Volkswirtschafts- und  
Gesundheitsdirektion VGD  
Bahnhofstrasse 5, 4410 Liestal  
Telephone: 061 552 53 43  
[www.bl.ch](http://www.bl.ch)

MNZ-Stiftung Medizinische Notrufzentrale  
Marktgasse 5  
4051 Basel  
Telephone: 061 261 15 15  
[www.mnzbasel.ch](http://www.mnzbasel.ch)

Translation of the German version by Kathleen Kerr  
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## My Patient Decree

I, (first name and surname) ....., born on ....., declare as follows while being in full possession of my mental faculties and after careful thought:

### Renunciation of life-prolonging measures

In the event of my losing my reasoning powers or being unable to communicate my wishes for other reasons, I direct that the place where I receive care and medical treatment should not apply any procedures that are exclusively aimed at sustaining life, if I am suffering from one of the following conditions:

- an advanced stage of an incurable cancer
- any other incurable condition leading to an early death that affects, for example, the cardiovascular system or the lungs
- an irreversible, progressive and incurable brain disease
- a state of prolonged, deep unconsciousness associated with spontaneous respiratory and cardiac activity (permanent vegetative state)
- a severe injury to the skull and other organs with no prospect of improvement

### Best possible palliative care

Even though I renounce life-prolonging measures, I still wish to receive the best possible treatment (known as palliative medicine) for any complaints, such as pain, respiratory distress, nausea, anxiety or depression, whether this be provided at my home by my family doctor, or in an old people's care home, in a hospital, a hospice or in another institution. I understand that those measures that are suitable and necessary to relieve my complaints could shorten my life.

### Organ donation

In addition, by appending my signature affirming my "Authorization of organ donation", I direct that my transplantable organs may be removed once brain death has been established by those doctors qualified to do so. In accordance with current legislation, no organs may be removed from my body at the time of my death unless my signature appears below.

Authorization of organ donation

Only valid if my signature by my own hand appears here: .....

### Power of attorney to proxy / trusted third party

Should I become unable to make a judgment, I designate the following proxy / trusted third party/parties who may represent me and provide information on my presumed wishes:

Proxy / Trusted third party 1  
Surname, first name

.....

Proxy / Trusted third party 2  
Surname, first name

.....

### Proviso

This Patient Decree shall not apply as long as I am able to express my own wishes. I claim the right to revise the content of this Patient Decree, to revoke it or to confirm it, should I recover my powers of reasoning and my ability to make judgments.

### Special, additional remarks

.....  
.....  
.....

Place, date

.....

Signature

.....

## My Patient Decree

Please complete in full

### Personal information:

Surname, first name: .....

Date of birth: .....

Street: .....

Postcode, town: .....

Telephone number: .....

### Proxy / Trusted third party 1

Surname, first name: .....

Street: .....

Postcode, town: .....

Telephone: .....

Mobile phone: .....

Email address: .....

### Proxy / Trusted third party 2

Surname, first name: .....

Street: .....

Postcode, town: .....

Telephone: .....

Mobile phone: .....

Email address: .....

### Family doctor

Surname, first name: .....

Street: .....

Postcode, town: .....

Telephone: .....

Email address: .....

### Spiritual adviser

Surname, first name: .....

Street: .....

Postcode, town: .....

Telephone: .....

Email address: .....

### Form of burial desired

.....

Date of issue: ..... Signature: .....

Date of confirmation: ..... Signature: .....

Date of confirmation: ..... Signature: .....

Date of confirmation: ..... Signature: .....