

ADVANCE DIRECTIVES

Last name:..... Birth name:.....

First name:..... Date of birth:.....

These advance directives are to be used **in the event that I am no longer able to communicate**. My wishes are as follows:

1. Here I state specifically whether I accept or refuse for my life to be artificially maintained if I have definitively lost consciousness and can no longer communicate with my loved ones: I accept I refuse

2. Regarding actions that could be taken and medical treatments that could be administered to me: The law stipulates that, in accordance with refusal of unreasonable persistence, these actions should not be undertaken or should be stopped if they appear to be ineffective, disproportionate or having no effect other than artificially sustaining life.

⇒ **If these measures appear to be ineffective, disproportionate or having no other effect than artificially sustaining life**, I state that I accept or refuse for them to be undertaken, specifically:

- Cardiac and respiratory (breathing tube) resuscitation I accept I refuse
- Connecting my body to a kidney dialysis machine I accept I refuse
- Surgical intervention..... I accept I refuse
- Other:.....

⇒ **If these measures that appear to be ineffective, disproportionate or having no other effect than artificially sustaining life** have already been undertaken, I state here that I accept or refuse for them to be stopped, specifically:

- Respiratory assistance (breathing tube) I accept for this to be stopped I refuse for this to be stopped
- Kidney dialysis..... I accept for this to be stopped I refuse for this to be stopped
- Artificial nutrition and hydration I accept for this to be stopped I refuse for this to be stopped
- Other:.....

⇒ Finally, if my doctor has spoken to me specifically about other actions or treatments that could be undertaken or continued for my disease, I indicate here which I accept or refuse to have undertaken or continued:

.....
.....

Regarding continuous deep sedation associated with pain treatment;

In the event that all treatments that are artificially sustaining my life are stopped, I indicate here whether or not I wish to receive continuous deep sedation for pain treatment, meaning a treatment that will make me sleep and prevent me from regaining consciousness until I die:

.....
.....

Testified on.....at..... Signature:

