



Advance health care directive

Living will

My legally binding will and directives
regarding medical treatment, care,
death and dying

Drawn up by:

.....
First name, Last name



Published by

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Important note

The accompanying guideline provides important information for possible situations and how to go about completing this document. If you still have any questions, you, or if needs be, your treatment team and health care proxies are welcome to call us on 0900 418 814.* Please refer to page 25 of the guideline or www.dialog-ethik.ch for information on this consultation services.

* Dialog Ethik is a charitable non-profit organisation. We charge CHF 2 per minute to cover our expenses for this service.

The idea behind this living will

The purpose of a living will (also known as an advance decision) is to ensure that your wishes as a patient are respected if you are unable to express them yourself. This protects your right to self-determination while the directives in your living will relieve your health care proxy (the proxies, surrogates or attorneys whom you have appointed to act for you) and treatment team by giving them guidance in how best to represent your interests in treating you as a patient.

The aim of this living will is also to encourage dialogue between you, your health care proxy, and your treatment team as well as promoting a decision-making culture of mutual consensus in actual situations.

1. Your personal data

First name	Last name
Street address	ZIP/postcode, city
Home tel.	Mobile
Work tel.	E-mail
Date of birth	Place of origin / Canton
Religion / denomination	

2. Personal reasons for drawing up a living will

2.1 Existing illness

- ☐ I am not suffering from any specific condition at the time of drawing up or revising this living will, but I would like to take measures in the event of incapacity to make decisions.
- ☐ I am suffering from the following conditions, and I am aware of the course and treatment of the condition at the time of drawing up or revising this living will:

2.2 Objective of medical treatment and care

I can imagine continuing life with the following limitations:

In the following situations I would like to receive medical care no longer designed primarily to keep me alive but to afford me optimal relief of suffering:

3. Health care proxies

Art. 378 of the Swiss Civil Code (ZGB) authorises the following persons to represent an incapacitated patient in taking medical decisions:

- The person listed in the patient's living will or healthcare directive
- The legal counsel with right of proxy for medical procedures
- The person sharing a home with the incapacitated patient as spouse or civil partner, or the person providing the incapacitated patient with regular personal support
- The person sharing a home with the incapacitated patient
- The incapacitated person's children *
- The incapacitated person's parents *
- The incapacitated person's siblings *

* In case they provide regularly and personally assistance to the incapacitated person.

I appoint **the following person** as **my health care proxy** for the purposes of the above-mentioned directives:

First name	Last name
Address	ZIP/postcode, city
Home tel.	Mobile
Work tel.	E-mail
Date of birth	Place of origin / Canton
Nature of relationship	

My health care proxy shall take any medical and care decisions on my behalf if I am incapable of doing so. He/she:

- shall be informed about my state of health and prognosis as the condition progresses,
- shall be consulted when drawing up a treatment and care plan
- shall ensure compliance with my directives as set out in this living will,

- is authorised to represent me and to consent to or refuse planned medical procedures on my behalf. In medical and nursing issues not covered by this living will, my health care proxy shall take decisions on my behalf based on my living will and presumed wishes (ZGB Art. 378 Para 3):
- is authorised to decide whether to approve the possible removal of organs, tissues or cells, subject to my directives under Section 8, page 22, of this living will.

If my health care proxy above is unable fulfil this function, I authorise the following persons to do so in their place:

First name	Last name
------------	-----------

Address	ZIP/postcode, city
---------	--------------------

Home tel.	Mobile
-----------	--------

Work tel.	E-mail
-----------	--------

Date of birth	Place of origin / Canton
---------------	--------------------------

Nature of relationship

First name	Last name
------------	-----------

Address	ZIP/postcode, city
---------	--------------------

Home tel.	Mobile
-----------	--------

Work tel.	E-mail
-----------	--------

Date of birth	Place of origin / Canton
---------------	--------------------------

Nature of relationship

- ☐ I have discussed this advance directive with the above persons as my health care proxies.
- ☐ I have not appointed any health care proxies, and I would like my family members to perform this function according to ZGB Art. 378.

- ☐ I have not appointed any health care proxies, and I would not like my family members to perform this function. I am aware that the Adult Protection Authority is likely to appoint a health care proxy or attorney for decisions on medical treatments for which I have given no directive in this living will.

4. Unwanted persons

- ☐ I would not like the following persons to visit me, receive any information about my medical condition, or have any influence in whatever form:

First name

Last name

Address

ZIP / postcode, city

Nature of relationship

Comments

First name

Last name

Address

ZIP / postcode, city

Nature of relationship

Comments

5. Medical directives

5.1 Life-sustaining measures

See
Guidelines
page 9

If I should find myself in one of the following situations, I direct the treatment team to take the following action (if the directives in my living will are insufficient in an actual situation, my health care proxy is authorised to consent to or refuse any medical treatment based on my probable intentions):

	...life-sustaining treatment (including resuscitation) to be discontinued and replaced by state-of-the-art palliative care.	... life-sustaining treatment options to be exhausted as part of the treatment plan to keep me alive.
Should I become irreversibly unable to communicate (whether by accident or illness, such as stroke), with very little chance of ever being able to relate to other people again, I would like (even if it is not yet possible to predict when I might die) ...	<input type="checkbox"/>	<input type="checkbox"/>
Should I be receiving intensive care with a poor long-term prognosis , I would like (even if I may briefly improve) ...	<input type="checkbox"/>	<input type="checkbox"/>
Should I develop a progressive, incurable illness (such as cancer or dementia) involving serious physical and/or mental disability , I would like (even if it is not yet possible to predict when I might die) ...	<input type="checkbox"/>	<input type="checkbox"/>
In the final stages of an incurable and fatal condition , I would like (even if it is not yet possible to predict when I might die) ...	<input type="checkbox"/>	<input type="checkbox"/>
When it is clear that I am dying, and am close to death , I would like ...	<input type="checkbox"/>	<input type="checkbox"/>

Palliative care means the holistic management of the incurably ill. Its aim is to give people the best possible quality of life until they die. Its primary focus is on the optimal relief of pain and other distressing symptoms such as breathing difficulty, nausea, anxiety and confusion. It also takes social, psychological and, if desired, spiritual and religious aspects into account.

[illegible]

5.2 Resuscitation in a hospital or residential home

- ☐ Should I be admitted to a hospital or residential home, and especially before an operation, I direct my attending physician, should I be unable to decide myself, to discuss the eventuality of cardiac arrest and any resuscitation measures with my health care proxy.

In case of the following situation that often requires difficult decisions, I direct my treatment team to take the following actions:

	... not to be resuscitated in the event of cardiac arrest.	... to be resuscitated as part of my treatment plan in the event of cardiac arrest.
Should I develop an incurable progressive disease that could also last months or years, I would like:	<input type="checkbox"/>	<input type="checkbox"/>

Specific dispositions:

5.3 Artificial respiration

Situations that often call for difficult decisions are listed below. In these situations, I direct my treatment team to take the following actions:

	... no artificial respiration. Breathing difficulties should instead be effectively combated using optimal palliative care (medication and oxygen).	... artificial respiration via mask, intubation or tracheotomy as part of my treatment plan.
Should I develop a chronic, incurable and progressive disease (a neuromuscular or muscle disease that makes me too weak to breathe, e.g. ALS [motor neurone or Lou Gehrig's disease], multiple sclerosis, or Duchenne muscular dystrophy; cancer or chronic obstructive airways disease [COAD]), I would like ...	<input type="checkbox"/>	<input type="checkbox"/>
In the final stages of an incurable and fatal condition, I would like (even if it is not yet possible to predict when I might die) ...	<input type="checkbox"/>	<input type="checkbox"/>

Specific dispositions:

5.4 Artificial nutrition and hydration

Natural ingestion of food and fluids is part of basic care, whereas the artificial supply of food and fluid represents a medical intervention requiring the patient’s consent.

Situations that often require difficult decisions are listed below. In these situations, I direct my treatment team to take the following actions:

	... no artificial nutrition or hydration. I realise that this may shorten my life. Hunger and thirst should be relieved by optimal palliative medical and nursing care.	... artificial nutrition and hydration as part of my treatment plan.
Should I become irreversibly unable to communicate (whether by accident or illness, such as stroke), with very little chance of ever being able to relate to other people again, I would like ...	<input type="checkbox"/>	<input type="checkbox"/>
In the final stages of an incurable and fatal condition , I would like (even if it is not yet possible to predict when I might die) ...	<input type="checkbox"/>	<input type="checkbox"/>
Should I develop irreversible severe disabilities or advanced dementia leaving me bedridden and unable to communicate , I would like ...	<input type="checkbox"/>	<input type="checkbox"/>

Specific dispositions:

5.5 Relieving pain and anxiety

☐ I direct that my pain and other distressing symptoms be treated according to state-of-the-art palliative care.

	... generous administration of painkillers and sedatives. I realise that this may impair my consciousness or shorten my life.	... painkillers and sedatives should only be administered to make my condition bearable. I want to remain conscious as long as possible.
My directive for pain, nausea, anxiety and restlessness:	<input type="checkbox"/>	<input type="checkbox"/>

Specific dispositions:

[illegible]

5.6 Admission to hospital for severe care

	... no admission to hospital. This means that my basic needs will be covered for care at my current location.	... admission to hospital only if this promises to improve my quality of life, or relieve an acute pain condition or other serious conditions.	... admission to hospital.
My directive in the case that I have a terminal condition or have become senile, permanently bedridden, dependent on others for help and incapable of judgement, and experience a deterioration in health:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specific dispositions:

6. Pastoral and terminal care

6.1 Pastoral care during a hospital or home stay

- ☐ During a hospital or home stay, I would like to be cared for by the following pastoral caregiver:

First name

Last name

Address

ZIP / postcode, city

Home tel.

Mobile

Work tel.

E-mail

Any arrangements:

- ☐ I do not have any personal counsel, and would like to take advantage of the hospital or residential home's pastoral services.
- ☐ I expressly do not wish to take advantage of pastoral services.

6.2 Terminal care

- ☐ I wish to have the following pastoral caregiver with me as my life approaches its end:

First name Last name

Address ZIP / postcode, city

Home tel. Mobile

Work tel. E-mail

Any arrangements

- ☐ I do not have any personal counsel, and would like to take advantage of the hospital or residential home's pastoral services.
- ☐ I expressly do not wish to have a pastoral caregiver with me.
- ☐ Instead of religious terminal care, I wish to be accompanied by a person close to me:

First name Last name

Address ZIP / postcode, city

Home tel. Mobile

Work tel. E-mail

Any arrangements

6.3 Religious rites just before or after death

- ☐ The last rites or sacraments of my religion are very important to me, and I want these to be administered in time shortly before or after my death. These are:

- ☐ I do not want any religious rites performed shortly before or after my death.

7. Place of death

- ☐ Where possible, I would like to die at home or in familiar surroundings, such as at the residential home where I live.
- ☐ I would like to die in an institution – where palliative care and support are available wherever possible.

Specific dispositions:

8. Donation of organs, tissues and cells

8.1 Organ donation in the state of irreversible brain death

☐ In the state of irreversible brain death, I would like to donate the following organs, tissues and cells (ticked as appropriate):

- ☐ Heart
 ☐ Lungs
 ☐ Liver
 ☐ Kidneys
- ☐ Small intestine
 ☐ Pancreas
- ☐ Corneas
 ☐ Skin
 ☐ further tissues and cells

This consent includes all medical measures to preserve the function of affected organs such as: continuation of initiated therapy despite terminal prognosis, administration of medication to maintain cardiovascular function, blood tests in deciding on therapy, and similar.

☐ I do not want any of my organs, tissues or cells taken for donation in the state of irreversible brain death.

8.2 Organ donation after cardiac arrest

☐ In the case of death from cardiac arrest after unsuccessful resuscitation or after the decision of the treatment team to end life-sustaining measures as futile, I would like to donate the following organs, tissues and cells (ticked as appropriate):

- ☐ Heart
 ☐ Lungs
 ☐ Liver
 ☐ Kidneys
- ☐ Small intestine
 ☐ Pancreas
- ☐ Corneas
 ☐ Skin
 ☐ further tissues and cells

This consent includes all medical measures to preserve the function of affected organs such as: blood tests and other examinations, drug injections, heart massage, probe insertion to keep organs cooled and supplied with oxygen, and similar.

☐ I do not want any of my organs, tissues or cells taken for donation after death from cardiac arrest.

9. Directives after death

See
Guidelines
page 21

9.1 Autopsy

I direct the following actions after my death in order to determine the cause of death:

- ☐ I do not want an autopsy.
- ☐ An autopsy may be performed for the purposes of teaching and/or research.

A forensic autopsy must be taken for legal reasons after unnatural death (suspected crime, suicide) even you have refused an autopsy.

See
Guidelines
page 21

9.2 Donating your body to an anatomical institute

I direct that after my death, my body

- ☐ should not be donated
- ☐ should be donated in full (as assigned to a university in a testamentary disposition)

to medical research.

Name of the university

See
Guidelines
page 21

9.3 Access to patient records after death

The following persons shall be granted access my patient records:

First name

Last name

Address

ZIP / postcode, city

First name

Last name

Address

ZIP / postcode, city

- ☐ Nobody shall be granted access to my patient records.

My initials: _____

9.4 Use of my patient records for research purposes

My patient records

- ☐ may (subject to data protection)
- ☐ may not

be used for research purposes.

9.5 Burial

Type of burial

I want to be

- ☐ cremated ☐ buried

Grave

I want to be buried in

- ☐ a conventional grave ☐ a family grave
- ☐ a common grave ☐ an urn niche
- ☐ at the following location:

- ☐ no grave
- ☐ another type of burial:

Funeral service

- ☐ I do not want any funeral service
- ☐ My funeral service should be as follows:

See
Guidelines
page 22

10. Date and signature

I have drawn up this living will after due deliberation, and in full possession of my decision-making capacity and capacity for judgement. This living will shall apply in the case that I should not even be able to make decisions about my medical treatment and care or communicate my wishes in this regard. I am thus exercising my right to have my legally binding directives honoured by doctors, caring staff, and health care proxies in accordance with Swiss Civil Code ZGB Art. 370 and 372.

I am aware that desisting from certain forms of medical and care treatment may shorten my life. While desisting from life-sustaining measures, I expect to be cared for in accordance with the principles of palliative treatment and care at all times (see samw.ch.de/Ethik/Richtlinien/Aktuell-gueltige-Richtlinien.html for an example). I am aware that I can only claim medical and nursing measures to the extent that the rules of the medical and caring professions apply. I am grateful to the medical and nursing staff for their loving and meticulous care in treating me as a whole person.

- ☐ The orders of my living shall apply even if unforeseen events have affected my treatment, such as in cases of malpractice.

Signed:

Place / Date:

Signed:

Important note

You will have the opportunity to record the existence and location of your living will digitally on your health service ID card.

Drawing up a living will is a voluntary act, and you may alter your living will or revoke it completely at any time as long as you are mentally capable of doing so.

My initials: _____

Appendix: Codicils

Use this page for any codicils you would like to add to your living will. We encourage you to review your living will every two years or so and to sign and date it after every review or modification.

Place/Date:	Signed:

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