

Advanced Healthcare Directive / Document of Advanced Wills / Living will

First Name, Last Name
with ID Card / Passport number.....
Home address....., Street number
Postcode..... City..... Telephone: in
the fullness of my own capacity to make a decision freely, and with the sufficient information that has
allowed me to deeply consider and reflect on,

1.- I State:

In accordance with Law 21/2000 of the Parliament of Catalonia and Basic Law 41/2002 of the Spanish State, I hereby sign this Document of Advanced Wills. So that when I find myself in a situation in which, as a result of my Health deterioration whether physical or mental, I become unable to make my own decisions or express my own will, the values and preferences on which the instructions I set out are based shall be known. And I want them to be taken into account regarding my health care.

2.- I State:

2.1 LIFE VALUES: For my life project, the **quality of life** is a very important aspect and I relate this quality of life to the following assumptions:

- ☐ The ability to communicate and relate consciously with other people.
- ☐ Do not suffer physical or mental pain.
- ☐ Having functional independence which allows me to be autonomous in daily life.
- ☐ Avoiding my life to be artificially prolonged when the clinical situation is irreversible.

2.2 ASSUMPTIONS AND SITUATIONS: I want the aforementioned vital values to be respected in the following situations:

- ☐ Severe and irreversible brain damage, from any cause.
- ☐ Degenerative disease in the disabling phase.
- ☐ Advanced old age with significant deterioration in my general condition.
- ☐ Advanced status of any disease with a fatal prognosis.
- ☐ Any situation in which there are no expectations of recovery without consequences that prevent a dignified life as I understand it and I expressed in the previous section.

*(In case of possible future dementia Check **one** of the following three options)*

- ☐ **Moderate dementia**, which prevents me from living alone and/or carrying out activities such as: going out unaccompanied, cooking, shopping, ...
- ☐ **Moderately severe dementia**, which makes it impossible to fend for myself in activities such as: dressing, showering, eating alone, going to the toilet, reading, writing,...

- ☐ **Severe dementia**, which prevents me from: communicating or recognizing people close to me emotionally and/or keeps me immobilised in a chair or in bed, ...

3. INSTRUCTIONS ON HEALTH ACTIONS: In the situations previously expressed, I do not want my life to be artificially prolonged. I want the adequacy of the therapeutic effort to be carried out:

- ☐ Not initiating cardiopulmonary resuscitation and not initiating or withdrawing treatments that would prolong my life by artificial means with life support techniques or futile treatments of any kind.
- ☐ Administering the necessary drugs to avoid possible physical and/or mental suffering, reaching, if necessary, deep and continuous palliative sedation.
- ☐ If my dementia makes me unable to feed and hydrate myself, I do not want to be fed or hydrated by any procedure.
- ☐ I only accept mechanical or pharmacological restraint when it is to avoid harm to myself or to third parties, and always with a medical prescription.
- ☐ Faced with a complication of my condition, whenever possible, I want to be taken care of in the place where I reside.
- ☐ I am aware that some diseases, especially many dementias, run with a lack of awareness of the disease. I can foresee the possibility that, when the time comes to execute my will, expressed in this document, I myself may verbalise or express in some other way an opinion that disagrees with that of this document. If this were to happen, I urge my legal guardians and representatives to respect the instructions in this document and I demand that my wishes expressed here, drafted in full cognitive and mental health faculties, prevail.
- ☐ Regardless of whether, in order to respect my will and my wishes, the criteria and instructions expressed above are taken into account, if the requirements established by Organic Law 3/2021, of March 24, regulating the Euthanasia, are met, which I declare to be aware of, I request that my death be caused by euthanasia and I want this document to be considered as a formal request to receive euthanasia.
- ☐ I express my wish to donate my organs and tissues.

4.- ADDITIONAL STATEMENTS:

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5.-I REQUEST: Health professionals who are not in a position to attend to my wishes to refer me to another care team that can take care of it. In case of any doubt, I demand that **my representative be consulted**.

I APPOINT AS REPRESENTATIVE, in the event that I find myself in a situation where I cannot express my will, so that in accordance with Law 21/2000, she/he could act as a valid and necessary interlocutor with the healthcare team that will attend to me, both in the interpretation of this document and in making decisions regarding my health,:

First Name,.....Last Name

with ID Card / Passport number.....

Home address....., Street number

Postcode..... City..... Telephon:

Date

Signature of the representative (optional):

Alternate representative/va:

First Name,.....Last Name

with ID Card / Passport number.....

Home address....., Street number

Postcode..... City..... Telephon:

Date

Signature of the representative (optional):

Signature of the person making the DVA

City.....

Date.....

Signature:

Witnesses:

The undersigned, of legal age, declare that the person signing this document of advanced wills has done so with his/her own full awareness, without us being able to appreciate any type of coercion in their decision.

1.- First Name,.....Last Name
..... with ID Card / Passport
number..... Home
address....., Street number
Postcode..... City..... Telephon:
Date
Signature:

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