

My Living Will & Attorney Authorisation

This Advance Medical Directive (AMD) on my Life is made by me (full name of the person)
..... resident of (full
address..... on (date).....at place
.....

I am aged.....and of sound and healthy state of mind and possess the capacity to communicate, relate and comprehend the purpose and consequences of executing this document. I am making this 'declaration' (AMD) willfully and voluntarily, without coercion or inducement or compulsion from anyone; with full information and knowledge of the consequences and after careful consideration of all relevant aspects.

If the time comes that I can no longer take part in decisions regarding myself and my further medical treatment, this 'declaration' will comprise expression of my wishes and constitute my AMD to be complied by all concerned. I request that all concerned should take these wishes into account for taking any decision regarding my life and medical treatment.

If at any time, I reach the stage of terminal illness, and go into a coma with no reasonable expectation of regaining consciousness, or reach a persistent vegetative stage with no reasonable expectation of regaining significant cognitive functioning, or have a disease state from which I have no reasonable expectation of coming back to a life with reasonable quality of life, I should be deemed to decline to receive life-sustaining infusions, naso-gastric hydration and nutrition or any other step which will only have the effect of delaying the process of death that would otherwise set in. Instead I expect to be given palliative care so as to allow natural process of death to take over without pain, anguish or suffering and with dignity.

In taking these decisions a panel of three doctors of relevant expertise, preferably including a palliative care physician, constituted by the administrative head of the hospital where I am admitted for treatment, may be consulted for their view whether there is any hope of my recovery for continuation of life of reasonable quality. This applies to withdrawing life support mechanisms as well if by any chance withholding was not done at the appropriate stage.

I request that this 'declaration' should be honoured by my family members and physicians as the final expression of my legal right in exercise of the principle of patient autonomy to refuse unnecessary medical or surgical treatment and accept the consequences of such refusal.

In addition, in the event of my becoming incompetent to make decisions on my behalf at the relevant time, I, appoint

..... resident of

..... who has expressed his/her acceptance as such to be my attorney for the purpose of securing compliance with the terms of this 'declaration' and also hereby vest in my attorney the power to make decisions and take action on my behalf with regard to all wishes expressed in this 'declaration', notwithstanding any contrary views held by any other person.

In the absence of this authorized attorney at the time of taking the required decisions on my medical treatment, my next of kin will have the authority to express the wishes on my behalf regarding compliance with the above wishes of mine.

I declare that this 'Declaration' and 'Attorney Authorization' shall remain in force during my life time unless I revoke it at any time and until notice of its revocation has been received by my attorney.

I understand the full importance of this 'Declaration' and 'Attorney Authorization' and am fully competent to make it and set my signature hereunder in the presence of the following witnesses.

DATE

SIGNATURE

PLACE

(Signature of declarant)

This 'Declaration' and 'Attorney Authorization' has been signed in the presence of undersigned by (Name of declarant) who is known to me and I believe that the signatory is of sound mind.

Witness I.

Name..... Signature

Address

Witness II.

Name..... Signature

Address

The above 'Declaration' and 'Attorney Authorization' has been signed in the presence of undersigned (Name of declarant) who is known to the undersigned and who I believe to be of sound mind.

Signature of Authorized Attorney

Signature

Address

Address

Note: 1. This document will not need to be executed on stamp paper.

2. Persons signing as Witnesses can also be the Authorized Attorneys.

3. This will be got attested by a Gazetted Officer/Notary.

4. copy of this Will is forwarded to the Secretary of the Corporation/Municipality/Panchayath by Registered post/Ack.due, as also to the Attorney.