

From:
To: [Joint Select Committee on End of Life Choices](#)
Cc:
Subject: DWDWA LIVING WILL
Date: Monday, 23 April 2018 4:50:43 PM
Attachments: [CCE23042018.pdf](#)

Attention Dr Jeannine Purdy

Dear Jeannine

Please find the attached copy of the DWDWA LIVING WILL you requested. I must point out that whilst this document is our old WAVES Living Will we are still giving them out to new members as they are simple and covered by Common Law.

At the same time we **strongly advise** members to complete the AHD and EPG which are covered by statute.

Kind regards
Murray Hindle
President
DWDWA

ADDITIONAL COMMENTS

Referral

If the physician treating me in the circumstances referred to at part **1** is unwilling or unable to comply with my above-mentioned wishes, I ask him/her to refer me immediately to another physician who is willing and able to do so.

Indemnity Provisions

If my wishes have been complied with, I release the physician treating me from his/her duty of secrecy regarding my medical particulars.

I also declare him/ her, and others responsible for my care, **not civilly or criminally liable** for complying with my wishes.

Risk Acceptance

If my refusal of medical treatment will result in my death, I invoke my right to decide on the ending of my own life. Under these circumstances **I choose and accept of my own free will the ending of my life. I also accept the risk that I may later wish to amend or revoke this decision** but then may no longer be able to do so.

Non-compliance

According to the law, a physician is, as a rule, bound to adhere to a written authorisation with regard to the administration of medical services. I invoke this provision. I authorise my representative to take civil/criminal proceedings, if required, in order to ensure that my wishes are observed.

Validity of Directive

This directive will remain in force irrespective of the period that has elapsed since its signature, until replaced by a new signed and witnessed directive.

WITNESSES STATEMENT

We, the undersigned, believe that this Living Will has been signed as a free personal expression, without duress, and with the signatory's rational appreciation of the implications of the requests made in it.

1. Name

Address

..... PC

Signature

2. Name

Address

..... PC

Signature

Date

I acknowledge that the witnesses

- have full legal capacity
- are 18 years of age or older
- have signed in each other's and my presence

Date Signature
(Maker's signature)

LIVING WILL

DWDWA.

Issued by: ~~WA~~ Voluntary Euthanasia Society (Inc)

FOR ATTENTION OF MY HEALTH CARERS

Please read this carefully

I,
(Maker's full name)

of
(Maker's residential address)

born on at
(Date) (Place)

being of sound mind and after careful consideration, make the following statement :

To provide for the eventuality that I will no longer be able to indicate my wishes on medical matters, I have drawn up this directive, which is addressed to everyone who will be involved in my medical treatment and care.

My Declaration

Herewith I declare, that I

- have given careful thought to my future medical circumstances and treatment decisions as described in this document;
- was not unduly influenced or pressured;
- fully understand the consequences of my decisions.

Signed
(Maker's signature)

in the presence of signatories
to the Witnesses Statement Date

1. Prohibition of Medical Treatment

If the circumstance arises, where I am suffering from a physical, psychological, chronic or terminal condition from which I am not expected to recover and which will provide little or no prospect of a return to a reasonable and dignified existence, **I do not wish to receive further medical treatment.**

This applies to the above circumstances, but more specifically if I find myself experiencing:

- a coma lasting longer than week(s)
- a permanent vegetative (mindless) state
- other conditions as described in part 3.

2. My Treatment Decisions

If I come to be in any condition referred to in part 1 or part 3,

- I expressly refuse and prohibit any further **medical treatment and acts** (including resuscitation) and the artificial or forced **administration of food and liquids**, except for measures to relieve pain, respiratory distress and other discomfort.
- when the Law allows it, I request the physician treating me to **abide by my end-of-life decision** by allowing me to take substances under his/her supervision, or - if I am no longer able to do so myself - to administer to me substances that will bring about a gentle and quick death.

3. Other Specific Circumstances

In so far as they are **ticked and signed**, I consider the following to be included in the situations referred to in part 1 :

- a life with permanent paralysis.
- Date Signature

- being totally dependent on other persons for such general daily activities as eating, drinking, going to the lavatory, dressing and undressing.
- Date Signature

- having a handicap such as being blind or virtually blind and/or deaf and/or virtually deaf, which make it impossible or virtually impossible to communicate with others, and perform what I consider to be worthwhile activities such as reading, writing, watching television, listening to music and doing manual work or handicrafts.
- Date Signature

- having a severe impairment or continuing degeneration of my mental faculties as a result of which I
 - no longer know who or where I am
 - have lost my capacity to communicate
 - no longer recognise those dear to me
 - must be confined because I could harm myself or others.
- Date Signature

3. Other Specific Circumstances (Cont)

-
 -
 -
- Date Signature

-
 -
 -
- Date Signature

-
 -
 -
- Date Signature

Principles underlying my decisions

My life is very precious to me.
But if circumstances arise where my life becomes no longer worth living, I should be able to **make the decision to die and choose the circumstances of my own death.**
One of the options should be medically-assisted euthanasia: a short, peaceful dying process and gentle death.