

Advance Care Directive Dementia Insert, Section 3b

Should I be diagnosed with dementia I understand that this will lead to a progressive loss of thinking abilities and physical skills until I die. I do not wish to live for the natural duration of this disease.

I request voluntary assisted dying if that becomes a legal choice.

If voluntary assisted dying is not a legal choice, I direct that I be administered no further medical treatments (including tube feeding) except palliative care. In addition, I direct that any nutrition that I am obliged to be given consists of low calorie food (for example, 'Optifast') that satisfies hunger but is inadequate for sustained life.

I direct this course of action when the following **Relevant Conditions** are met:

Choose or amend any of the following Relevant Conditions.

If you require multiple conditions to be met insert 'and'.

If you deem any one of the conditions adequate insert 'or'

I am no longer able to recognise my closest family/friends *and/or*

I have become bowel and/or bladder incontinent *and/or*

I cannot maintain personal physical cleanliness on my own *and/or*

I am unable to dress myself without assistance *and/or*

I have become wheelchair-bound or bed-ridden and unsafe if I stand up *and/or*

I am unable to communicate my emotions to loved ones/carers *and/or*

I become angry, aggressive and/or fearful for no rational reason *and/or*

I behave in embarrassing or degrading ways alien and uncharacteristic of my pre-dementia self.

If I appear content or happy when that time comes:

choose one option

I wish the implementation of this Direction to be deferred and carried out when it is considered I have undergone a consistent deterioration in my mood;

OR

I wish, regardless of my outward appearance, to proceed with this Direction.

Should I show resistance to this Direction at the time that the **Relevant Conditions** for this request are met:

choose one option

I wish the implementation of this Direction to be deferred until I appear to become accepting of the intended plan of treatment;

OR

I wish to proceed with this Direction.

Note: If completing this ACD online, Section 3b allows the insertion of 1200 characters not including spaces, which would include about four of the Relevant Conditions listed above. If completing by hand, the limiting factor is the space available in the 3b box.

This document should be seen as a guide only.