

Sample Advance Medical Directive

I, s/o or d/o aged about years
r/o having PAN and AADHAR
do hereby execute **Advance Medical Directive** (hereinafter referred to as "**this AMD**" or "**the AMD**" or "**the Directive**" on the day and date mentioned herein below.

WHEREAS

- A. I am in good physical and mental health with no health conditions that may adversely affect my understanding of a document executed or read by me.
- B. I am concerned about the pain and loss of dignity that one has to suffer as doctors and hospitals extend the life of a terminally sick patient even when there is no hope of the patient ever leading a normal life again.
- C. I have lived a good life and wish to die in a graceful manner with dignity and with minimum pain.
- D. I believe that death is a normal phenomenon and one must accept and welcome death as a part of life and not try to avoid death.
- E. I do not wish to spend my last days in a permanent vegetative condition sustained only by machines.
- F. I shall prefer to die at home surrounded by my loved ones instead of alone in ICU of a hospital.
- G. I do not wish my family and loved ones to be burdened by exorbitant medical and hospital bills.

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- H. I wish that the wealth earned by me during my lifetime helps my family lead a happy and prosperous life for many years to come. I do not wish that the wealth be squandered away in keeping me alive for a few weeks or months when death is sure and certain in not-too-distant time.
- I. For the purpose of this AMD, a **terminal condition** is an incurable or irreversible condition which even with the administration of life-sustaining treatment will result in death in the foreseeable future. A **persistently unconscious condition** is an irreversible condition, in which thought and awareness of self and environment are absent. An **end-stage condition** is a condition caused by injury, disease or illness which results in severe and permanent deterioration indicated by incompetency and complete physical dependency for which treatment of the irreversible condition would be medically ineffective.

NOW THEREFORE, I hereby execute the following Advance Medical Directive:

- 1. The guidelines, directions and instructions contained in this AMD shall be binding on anyone and everyone who is in a position to take or influence any decision about my life when I am in either (a) a terminal condition or (b) a persistently unconscious condition or (c) an end-stage condition. In other words, the Directive will be binding as and when I am not in a position to either take critical decision(s) about my own body or communicate such decision(s). The state referred to in this clause of the AMD is henceforth referred to as "**the Critical State**".
- 2. I hereby appoint my son, Mr. to be my guardian and caretaker as and when I am in the Critical State. In case my above-named son is not in a position to shoulder the responsibilities due to any reasons, my daughter Mrs. w/o Mr. shall be my guardian and caretaker as and when I am in the Critical State. In case either of the above two are not in a position to shoulder the responsibility,

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my long-time friend and associate Mr. s/o
r/o shall act as my guardian and caretaker.

3. My guardian and caretaker will have the sole right to take any or all of the following decisions when I am in the Critical State:
 - a) Continuation or discontinuation of any line of treatment
 - b) Admission to or discharge from any hospital
 - c) Consulting or not consulting any particular medical professional
 - d) Withholding or withdrawing of any life-support systems
 - e) Denial of consent for any medical or surgical procedure
4. Decision about whether I am in the Critical State or not will be taken by the guardian and caretaker in consultation with medical experts and family members subject to availability. However, the guardian and caretaker's decision with regard to my condition will be final and will not be questioned by any person either during my lifetime or after my death.
5. Any decision(s) taken by my guardian and caretaker will be considered as if the decision(s) have been taken by me while I was in full senses physically and mentally.
6. While taking the decisions mentioned above, the guardian and caretaker will follow the following guiding principles:
 - a) No attempt should be made to delay death if, reasonably speaking, there is no hope of my leading a normal healthy life in near foreseeable future.
 - b) I do not wish to spend my life in permanent vegetative state dependent on others. Hence, if I have slipped into permanent vegetative state, all medicines (except painkillers and sedatives) should be stopped and death should be allowed to relieve my soul from body.

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- c) In case breathing or heart beat or blood flow stops, attempt should not be made to revive whatever has stopped.
- d) Under no circumstances, any part of my body should be replaced with a part from any donor or dead or brain-dead person.
- e) No movable or immovable property or assets belonging to either me or to any of my family members or friends should be sold or mortgaged or hypothecated or otherwise disposed to pay for bills related to my treatment or to sustain my life. The restriction on movable properties will not apply to withdrawal of deposits from any type of bank accounts.
- f) No loans should be taken in my name or by my guardian and caretaker or by any other family member or by any friend to pay for bills related to my treatment or to sustain my life.

7. As and when I am in the Critical State, my guardian and caretaker, as appointed above, will have full rights on all my bank accounts (including fixed deposit accounts) to withdraw any sums as the guardian and caretaker may feel are required. All banks where I have accounts are hereby directed to honour the Directive and allow the guardian and caretaker full rights for withdrawal of sums.

8. I desire that any and all of my organs that may be used by any other human being are donated. It will be the duty of my guardian and caretaker to ensure that a suitable hospital(s) is informed immediately after my death to enable them to collect the organs for use in an appropriate manner.

9. I understand that I shall always have the right to revoke or modify this AMD at any time as long as I am in a sound and healthy state of mind.

10. I fully understand the contents of this AMD and I have understood the consequences of executing it.

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11. A copy each of this AMD is being given to all the persons named herein above as potential guardian and caretaker. A copy each of this AMD is also being given to other family members. Contents of the AMD have been explained to each person who has received a copy of the AMD.
12. Copy of this AMD may be uploaded to all my digital health records.

IN WITNESS WHEREOF, I, have executed this AMD by signing on each page of this AMD in front of the two below-named witnesses who have both signed in front of me.

Date - 20....

Place:

The above-named person has signed in our presence and we, the attesting witnesses, have signed the AMD as Witnesses in front of him at the same time.

Witnesses (Signatures, names and addresses)

1.

2.

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