



Advance directives

Your advance directives express in writing your wishes regarding treatments and medical procedures in the event that you are no longer able to communicate them. In this situation, what treatments and medical procedures would you like to see used, limited or not used?

I check the box corresponding to my situation:

I have a serious illness or disability.

I do not have a serious illness or disability, but I am writing these instructions in the event that I find myself in certain situations that could lead to artificial maintenance of my life (serious head trauma, stroke, prolonged coma, etc.) or to irreversible after-effects.

For the time being, I wish not to make any determination on the points raised below. I leave it to the medical team to decide on the appropriate care and treatment, avoiding any unreasonable obstinacy and complying with the law in force.

I complete the form below:

I would like the end of my life to take place under the following conditions:

	YES	NO	Don't know	Comments
I prefer to die at home				
I prefer to die in hospital				

I would agree to the following treatments being undertaken or continued for me:

Action	YES	NO	Don't know	Comments
Cardiovascular resuscitation (cardiac massage, electric shock with defibrillator, invasive artificial respiration)				
Invasive artificial respiration (tracheotomy, intubation)				
Transfusion of blood products (red blood cells, platelets, plasma, etc.)				
Artificial feeding (by tube to the digestive tract or intravenously)				
Artificial hydration (by tube to the digestive tract or intravenously)				
Hemodialysis (artificial kidney)				
Surgery				
Deep and continuous sedation until death (putting a sick person to sleep to avoid suffering when death is imminent and inevitable)				
Organ donation (in case of brain death, organ removal to treat someone who needs it)				

* You do not have to answer all the questions.

I am aware that I can change my mind at any time, without having to justify it.

Name, First name:

Date :

Place :

Signature

Free expression

You can write here what seems important to you and/or express your wishes regarding the use of the proposed treatments and medical procedures.

Designation of my trusted person

I, the undersigned:

Born on:

has :

Refers to Mr. / Mrs.:

Neither the:

Phone :

E-mail address :

Postal address:

Relationship with the person: parent / doctor / relative

To assist me in case of need as a trusted person.

I have noted that Sir/Madam:

may, at my request, accompany me in the procedures concerning my care and attend medical interviews,

may be consulted by the team treating me in the event that I am unable to express my wishes regarding the care provided to me and must be given the necessary information to do so. In these circumstances, no major intervention may be carried out without this prior consultation except in cases of emergency or inability to contact him/her,

will not receive information that I consider confidential and that I have indicated to the doctor,

will be informed by me of this designation and that I will have to ensure his/her agreement.

I can end this decision at any time and by any means.

Done at , on

Your signature Signature of the designated person