

FMH advance directive

Detailed version



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Points to note

Modular structure of detailed version

In this version, you should start by entering your personal data, and the details of your healthcare proxy and attending doctor. This is followed by 5 different parts. You can decide how many you wish to complete.

Advice

It is highly recommended that you seek advice from an experienced professional when drawing up the advance directive.

Storage

Keep your advance directive somewhere where it can be easily located when needed. You can give a copy to your attending doctor and your healthcare proxy. It is also advisable to complete a notice card and carry it with you. If you have an electronic patient record (EPR), you can store a copy of your advance directive there.

Updating the advance directive

You can change or revoke your advance directive at any time. It is recommended that you update your advance directive every two years. Make sure you change the date and sign the new version.

Further information

You'll find a guidance document on the advance directive and a notice card at:
www.fmh.ch/patientenverfuegung

FMH advance directive – Detailed version

Personal details

Drawn up by:

Last name	First name
Date of birth	Nationality
Address	Postcode/town or city

I am drawing up this advance directive in case at some point I lose decision-making capacity as a result of an illness or accident. Loss of decision-making capacity means that I am no longer able to communicate my wishes regarding medical procedures

Healthcare proxy

Below you can appoint a proxy to represent your wishes. If you cannot or do not wish to appoint a proxy, you can leave this section blank.



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☐ I have appointed the following person as my healthcare proxy:

Last name	First name
Address	Postcode/town or city
Landline number	E-mail
Mobile number	Relationship

I have authorised this person to make my wishes known to the healthcare team. This person must be informed about my condition. If decisions need to be made regarding medical procedures or care, this person must always be involved. They may have access to my medical records without restriction. I fully release all the doctors treating me, their assistants and the entire healthcare team from their duty of medical confidentiality towards this person.

I have discussed the advance directive with my healthcare proxy:

☐ Yes	Date	☐ No
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Substitute

If my healthcare proxy cannot be contacted or is unable to perform the task for other reasons, I appoint the following substitute:

Last name	First name
Address	Postcode/town or city
Landline number	E-mail
Mobile number	Relationship

I have authorised this person to make my wishes known to the healthcare team. This person must be informed about my condition. If decisions need to be made regarding medical procedures or care, this person must always be involved. They may have access to my medical records without restriction. I fully release all the doctors treating me, their assistants and the entire healthcare team from their duty of medical confidentiality towards this person.

I have discussed the advance directive with my substitute:

☐ Yes	Date	☐ No
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Access to my medical records after my death



During your lifetime, the representative or substitute you have appointed will make medical decisions on your behalf if you are no longer capable of making such decisions. To this end, they will have access to your medical records.

After your death, doctors may only disclose information if they can reasonably assume that this is in accordance with your wishes, or if you gave your consent during your lifetime. It is important that you provide the names of every person who will have access to your medical records after your death, along with their address, date of birth and their relationship to you.

☐ I hereby fully release all the doctors treating me, their assistants and the entire healthcare team from their duty of medical confidentiality towards the following persons:

Last name	First name
Address	Postcode/town or city
Date of birth	Relationship

Last name	First name
Address	Postcode/town or city
Date of birth	Relationship

Last name	First name
Address	Postcode/town or city
Date of birth	Relationship

Attending doctor

I have discussed the advance directive with my attending doctor:

☐ Yes☐ No

Attitudes to life

These statements help the healthcare team get to know you better as a person. You can take this opportunity to write down your thoughts on the following questions:

Why are you drawing up an advance directive?

How would you describe your current state of health?

- ☐ Poor
- ☐ Significantly limited
- ☐ Satisfactory, considering my age
- ☐ Good
- ☐ Excellent

When you think about your health, what is important to you?

What do you enjoy in life?

What makes you anxious or fearful in life?

What do you expect, wish and hope for the future?

What do you still really want to experience in life?

What comes to mind if you imagine being seriously ill?

What comes to mind if you imagine you were soon to die?

Here you can record what applies to you by checking Yes or No. This will give the healthcare team important information to help them act in your interests.

	Yes	No
Being surrounded by relatives/friends is important to me	☐	☐
I still have lots of hopes for the future	☐	☐
My hopes:		
I still have lots of plans for the future	☐	☐
My plans:		
Faith, religion and spirituality are important to me	☐	☐
My preferences or wishes in this regard:		



Important: Complete part 1 by signing and dating below. You can then proceed to part 2.

Place, date

Signature

Updating: It is advisable to review the advance directive every two years and to change the date and sign the new version.

By re-signing this document, I confirm that part 1 still reflects my wishes:

Place, date

Signature

Place, date

Signature

Treatment goal and medical procedures

This is about treatment in a situation in which you can no longer express your wishes. This can occur in **three different situations**. For each situation, you can select a **treatment goal** below: either **sustaining life or alleviating suffering**.



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Situation 1:

This concerns an emergency in which you are suddenly unable to communicate. The outcome is uncertain but you can be expected to make a full recovery (e.g. head injury in a road traffic accident; cardiac arrest due to heart attack).

—> **Emergency – sudden loss of decision-making capacity**

Situation 2:

You are unable to make any decisions about medical procedures for days or weeks. The outcome is uncertain but recovery is possible (e.g.: prolonged unconsciousness (coma) as a result of accident or illness).

—> **Serious illness – prolonged loss of decision-making capacity**

Situation 3:

Due to illness or an accident, it is highly unlikely that you will ever regain capacity to express your wishes regarding medical care (e.g. after-effect of a severe brain injury without possibility of social interaction; advanced dementia).

—> **Permanent loss of decision-making capacity**

For each of these 3 situations, you can select a treatment goal with the corresponding medical procedures:

Treatment goal of sustaining life:

If the treatment goal is sustaining life and you wish to make use of all available treatment options for this purpose (resuscitation, intensive care), please check treatment goal **A**.

—> **Treatment goal A**

Treatment goal of sustaining life with reservations:

If the treatment goal is sustaining life but with some reservations about certain medical procedures, please select treatment goal **B0** or **B1** or **B2** or **B3** as required.

—> **Treatment goal B0 B1 B2 B3**

Treatment goal of alleviating suffering:

If the treatment goal is not primarily sustaining life, but instead focuses on alleviating suffering, please select treatment goal **C**.

—> **Treatment goal C**



You can check one box for each situation, either for treatment goal A, B0, B1, B2, B3 or C.

	Situation 1 Emergency Sudden loss of capacity	Situation 2 Serious illness Prolonged loss of capacity	Situation 3 Permanent loss of capacity
A – Sustaining life Start all emergency and intensive care, including resuscitation			
B0 – Sustaining life with reservations No resuscitation Otherwise, start all emergency and intensive care			
B1 – Sustaining life with reservations No resuscitation No invasive ventilation Otherwise, start all emergency and intensive care			
B2 – Sustaining life with reservations No resuscitation No invasive ventilation No intensive care Otherwise, start all emergency treatment			
B3 – Sustaining life with reservations No resuscitation No invasive ventilation No intensive care No hospitalisation (including intensive care) Otherwise, start all emergency treatment			
C – Alleviating suffering Procedures to alleviate pain and suffering only. Remain in current home if possible.			



Important: Please complete part 2 by signing and dating below. You can then proceed to part 3.

Place, date

Signature

Updating: It is advisable to review the advance directive every two years and to change the date and sign the new version.

By re-signing this document, I confirm that part 2 still reflects my wishes:

Place, date

Signature

Place, date

Signature

Management of pain and other distressing symptoms

How would you like to be treated if you experience pain or other distressing symptoms, such as breathing difficulties, anxiety and nausea?

Select **option 1** if you would like to be comprehensively treated with effective medication to alleviate pain and other distressing symptoms, such as breathing difficulties, anxiety and nausea. It is possible that these treatments will dull your consciousness and shorten your remaining life.

Select **option 2** if you would like to remain as alert as possible and be aware of those around you. You are prepared to accept a certain degree of distressing symptoms, such as breathing difficulties, anxiety and nausea.

You can check either **option 1** or **option 2**:

Option 1 I would like to receive comprehensive management of pain and treatment of other distressing symptoms, such as breathing difficulties, anxiety and nausea. I accept that this may dull my consciousness and shorten my remaining life.

Option 2 Alertness and being aware of those around me are more important to me than comprehensive management of pain and other distressing symptoms, such as breathing difficulties, anxiety and nausea. I am prepared to put up with a certain degree of symptoms if I can remain aware of those around me.



Important: Please complete part 3 by signing and dating below. You can then proceed to part 4.

Place, date

Signature

Updating: It is advisable to review the advance directive every two years and to change the date and sign the new version.

By re-signing this document, I confirm that part 3 still reflects my wishes:

Place, date

Signature

Place, date

Signature

End-of-life care

If you lose decision-making capacity in the end-of-life phase, it is important to be aware of your wishes to provide you with optimal care and treatment.

Below you can record your wishes regarding artificial nutrition and hydration at end of life. You can also set out any other specific wishes or preferences.

Artificial nutrition

Artificial nutrition is a life-sustaining treatment that is initiated if you are unable to eat for several days. People usually lose their sense of hunger during the end-of-life phase.

You can check either **option 1** or **option 2**:

Option 1 I wish to receive artificial nutrition.

Option 2 I do not wish to receive artificial nutrition.

Artificial hydration

Artificial hydration (for example through an intravenous drip) is a longer-term life-sustaining measure. However, fluids may also be administered if you are unable to swallow or to alleviate distressing symptoms such as thirst or confusion.

Check one of the options below (**1, 2 or 3**):

Option 1 I wish to receive artificial hydration.

Option 2 I only wish to receive artificial hydration if it is to alleviate distressing symptoms.

Option 3 I do not wish to receive artificial hydration.

Additional wishes

Here you can describe what is important to you for the end-of-life phase:

Relatives/friends I would like to be surrounded by:

I would like to spend my end of life in the following place:

I would like the following people (e.g. relatives, Spitex) for my medical and personal care:

Religious or spiritual beliefs or wishes that are important to me:

Other wishes for my end of life:

I would like to receive pastoral care:

☐ Yes

☐ No

by



Important: Complete part 4 by signing and dating below. You can proceed to part 5.

Place, date

Signature

Updating: It is advisable to review the advance directive every two years and to change the date and sign the new version.

By re-signing this document, I confirm that part 4 still reflects my wishes:

Place, date

Signature

Place, date

Signature

Organ donation

You can consent to organ donation or refuse to donate your organs. If you do decide to donate your organs, you also consent to receiving preparatory organ preservation procedures.



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You can only check one of **the options 1, 2 or 3**:

Option 1 I wish to donate my organs and consent to the removal of all organs, tissues and cells after my death.

Option 2 I wish to donate all my organs, except:

Option 3 I do not wish to donate my organs.

Autopsy

You can consent to an autopsy.



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I consent to an autopsy

☐ Yes

☐ No



Important: Complete part 5 of this advance directive by dating and signing below:

Place, date

Signature

Updating: It is advisable to review the advance directive every two years and to change the date and sign the new version.

By re-signing, I confirm that part 5 still reflects my wishes:

Place, date

Signature

Place, date

Signature

Notice card

Do you have an advance directive? If so, please complete the notice card and keep it in your wallet. There are two ways you can complete the notice card:

Complete the notice card **electronically**

- Click on the light blue fields below and complete the card with your details. With the exception of your signature, all details can be entered electronically.
- You can also enter your treatment goal with the corresponding medical procedures for emergencies. Emergency situations correspond to situation 1 on page 9 of the advance directive.
- Save the document and print it out.
- Cut the card out, fold it and stick it together.
- **Important: remember to sign the card.**
- Keep the card in your wallet

Complete the notice card **by hand**

- Print the document out.
- Cut the card out, fold it and stick it together.
- Complete the outside of the card with your details.
- On the inside you can also enter your treatment goal with the corresponding medical procedures for emergencies. Emergency situations correspond to situation 1 on page 9 of the advance directive.
- **Important: remember to sign the card.**
- Keep the card in your wallet.

Outside

My advance directive is kept

- ☐ by my healthcare proxy*
☐ by my attending doctor*

☐ at home, where

☐ elsewhere

*Details of healthcare proxy or attending doctor

Last name, first name

Postcode, town or city

Phone



Detailed version

I have an advance directive

Last name, first name

Postcode, town or city

Date of birth

Date

Signature

Inside

Emergency – sudden loss of decision-making capacity

This concerns an emergency in which you are suddenly unable to communicate. You can only check one option:

A – Sustaining life

Start all emergency and intensive care, including resuscitation.

☐

B0 – Sustaining life with reservations

No resuscitation

☐

B1 – Sustaining life with reservations

No resuscitation

No invasive ventilation

☐

B2 – Sustaining life with reservations

No resuscitation

No invasive ventilation

No intensive care

☐

B3 – Sustaining life with reservations

No resuscitation

No invasive ventilation

No intensive care

No hospitalisation (including intensive care)

☐

C – Alleviating suffering

Procedures to alleviate pain and suffering only.
Remain in current home if possible.

☐