

FMH advance directive

Short version



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Points to note

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 – Short 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



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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 ☐ No

Access to my medical records after my death



During your lifetime, the person you have appointed as your representative 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

Last name	First name
Address	Postcode/town or city
(Mobile) number	E-mail

I have discussed the advance directive with my attending doctor:

- ☐ Yes ☐ No

I. 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?

II. 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: Emergency – sudden loss of decision-making capacity

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).

Your answer for situation 1: You can only select one option, either **option 1.1** or **1.2** for the treatment goal of sustaining life, or **option 2** for the treatment of goal alleviating pain and suffering.

Option 1.1 Treatment goal sustaining life

I wish to be resuscitated and treated in an intensive care unit.

Option 1.2 Treatment goal sustaining life

I do not wish to be resuscitated but I do wish to be treated in an intensive care unit.

Option 2 Treatment goal alleviating pain and suffering

I do not wish to be resuscitated or treated in an intensive care unit.

Situation 2: Serious illness – prolonged loss of decision-making capacity

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).

Your answer for situation 2: You can only check one option, either **option 1.1** or **1.2** for the treatment goal of sustaining life, or **option 2** for the treatment goal of alleviating pain and suffering.

Option 1.1 Treatment goal sustaining life

I wish to be resuscitated and treated in an intensive care unit.

Option 1.2 Treatment goal sustaining life

I do not wish to be resuscitated but I do wish to be treated in an intensive care unit.

Option 2 Treatment goal alleviating pain and suffering

I do not wish to be resuscitated or treated in an intensive care unit.

Situation 3: Permanent loss of decision-making capacity

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).

Your answer for situation 3: You can only check one option, either **option 1.1** or **1.2** for the treatment goal of sustaining life, or **option 2** for the treatment goal of alleviating pain and suffering.

Option 1.1 Treatment goal sustaining life

I wish to be resuscitated and treated in an intensive care unit.

Option 1.2 Treatment goal sustaining life

I do not wish to be resuscitated but I do wish to be treated in an intensive care unit.

Option 2 Treatment goal alleviating pain and suffering

I do not wish to be resuscitated or treated in an intensive care unit.

III. Management of pain and other distressing symptoms

How would you like pain and other distressing symptoms to be treated, 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 reduce my life expectancy.

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.

IV. 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.



Important: remember to include a date and signature here.

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 the advance directive 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 and the corresponding medical procedures for emergencies. Emergency situations correspond to situation 1 on page 6 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 6 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



Short 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:

- Option 1.1 Treatment goal sustaining life**
I wish to be resuscitated and treated in an intensive care unit.
- Option 1.2 Treatment goal sustaining life**
I do not wish to be resuscitated but I do wish to be treated in an intensive care unit.
- Option 2 Treatment goal alleviating pain and suffering**
I do not wish to be resuscitated or treated in an intensive care unit.