Advance Medical Directive

(Made under the Advance Decision on Life-sustaining Treatment Ordinance (***the Ordinance***))

Part 1: Personal Particulars of Maker

(*Please tick the appropriate boxes in this Part.*)

Name in English (*Please use capital letters*):

First Name:_____ Family Name:_____

Name in Chinese (*Optional*):_____

Details of Identity Document (*Please choose one*):

☐ Hong Kong Identity Card No.:_____

☐ Passport (*Please state the issuing region and number*):_____

☐ Other Identity Document (*Please state the type, issuing region and number*):_____

_____

Sex: ☐ Male ☐ Female

Date of Birth:_____/_____/_____
(Day) (Month) (Year)

Home Address:_____

_____

Contact Tel. No.:_____

Part 2: Declarations of Maker

I declare as follows—

1. I have attained 18 years of age.
2. I make this Directive out of my own free will, having had—
   (a) the nature of this Directive; and
   (b) in relation to each of the instructions in Part 3—the effect of following it on myself,

   explained to me by Dr. _____, the First Witness of my signature on this Directive.
3. I understand that by making this Directive, my existing advance medical directive (if any) is revoked.
4. I understand that I can revoke this Directive at any time when I am mentally capable of deciding on a life-sustaining treatment (within the meaning of section 3 of the Ordinance) by completing Part 5 or by any other means prescribed in the Ordinance.
5. I understand that this Directive applies in relation to my medical treatment only when I am mentally incapable of deciding on a life-sustaining treatment (within the meaning of section 3 of the Ordinance).

Part 3: Instructions of Maker

(*Please tick the appropriate boxes in this Part.*)

(*The Maker may give one or more of the following instructions.*)

Instruction in the case of being Terminally Ill

☐ **If I am terminally ill (within the meaning of section 4 of the Ordinance), my instruction is as follows—**

☐ **I am not to be subjected to—**

☐ **cardiopulmonary resuscitation;**

☐ **others (*please state*):** _____.

OR

☐ **I am not to be subjected to any form of life-sustaining treatment (as defined by section 2(1) of the Ordinance), except artificial nutrition and hydration.**

(***Caution to the Maker:*** *Please ensure it is your informed decision not to be subjected to any form of life-sustaining treatment (except artificial nutrition and hydration) before ticking this box.*)

OR

☐ **I am not to be subjected to any form of life-sustaining treatment (as defined by section 2(1) of the Ordinance).**

(***Caution to the Maker:*** *Please ensure it is your informed decision not to be subjected to any form of life-sustaining treatment before ticking this box.*)

Instruction in the case of being in Persistent Vegetative State or State of Irreversible Coma

☐ **If I am in a persistent vegetative state, or a state of irreversible coma, within the meaning of section 5 of the Ordinance, my instruction is as follows—**

☐ **I am not to be subjected to—**

☐ **cardiopulmonary resuscitation;**

☐ **others (*please state*):** _____.

OR

☐ **I am not to be subjected to any form of life-sustaining treatment (as defined by section 2(1) of the Ordinance), except artificial nutrition and hydration.**

(***Caution to the Maker:*** *Please ensure it is your informed decision not to be subjected to any form of life-sustaining treatment (except artificial nutrition and hydration) before ticking this box.*)

OR

☐ **I am not to be subjected to any form of life-sustaining treatment (as defined by section 2(1) of the Ordinance).**

(***Caution to the Maker:*** *Please ensure it is your informed decision not to be subjected to any form of life-sustaining treatment before ticking this box.*)

Instruction in the case of being in Other End-stage, Irreversible, Life-limiting Condition

☐ **If I am in an other end-stage, irreversible, life-limiting condition (within the meaning of section 6 of the Ordinance), namely** _____

_____**, my instruction is as follows—**

☐ **I am not to be subjected to—**

☐ **cardiopulmonary resuscitation;**

☐ **others (*please state*):** _____**.**

OR

☐ **I am not to be subjected to any form of life-sustaining treatment (as defined by section 2(1) of the Ordinance), except artificial nutrition and hydration.**

(***Caution to the Maker:*** *Please ensure it is your informed decision not to be subjected to any form of life-sustaining treatment (except artificial nutrition and hydration) before ticking this box.*)

OR

☐ **I am not to be subjected to any form of life-sustaining treatment (as defined by section 2(1) of the Ordinance).**

(***Caution to the Maker:*** *Please ensure it is your informed decision not to be subjected to any form of life-sustaining treatment before ticking this box.*)

I make the declarations in Part 2 and give the instruction or instructions in this Part.

_____ _____/_____/_____

Signature of Maker (Day) (Month) (Year)

Date of Signing

Part 4: Witnesses

(*Please tick the appropriate box in this Part.*)

Declarations, Signature and Personal Particulars of First Witness

I declare as follows—

1. I am a registered medical practitioner.
2. To the best of my knowledge, I am not an interested person (as defined by section 2(1) of the Ordinance) of the Maker.
3. Before the Maker signed this Directive, I explained to him/her—
   (a) the nature of this Directive; and
   (b) in relation to each of the instructions in Part 3—the effect of following it on him/her.
4. I am satisfied that the Maker was mentally capable of deciding on a life-sustaining treatment (within the meaning of section 3 of the Ordinance) at the time when he/she signed this Directive.
5. The Maker signed this Directive in the presence of the Second Witness named below and myself.

_____ _____/_____/_____

Signature of First Witness (Day) (Month) (Year)

Date of Signing

Name of First Witness (*Please use capital letters*):

First Name:_____ Family Name:_____

Medical Council Registration No.:_____

Correspondence Address:_____

_____

Contact Tel. No.:_____

Declarations, Signature and Personal Particulars of Second Witness

I declare as follows—

1. I have attained 18 years of age.
2. To the best of my knowledge, I am not an interested person (as defined by section 2(1) of the Ordinance) of the Maker.
3. The Maker signed this Directive in the presence of the First Witness named above and myself.

_____ _____/_____/_____

Signature of Second Witness (Day) (Month) (Year)

Date of Signing

Name of Second Witness (*Please use capital letters*):

First Name:_____ Family Name:_____

Details of Identity Document/Registration or Membership No. with Professional Body (*Please choose one*):

☐ Hong Kong Identity Card No.:_____

☐ Passport (*Please state the issuing region and number*):_____

☐ Other Identity Document (*Please state the type, issuing region and number*):_____

_____

☐ Registration/Membership No. with Professional Body (*Please state the professional body and the registration/membership number*):_____

_____

Correspondence Address:_____

_____

Contact Tel. No.:_____

Part 5: Revocation

I revoke this Directive.

_____ _____/_____/_____

Signature of Maker (Day) (Month) (Year)

Date of Signing