

LIFE VALUES STATEMENT

I,.....
.....
.....

(insert full name, address and occupation)

make this statement without prejudice to any appointment of a Medical Agent and/or an Anticipatory Direction completed under the Consent to Medical Treatment Act 1995, or to any appointment of an Enduring Guardian under the Guardianship and Administration Act 1993.

I request that it be brought to the attention of the person responsible for my health care in the event that I am unable to participate in medical treatment decisions and (a) any doubts arise about what my wishes might be in my particular situation, which need not be identical to any of the situations contemplated below and/or (b) any law permitting voluntary euthanasia becomes effective in South Australia.

(A) I have set out below my wishes in regard to six specific life situations on a five point scale. I have circled the value that applies to me.

- 1 - **Much worse than death:** I would definitely not want life sustaining treatment.
- 2 - **Somewhat worse than death:** I would probably not want life sustaining treatment.
- 3 - **Neither better nor worse than death:** I am not sure whether I would want life sustaining treatment.
- 4 - **Somewhat better than death:** I would probably want life sustaining treatment.
- 5 - **Much better than death:** I would definitely want life sustaining treatment.

(a) Permanently paralysed. I am unable to move around in a wheelchair. 1 2 3 4 5
I can talk and interact with other people.

(b) Permanently unable to speak meaningfully. I cannot converse with others 1 2 3 4 5
I can walk on my own, feed myself and take care of my daily needs such as
bathing and dressing myself.

(c) Permanently unable to care for myself. I am bedridden, unable to wash, 1 2 3 4 5
feed or dress myself. I am totally cared for by others

(d) Permanently in pain. I am in severe bodily pain that cannot be effectively 1 2 3 4 5
controlled by medication.

(e) Permanently partially demented. I often cannot remember things such as 1 2 3 4 5
where I am. I cannot reason clearly. I am capable of speaking but not capable
of remembering conversations. I am capable of washing, feeding and dressing
myself, and I am in no pain.

(f) Being in a short coma. I have suffered brain damage and I am not conscious 1 2 3 4 5
or aware of my environment in any way. I cannot feel pain and am cared for
by others. These mental impairments may be reversed in about one week leaving
mild forgetfulness and loss of memory as a consequence.

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(B) I have set out below a number of medical conditions which, in combination with an inability to participate effectively in my medical treatment decisions and medical opinion that there is no reasonable prospect of recovery, would cause me to greatly prefer death over continued existence.

(i) Advanced disseminated malignant disease (eg cancer that has spread considerably)

(ii) Severe immune deficiency (eg AIDS)

(iii) Advanced degenerative disease of the nervous system (eg advanced Parkinson's Disease) or circulatory system

(iv) Severe and lasting brain damage due to injury, stroke, disease or other cause

(v) Advanced dementia, whether Alzheimer's, multi-infarct or other, resulting in a very limited awareness of the immediate environment and inability to initiate simple tasks

(vi) Any condition of comparable gravity

[signature and date]

Witness's Certificate

[It is desirable that the witness is not a family member or beneficiary under the person's will]

I, [print full name, surname last] _____

of [print address] _____

Occupation _____

certify that the person whose signature appears above:

- (a) signed this statement in my presence; and
- (b) appeared to understand its significance.

[signature and date]