**My Living Will and Attorney Authorisation**

I, XXX XXX voluntarily put forth the following as my living will or advanced directive on  \_\_\_\_\_\_\_\_\_\_\_ (date). I am of sound mind while writing this and fully understand the consequences and implications of the instructions put forth in this document for execution.

I the executor of this directive, appoint YYYY YYY as my surrogate to carry out the instructions of this living will if I am not in a position to do so myself. In the absence or demise of YYY YYYY, ZZZ ZZZ shall be the surrogate.

I the executor of this directive reserve the right to revoke or modify any and all of the instructions given below. However, in the absence of a revocation document or a modification document, the present document should be considered as "final" and binding upon the executor and surrogate.

This document is prepared voluntarily by me without coercion or compulsion from anyone else. With this document - prepared with informed consent - I stake my constitutional right to die with dignity. I request all concerned doctors, hospital administrative staff (if relevant) and all government officials in charge of approving the execution of this document to kindly do the needful as soon as possible.

As and when the situation demands it, the executor or the surrogate shall seek the opinion of the treating doctor if: "further medical treatment given has only the effect of delaying the process of death causing me pain, anguish suffering and put me in a state of indignity".

If the answer to the above question is "yes, I the executor or the appointed surrogate shall initiate the execution of this advanced directive without any delay.  This directive will come into effect when I am terminally ill with no hope of recovery and cure of the ailment and treatment merely prolongs life.

1: **Do Not Resuscitate (DNR)**: In the event of respiratory or cardiac arrest directly or indirectly due to my prolonged illness, I do not wish to be resuscitated.

2: **Switch off life support and stop life-sustaining treatment:**Any and all life supporting machines or mechanisms such as the following should be switched off

* Kidney dialysis machine
* Oxygen concentrator
* Respirator
* Ventilator
* Pressure breathing therapy
* Infusion feeding pump
* Peritoneal dialysis machine
* Anesthesia Machine
* Apheresis System
* Balloon Pump, Intra-Aortic (IABP)
* Defibrillator
* Extracorporeal Membrane Oxygenation (ECMO)
* Heart-Lung Bypass Machine (Pump, Extracorporeal Perfusion)
* Heart-Lung Bypass Heat Exchanger
* Iron lung
* Pacemaker,
* Cardiac External Pump, Blood, Extraluminal (Roller Pump)
* Intermittent positive pressure breathing (IPPB) machines
* Suction machine
* antibiotics,
* transfusions
* nutrition and hydration

All life-sustaining medication, treatment or therapies should be discontinued.

For the purpose of this directive, there will be no difference between withholding life support and withdrawing life support.

3: Any equipment, medication or treatment used to reduce pain, suffering and discomfort can be continued until the passive euthanasia procedure is completed.

4:  No experimental treatment or therapies should be attempted unless there is a proven record of their efficacy.

5: In the case of malignancies where chemoterapy or radiation dosages are unlikely to help in recovery, they should not be administered.

6: **Organ donation:** Any and all organs of my body that can be used in another person can be harvested. The remains can be used for medical research and/or training medical students.

Signed by

(1) XXX XXXX (self, the executor)

(2)  Independent witness (1)

(3)   Independent witness (2)

(4) jurisdictional Judicial Magistrate of First Class