

My living will

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I,
Susanne Smith

born on August 01, 1960, Söhtstrasse 13, 12203 Berlin

establish this order in full possession of my mental capacities and after detailed clarification of the medical background and scope of my decisions. It applies in situations in which I cannot form or express my will to treatment for health reasons.

Current life situation

I have drawn up this order in order to have expressed my wish for treatment in the event of illness or an accident as a precautionary measure.

For the creation of this decree, I am in good health.

Basic provisions

Prior to and without limitation from all subsequent provisions, I declare or permit:

- Absolutely no more hospitalization in the event of my imminent demise
- Resuscitation only limited (see below)

Resuscitation

I would like to be resuscitated in principle, except in the following cases:

- If the circulation has been stopped for at least 10 minutes without assured continuous thoracic compression (in the sense of sufficient CPR/BLS measures).
- In the event of an unobserved circulatory shutdown.

Individual Therapy and Diagnostic Techniques

I DISSENT TO the following therapy or diagnostic procedures regardless of indication or context in all circumstances. I consciously accept that these decisions may mean my immediate demise:

- The performing of a tracheotomy
- The carrying out of dialysis or hemofiltration
- A gastroscopy, EGD or ERCP and comparable procedures
- A colonoscopy
- The insertion of a PEG or EGD probe
- An artificial heart
- A cardiac catheter

I AGREE TO the following therapeutic or diagnostic procedures if none of the diagnostic, symptom-related or quality-of-life therapy limits listed below is exceeded:

- Enteral nutrition with a stomach or duodenal tube
- The installation of central venous catheters (CVC, dialysis catheter etc.)
- Blood transfusion (administration of blood cells)
- A pacemaker/ICD

Preservation of donor organs

I refuse to receive any kind of donation, even if this would most likely result in my unavoidable death. This applies irrespective of whether a transplant would be promising from the point of view of the treating doctors.

Absolute therapy limit

If the approval limits set by me in this order are exceeded, I only permit measures that serve the immediate relief of pain, anxiety and nausea (exclusively palliative therapy). I strongly disagree with all other measures. In particular I wish for:

- No antibiotic treatment
- No intensive care unit
- No resuscitation
- No mechanical ventilation
- No parenteral or enteral tube feeding
- No continuous catecholamine infusion
- No hemodialysis/hemofiltration
- No invasive diagnosis or therapy of any kind, including operations and subsequent

operations (second- looks) If the measures mentioned have already been initiated or carried out, I demand that they be discontinued or not repeated. If this is not legally permissible, I would like to see a maximum reduction. In terms of a machine ventilation already started I understand by this at least: $FiO_2 = 0.21$ and $PEEP \leq 5$ mbar. This corresponds to a largely independent pulmonary function. I expressly accept that such a therapy termination or a therapy reduction can cause my death immediately after.

Individual Therapy and Diagnostic Techniques

Limit-crossing diagnoses

If one of the following diagnoses is present, the absolute therapy limit described above applies. For these diseases it is irrelevant which pathogenesis they are and whether there is a fundamental prospect of relative improvement. In my opinion, even in the best case, no course of events is to be expected that would still mean an acceptable quality of life for me.

If there are doubts about the existence of a diagnosis, the assessment of two specialists belonging to a clinical specialty which usually deals with diagnosis and therapy of the diagnoses in question should be decisive:

- *Apallic syndrome (persistent vegetative state)*
- *Locked-in syndrome*
- *Brain damage (e.g. as a result of a heart attack or bleeding) with NIHSS >15 for at least 48 hours*
- *Dementia (see additional special provisions below)*
- *Coma (GCS < 8) with decompensated liver damage*
- *Malignant brain tumor*
- *Other metastatic cancers with manifestations in: gallbladder, pancreas, lungs, bones, skin.*

Limit-crossing symptoms

The above-mentioned absolute therapy limit also applies if I have the following symptoms with the mentioned additional conditions. If there are doubts about the presence of these symptoms, the assessment of these symptoms should be based on the assessment of two specialists who belong to a clinical specialty that usually deals with diagnosis and therapy of the conditions in question:

- *Persistent unconsciousness after 4 days with at least probable cerebral ischemia for 6 minutes after resuscitation*
- *Quadriplegia for more than 7 days, which must not be considered as most likely passing (e.g. due to Guillain-Barre disease)*
- *Sensory or global aphasia for which a psychiatric disease cannot be regarded as causal and in which reading ability is no longer maintained*
- *Deaf-blindness with at least almost completely reversible findings*

Necessary minimum quality of life

If treatment situations exist which are not covered by my previous lists, the following demarcations should apply for the medical investigation of my presumed will. The named minimums on quality of life mentioned are absolute for me. If I fall below them, I can no longer obtain a life worth living. This is the case if there is a high probability that the symptoms will persist for a period of at least twelve months. In cases of doubt, the determination of a „high probability“ should be based on the assessment of two specialists who belong to a clinical specialty that usually deals with the diagnosis and treatment of the conditions in question. For me, I have fallen below a necessary minimum of quality of life, if:

- *There is a need for care that goes beyond light daily help (shopping, cooking, help with washing).*
- *My language skills are considerably limited and I am therefore no longer able to make an everyday telephone call on my own.*
- *I probably cannot read anymore.*
- *My hearing is so severely impaired that I can no longer understand speech even with technical aids.*
- *My mobility is so limited that I am on walking aids.*

Euthanasia

Euthanasia is out of the question for me.

Organ donation

I authorize only the removal of the following organs for transplantation:

- *Callus*
- *Heart*
- *Pancreas*
- *Kidneys*

Clinical Autopsy

I allow a clinical autopsy.

Current Health Situation

In my current state of health, I am completely independent in everyday life.

Previous Illnesses & Medications

The following diagnoses are part of my medical history (incomplete list):

- *Myocardial infarction*
- *Severe depression*

I am allergic to the following substances:

- *Medications*
- *House dust More detailed description: Penicillin*

I take the following medications regularly/ I have been taking them for the last 3 years:

- *Plavix*

My treating doctor is: Dr. Paul Brandenburg

Brandenburg Söhstrasse 13 12203 Berlin

paul.brandenburg@dipat.de Field of treatment or specialization:

General Medicine, Emergency Medicine

Future support & care

I would allow support and nursing care through the following institutions and organizations:

- *Outpatient care*

I prefer this institution: Nursing Service Johnson

I reject this institution: Nursing Service Jones

I refuse any support and care from the following persons: My siblings

Parties entitled to information

Please inform the following person(s) about my treatment situation. I release all practitioners from their duty of confidentiality. However, this information does not constitute a power of decision or power of attorney.

Mr. Peter Smith Söhststrasse 13

12203 Berlin

Email: peter.smith@dipat.de

Relation to the person: Husband

Care order

If by court order a legal guardian is appointed for me, I wish to appoint the following person:

*Mr. Gabriel Smith
Söhststrasse 12
12203 Berlin
070081081080
gabriel.smith@dipat.de
Son*

Under NO circumstances should be appointed as a supervisor(s):

- 1. Petra (my sister)*
- 2. Gerd (my brother)*

Special Provisions Dementia

The defined therapy/care limits also apply in particular if I am in a state of dementia or a comparable state. In this condition I also expressly refrain from oral administration of food, liquid or medication except for any analgesia. I base my dementia on the fact that I do not lastingly recognize nearest persons. As such I understand life partners, relatives and people whom I knew at least one year before the beginning of my illness. In the late state of dementia, a will I have expressed may seem to contradict this far-reaching and serious definition. However, since in the case of dementia my judgment is seriously impaired, any statements to the contrary which cannot be reconciled with this order may not be interpreted as a revocation of my rulings.

Final clauses

All provisions of this living will are permissible under applicable law. In addition, they are legally binding for everyone in accordance with the Living Will Act. Disregarding my living will can be punishable as bodily injury. If my regulations are breached, I refuse the payment of all costs resulting from it and forbid also authorized persons or responsible persons appropriate payment.

In the event of a change in the legal situation, my provisions shall be implemented accordingly.

Personal statement

In the case of serious illness, I ask the pastoral support of a Protestant clergyman. Relation to the person: Husband

Signature

I have read and understood the entire contents of my living will. By my handwritten signature I confirm its unrestricted validity.

Berlin, December 20, 2017



Signature Susanne Smith