WINELANDS CARDIOLOGY

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Living will / advanced directives

A living will gives instructions for not being kept alive through life-support or other “artificial” medical interventions when there is no hope of recovery and death is inevitable - for example, if someone is in a coma, unconscious and terminally ill. This helps reduce the financial and emotional burden of advanced life support where there is no prospect of recovery. A living will can also include an individual’s wishes for organ donation.

A living will is a legal document, but it is not yet recognised in South African statutory law. If there is a chance of recovery, the family members and the cardiologist (legally) does not need to honour the living will. A living will essentially expresses an individuals’ viewpoints about life/ death/ dying/ and advanced life support mechanisms. Such information will be invaluable in decision making by your family and the cardiologist when you cannot express your views. Patients are encouraged to draw up a living will in consultation with a legal practioner, and to discuss the content thereof with family members.

Below is an example of a living will that patients may wish to adopt:

[Your Name] Living Will

I, [Your Full Name], being of sound mind and free will, make this Living Will to express my preferences regarding medical treatment and healthcare decisions in the event that I am unable to communicate or make these decisions myself.

1. **Declaration of Intent:** I want my wishes to be respected and followed to the fullest extent possible, even if I cannot express them at the time. I understand the importance of medical treatment and the relief of suffering, but I want my choices to be honoured.

2. **Life-Sustaining Treatments:** In the event that I have a terminal condition, an irreversible coma, or I am in a persistent vegetative state with no reasonable chance of recovery, I do not want life-prolonging treatments, such as:

   a. Cardiopulmonary resuscitation (CPR)
   b. Mechanical ventilation
   c. Artificial nutrition and hydration (tube feeding)

3. **Pain Relief:** I request that I receive adequate pain relief and comfort care, even if the use of pain medication hastens my death.

4. **Organ and Tissue Donation:** I am willing to donate my organs and tissues for transplantation or medical research, subject to the laws and regulations governing such donations.

5. **Designated Decision-Maker:** If my healthcare providers and the appointed healthcare proxy determine that I am unable to make my own healthcare decisions and there is no reasonable expectation of recovery, I designate the following individual to make decisions on my behalf:

   Name of Healthcare Proxy: [Name]
   Relationship to Me: [Relationship]
   Contact Information: [Phone Number, Address]

6. **Other Wishes or Instructions:** [You may include any additional wishes or instructions regarding your healthcare preferences here.]

I understand the importance of this Living Will, and I hope that my loved ones and healthcare providers will respect my choices. I have made this Living Will voluntarily and without any coercion.

****Signature:** [Your Signature]**

****Date:** [Date]**

****Witnesses:****