1. Federal Ministry of Justice Germany

1.1. This document contains the text blocks from the brochure “Patients’ Directive” pages 23 to 33

1.2. The text blocks are intended as suggestions and help with wording. Reference is made to the explanations in the brochure..

2. The text blocks for a written patient directive

The general rule for the patient directive is that general wording should be avoided wherever possible. Instead, it should be described as specifically as possible in which situations the patient directive should apply (formulation aids for this can be found under 2.2) and what treatment wishes the author has in these situations (formulation aids for this can be found under 2.3). In light of the most recent case law of the Federal Court of Justice (decisions of July 6, 2016 - XII ZB 61/16, of February 8, 2017 - XII ZB 604/15 and of November 14, 2018 - XII ZB 107/18), the patient directive should indicate both the specific treatment situation (e.g.: "final stage of an incurable, fatal illness") and the treatment wishes related to this situation (e.g. the implementation or rejection of certain measures such as artificial nutrition and fluid intake). For this reason, the text blocks under 2.3, which contain formulation aids for specific medical measures, explicitly refer to the specific treatment situation described above (“In the situations described above, I wish”). In particular, the text block under 2.3.1, which states that “all life-sustaining measures should be avoided”, should not be used exclusively, but always in conjunction with further specific explanations of the treatment situations and medical measures (see also footnote 3). In individual cases, however, the necessary specification may also arise from a less detailed naming of certain medical measures by referring to sufficiently specified illnesses or treatment situations (see the decision of the Federal Court of Justice of February 8, 2017).

2.1 Introductory formula

I

Bernd Meibohm, born on May 28, 1946

living in Germany

Havichhorster Muehle 98, 48157 Muenster OT Ost

living temporarily in Spain

C/Tecén 45-1 (113+timbre), 35009 Las Palmas

hereby state in the event that I can no longer form my will or express it intelligibly...

2.2 Examples of situations to which the directive should apply

If

- I am in all probability inevitably in the immediate process of dying...

- I am in the final stages of an incurable, fatal illness, even if the time of death is not yet foreseeable...

- as a result of brain damage, my ability to gain insight, make decisions and come into contact with other people is, in the opinion of two experienced doctors (who can be named), in all probability irretrievably lost, even if the time of death is not yet foreseeable. This applies to direct brain damage, e.g. due to an accident, stroke or inflammation, as well as to indirect brain damage, e.g. after resuscitation, shock or lung failure. I am aware that in such situations the ability to feel may be retained and that waking up from this state cannot be completely ruled out, but is unlikely 1).

- As a result of an advanced brain deterioration process (e.g. dementia), I am no longer able to take in food and liquids naturally, even with persistent assistance 2).

2.3 Specifications for the initiation, extent or termination of certain medical measures

2.3.1 Life-sustaining measures

In the situations described above, I wish

- that all life-sustaining measures be avoided. Hunger and thirst should be satisfied naturally, if necessary with help with food and liquid intake. I wish for professional care of my mouth and mucous membranes as well as humane accommodation, attention, personal hygiene and relief of pain, shortness of breath, nausea, fear, restlessness and other distressing symptoms. 3)

2.3.2 Pain and symptom treatment 4)

- In the situations described above, I wish for professional pain and symptom treatment,
- but without any effects that dull my consciousness.
- I accept the unlikely possibility of an unwanted shortening of my lifespan due to pain and symptom-relieving measures.

2.3.3 Artificial nutrition and fluid administration 5)

In the situations described above, I wish

- that artificial nutrition and/or artificial fluid administration should only be used if there is a palliative medical indication 6) to alleviate symptoms.

2.3.4 Resuscitation 7)

A. In the situations described above, I wish

- attempts at resuscitation.

2.3.5 Artificial ventilation

In the situations described above, I wish

- artificial ventilation if this can prolong my life.

2.3.6 Dialysis

In the situations described above, I wish

- artificial blood purification (dialysis) if this can prolong my life.

2.3.7 Antibiotics

In the situations described above, I would like

- antibiotics if this can prolong my life.

2.3.8 Blood/blood components

In the situations described above, I would like

- the administration of blood or blood components if this can prolong my life.

2.4 Place of treatment, assistance

I would like

- to be transferred to hospital to die.
  or

- to die at home or in familiar surroundings if possible.
  or

- to die in a hospice if possible.

I would like

- assistance from the following people:

  Maria de los Angeles Ojanguren Quintana (DNI 13690059E)

  C/ Berruguete 17 P 01, 35017 Tafira Alta, Las Palmas de Gran Canaria

2.5 Release from medical confidentiality

- I release the doctors treating me from their duty of confidentiality towards the following persons:

  Maria de los Angeles Ojanguren Quintana (DNI 13690059E)

  C/ Berruguete 17 P 01, 35017 Tafira Alta, Las Palmas de Gran Canaria

  Telephone/Fax/Email: +34699788563 / mariadelosangeles12@gmail.com

2.6 Statements on the binding nature, interpretation and enforcement and revocation of the patient directive

- The wishes expressed in my patient directive regarding certain medical and nursing measures should be followed by the treating doctors and the treatment team. My representative - e.g. authorized representative/caretaker - should ensure that my patient wishes are implemented.

- If a doctor or the treatment team is not prepared to follow my wishes expressed in this patient directive, I expect that alternative medical and/or nursing treatment will be provided. I expect my representative (e.g. authorized representative/caretaker) to organize further treatment in such a way that my wishes are met.

- In life and treatment situations that are not specifically regulated in this patient directive, my presumed wishes should be determined as far as possible by consensus of all those involved. This patient directive should serve as a guideline for this. If there are different opinions about which medical/nursing measures should or should not be used, the opinion of the following person should be given particular importance: (alternatives)

- my authorized representative.
- my carer.
- the treating doctor.

- If I have not revoked my patient directive, I do not want my wishes to be assumed to have changed in the specific application situation. However, if the treating doctors/the treatment team/my authorized representative/carer take the view, based on my gestures, looks or other statements, that I do or do not want to be treated contrary to the provisions in my patient directive, then it should be determined, if possible by consensus of all those involved, whether the provisions in my patient directive still correspond to my current wishes. If there are different opinions in these cases, the opinion of the following person should be given particular importance: *(alternatives)*

  - my authorized representative.
  - my carer.
  - the treating doctor.

2.7 References to other advance directives

In addition to the living will, I have issued an advance directive for health matters and discussed the content of this living will with the person I have authorized:

Authorized representative

Maria de los Angeles Ojanguren Quintana (DNI 13690059E)

C/ Berruguete 17 P 01, 35017 Tafira Alta, Las Palmas de Gran Canaria

Telephone/Fax/Email: +34699788563 / mariadelosangeles12@gmail.com

2.8 Reference to attached explanations of the living will

To help interpret my living will, I have enclosed:

- … .

2.9 Organ donation

- I consent to my organs being removed for transplantation purposes after my death (if applicable: I have filled out an organ donor card). If, according to a medical assessment, I am considered an organ donor in the event of impending brain death and medical measures must be carried out for this that I have excluded in my living will, then *(alternatives)* 9)

    - my declared willingness to donate organs takes precedence.

2.10 Closing formula

- If I wish or refuse certain treatments, I expressly waive (further) medical information. 10)

2.11 Final remarks

- I am aware of the possibility of changing or revoking a living will.
- I am aware of the content and consequences of the decisions I make therein.
- I have drawn up the living will on my own responsibility and without external pressure.
- I am in full possession of my mental faculties.

2.12 Information/advice

- Before drawing up this living will, I obtained information from/through
  Internet
  and advice from
  Internet

2.13 Medical information/confirmation of ability to consent

Mr/Ms

_____

was informed by me on

_____

of the possible consequences of this living will.

He/she was fully capable of giving consent.

Date

_____

Signature, stamp of the doctor

_____

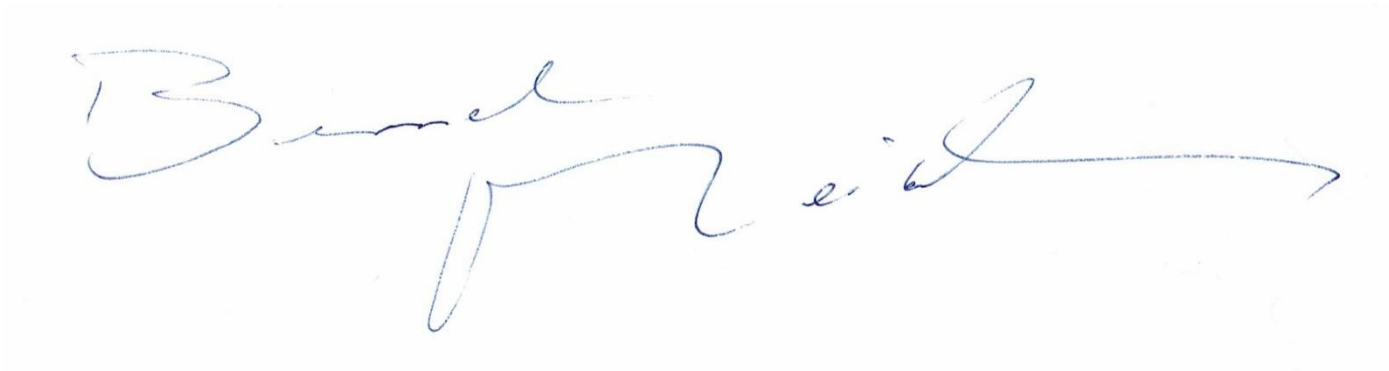
_____

- The ability to consent can also be confirmed by a notary.

2.14 Update

- This living will is valid until I revoke it.
- To confirm my wishes as set out in the living will, I confirm them in full below.

Date June 19, 2024



Signature _____

Footnotes

1) This point only concerns brain damage with the loss of the ability to gain insight, make decisions and come into contact with other people. These are often states of permanent unconsciousness or vegetative state-like clinical pictures that are accompanied by a complete or extensive loss of cerebral functions. These patients are usually unable to think consciously, make targeted movements or make contact with other people, while vital body functions such as breathing, bowel or kidney function are preserved, as is possibly the ability to feel. Patients in a vegetative state are bedridden, in need of care and must be artificially supplied with food and fluids. In rare cases, even in patients in a vegetative state, favorable developments can occur after several years that allow a limited self-determined life. It is not yet possible to predict with certainty whether the affected person will be one of the few or the majority of those who will have to be cared for as a nursing case for the rest of their lives.

2) This point concerns brain damage as a result of an advanced brain deterioration process, which most often occurs in dementia (e.g. Alzheimer's disease). As the disease progresses, patients become increasingly unable to gain insight and communicate verbally with their environment, while the ability to feel remains intact. In the late stages, the patient no longer

recognizes even close relatives and is ultimately no longer able to take in food and liquids naturally despite assistance.

3) The statement that one does not want "any life-sustaining measures" does not, in itself, represent the sufficiently specific treatment decision required for an effective living will. However, the necessary specification can be made by naming certain medical measures or referring to sufficiently specified illnesses or treatment situations. There is therefore basically nothing to speak against the use of this formulation, provided that it is not used in isolation, but is combined with concrete descriptions of the treatment situations and specified medical measures, as contained in section 2.3.2 ff.

4) Professional palliative treatment, including the administration of morphine, does not generally shorten life. Only in extremely rare situations can the dose of painkillers and sedatives required to control symptoms be so high that an unintentional slight reduction in life expectancy can result (permitted so-called indirect euthanasia).

5) Satisfying hunger and thirst as subjective sensations is part of any palliative therapy. However, many seriously ill people do not feel hungry; this applies almost without exception to the dying and probably also to patients in a vegetative state. The feeling of thirst lasts longer in seriously ill people than the feeling of hunger, but artificial fluid administration has only a very limited effect on this. The feeling of thirst can be alleviated much better by moistening the air they breathe and by professional mouth care. Giving large quantities of fluids to the dying person can be harmful because, among other things, it can cause the blood to stagnate. can lead to shortness of breath as a result of fluid accumulation in the lungs (for details see the guideline “Artificial nutrition and fluid intake” from the Bavarian Ministry of Social Affairs, available at www.stmas.bayern.de/pflege/dokumentation/leitfaden.php).

6) Palliative medicine is the medical specialty that primarily deals with alleviating symptoms and maintaining the quality of life of patients with incurable diseases. A palliative medicine indication therefore always requires the goal of alleviating symptoms and not the goal of prolonging life.

7) Many medical measures can both reduce suffering and prolong life. This depends on the specific situation. Resuscitation measures do not reduce suffering, but serve to preserve life. Short-term problems can occasionally arise during planned medical interventions (e.g. operations) that can be resolved by resuscitation measures without any subsequent damage.

8) The information brochures “Answers and important questions” and “Like a second life” provide information on the subject of organ and tissue donation. Like the organ donor card, they can be ordered free of charge from the Federal Center for Health Education (BZgA). By post at: BZgA, 51101 Cologne, by fax at: (02 21) 899 22 57 and by email at: order@bzga.de. You can reach the organ donation information line on the free number (0800) 90 40 400 Monday to Friday from 9 a.m. to 6 p.m. The information line team will answer your questions about organ and tissue donation and transplantation.

9) Further information on the relationship between a living will and an organ donation declaration can be found in a working paper from the German Medical Association, available at

www.bundesarztkammer.de/downloads/arbeitspapier_patientenverfuegung_organspende_18012013.pdf.

It also contains suggested text modules to supplement or complete a living will.

10) The closing formula is intended to indicate that the person who created the living will does not want any further medical information under the circumstances described. This statement is particularly important because certain medical interventions can only be carried out effectively if a doctor has previously adequately informed the patient about the medical significance and scope of the planned measures, alternative treatment options and the consequences of not doing so. Medical information is not required if the patient who is capable of giving consent has waived medical information. The living will should indicate whether these requirements are met.