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**W. Gifford-Jones M.D.**

**Living Will with Advanced Directive**

**The W. Gifford-Jones Living Will with Advanced Directive**

The Supreme Court of Canada has finally allowed Doctor Assisted Death (DAD). But politicians have encumbered the law with cruel restrictions that boggle the mind. They have forbidden the Advanced Directive which means a double-standard of justice for dying patients. Those with terminal cancer or others incapacitated by fatal disease will be allowed Doctor Assisted Death. But those who develop mental illness, which they know will affect the brain relentlessly, are not allowed to sign an Advanced Directive. One that specifies that when their illness leaves them helpless with no quality of life, their life should be terminated. How can they sign a DAD when they’re not mentally competent?

Moreover, the law states that patients must be close to dying to allow DAD. This contradicts the Supreme Court ruling which says it is the magnitude of suffering that should decide the decision. So I wish it to be my decision when I have had enough pain.

It is my belief that DAD should be a decision made by the patient and their doctor. I wish to stress this philosophy to those responsible for my terminal medical care and DAD. So It is my Advance Directive, legal or not.

1. It is heartless to assume that those with mental illness such as Alzheimer’s disease are not facing intolerable suffering when they are unable to communicate, feed themselves, are incontinent of urine and feces, even unable to scratch their noses and who stare at four walls day after day. Veterinarians would never condone this life for a beloved animal and I do not want this void existence for me. I therefore ask my family, physician and lawyer to use every legal means available to challenge any decision that disallows my right to a Doctor Assisted Death. And to state suffering is suffering regardless of whether it is physical or mental agony.
2. I hereby indemnify and hold harmless any physician who acts in accordance with my wishes.
3. I know that I may be unwittingly under the care of a physician whose moral, ethical and religious doctrine demands that heroic measures must be continued to save my life regardless of medical reality. In such instance I instruct my family to request said physician’s withdrawal from my care and to seek another physician who agrees it is senseless to prolong life when there is no hope of recovery.
4. If I am ever placed on life-support for any reason, I wish It to be discontinued when there is no hope of recovery.
5. As a physician I know that needless suffering occurs because of ineffective use of painkillers. This occurs when doctors do not order sufficient doses of narcotics or write a P.R.N. order that allows nurses to administer painkillers only when they believe it’s needed. In my final days, it is my desire to receive medication at regular intervals and in whatever dose is required to control pain both mental and physical. This request to be carried out even though it may hasten the moment of my death.
6. If the justice system refuses my request for Doctor Assisted Death I wish that all medical treatment be discontinued, and I be allowed to starve to death rather than exist in agony and without any quality of life.
7. I realize this is not a legally binding document. But I trust that anyone reading it would conclude that it conveys in the strongest terms possible my desire to leave this world by Doctor Assisted Death. It has been signed while I am of sound mind and fully cognizant of all the implications.
8. Years ago in my medical column, I wrote this simple prayer for my final days.   
   “Please deliver me from a physician who graduated summa cum laude but is dedicated to prolonging my last breath of life. Rather grant me the service of a veterinarian who will treat me with the same cool logic he bestows on animals who are suffering. Let this be my final request.”
9. I have not changed my opinion.

Date:

Witness Full Name:

Telephone:

Address:

Occupation:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Witness Full Name:

Telephone:

Address:

Occupation:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Copies of this Living Will have been given to: