

Advance directive



Muistiliitto
Alzheimer Centralförbundet Alzheimer Society of Finland

ADVANCE DIRECTIVE

This form allows you to express your will regarding your personal treatment and care. It will be followed in situations where you are unable to make decisions about your care.

By having an advance directive, you can among other things ensure that your life values will be respected for your care and treatment decisions will be based on your wishes regarding your end-of-life care. An advance directive strengthens the implementation of your right of self-determination: an advance directive must be complied with if it is clear and you have not changed your opinion.

Definition of an advance directive

In an advance directive, a person expresses their will on how they want a situation to be, in the event they are no longer able to make a decision due to a severe illness, accident or other. Expressions of will in an advance directive tend to be either consent or refusal of future treatments. Traditionally, an advance directive is thus understood as mainly the expression of a person's will for end-of-life care.

However, a person may continue to live for a long time in a state of legal incompetence, for instance, during which time a variety of treatment and care decisions may have to be taken. That is why the advance directive of the Alzheimer Society of Finland (Muistiliitto) provides the option of issuing other instructions regarding the desired treatment and care. In other words, an advance directive can also specify wishes on matters such as the choice of care facility and other issues related to day-to-day care.

What is required for a valid advance directive?

To make a valid advance directive, a person must be capable of understanding its meaning and contents. It is therefore recommended that an advance directive be drawn up well in advance, preferably while still in the best possible health. It is also possible to draw up an advance directive during the early stages of a progressive memory-related disease, providing that the diagnosis has been made early enough.

The Alzheimer Society of Finland encourages every person in the early stages of a memory-related disease to make an advance directive. This will ensure that

their wishes and personal values are respected when the disease progresses to the moderate and severe stage.

Discussions during the preparation of the advance directive

When drawing up the advance directive, you may have to address difficult questions concerning care and dying. In such a case, it is advisable to consult your physician, specialised memory nurse or other professional care-giver, as well as a family member or friend. Health-care professionals have an obligation to inform patients about the effects of complying with their advance directive.

Where to keep the advance directive

You should keep your advance directive form at home with other important documents, as well as attached to your medical records in the health care patient data system. The advance directive can also be recorded in My Kanta, the National Data Repository for personal health records (www.kanta.fi/en/omakanta).

You can take copies of the advance directive form and give a copy to the person authorised to make decisions concerning your care when you are no longer able to do so yourself, for example.

An advance directive is binding

The Finnish Act on the Status and Rights of Patients stipulates that a patient's right of self-determination must be respected. The advance directive is binding on all health-care professionals. Exceptions can be made if there are strong grounds for assuming that the advance directive was based on the patient's misunderstanding of the nature of their disease or treatment-related factors, or if it is obvious that the will has changed.

An advance directive can be issued either in writing or orally. According to the Decree on Medical Records, a clear record of the patient's orally expressed advance directive must be made in their medical records, with the patient's confirmation. If the advance directive is made in writing, it can be added to the medical records.

Structure of this advance directive form

The form consists of two main parts:

A) Legally binding expressions

B) Advance care planning

A The legally binding expressions consist of traditional directives concerning end-of-life decisions, as well as the option to authorise a family member or friend to make treatment decisions as a health care proxy. This section is legally binding for medical staff.

B The second part should be regarded as the patient's wishes regarding treatment and care. Even these should be respected to the greatest extent possible, as they indicate the patient's will and emphasise his or her right to self-determination. In the advance directive form, this section also includes wishes related to financial matters.

You can fill in the parts of the advance directive form that are relevant to you.

My advance directive

Full name _____

Personal identity code _____

I have written this advance directive in case the time comes when I am no longer capable of understanding or making decisions about my medical treatment and care due to a disease that weakens my ability to function adequately.

A LEGALLY BINDING EXPRESSIONS OF WILL

Making decisions on my behalf

1. Continuing power of attorney

☐

I have drawn up a separate continuing power of attorney.

2. Appointing a health care proxy

I appoint the following person to make decisions concerning my treatment on my behalf. This person is entitled to make decisions concerning my treatment to the extent that my will regarding the treatment is not clearly expressed in this document.

The health care proxy can be a family member or close friend that you trust and with whom you have discussed the advance directive.

You can appoint several proxies.

3. Disclosure of medical records

- ☐ The persons mentioned in section 2 above are authorised to view my medical records to help make decisions concerning my treatment.
- ☐ The persons mentioned in section 2 above are authorised to obtain oral information on the content of my medical records.

4. Disclosing information to my friends and relatives

In addition to the above-mentioned health care proxy, my wish is that the following friends and relatives be provided with the information deemed appropriate by medical professionals (concerning my whereabouts, disease etc):

My decisions concerning end-of-life care

The following checked (X) boxes express my wishes.

If my physical condition declines so that I need medical treatment to prolong my life:

- ☐ I wish to be kept alive for as long as reasonably possible, using all available medical treatments.
- ☐ I do not want to be resuscitated if, according to medical opinion, it would only prolong my life and suffering.
- ☐ When deciding on my treatment, my quality of life takes precedence over prolonging my life. I therefore request adequate symptomatic treatment (e.g. pain medication), regardless of its impact on how long I live.
- ☐ I permit my physicians to act according to my interests as they see fit if, after having drawn up my advance directive, medical advances have been made of which I am unaware and based on which my final wishes as expressed in this advance directive might have been different.

You can
choose one or
more options.



In addition, my will is that:

[illegible]

B

My general wishes concerning care and treatment

1. I want my personal values to be respected throughout my care:

for example,
the major aspects
and events of my life, my
religious views and views
on holidays, my desire to
participate in prayer, as we
as my opinions on being
alone and the protection
of my privacy

for example,
the major aspects
and events of my life, my
religious views and views
on holidays, my desire to
participate in prayer, as well
as my opinions on being
alone and the protection
of my privacy

2. I would like my following opinions to be taken into account in the selection of my care facility and the content of the care provided:

for example,
my thoughts on
home care and insti-
tutional care, my wishes
about the care facility
and the furnishing of my
room, as well as the use
of security-related
technology in my
care

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my thoughts on
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tutional care, my wishes
about the care facility
and the furnishing of my
room, as well as the use
of security-related
technology in my
care

3. I would like the following issues, which are important to me, to be taken into account in my basic care:

for example, my favourite foods and beverages, personal hygiene and dress, exercise and sleeping habits, activities and other issues that I like or dislike

for example, my favourite foods and beverages, personal hygiene and dress, exercise and sleeping habits, activities and other issues that I like or dislike

4. In addition, I request the following:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

This wish does not supersede the continuing power of attorney, which must be drawn up separately as prescribed by the Act on Continuing Powers of Attorney.

My wishes concerning financial matters

5. I would like my following views to be taken into account when handling my financial affairs:

for
example, my
spending habits or
the use of my funds
to obtain the best
possible care and
treatment

6. If a guardian is sought for me under the Finnish Guardianship Services Act, I would like, if possible, the following person to be appointed as my guardian:

7. In addition, I request the following:

Under law,
the participation
of an incapacitated
adult in medical
research requires the
written consent of
their family or legal
representative.

Participation in medical research

If my family or close friends have to make a decision on my behalf about participation in medical research, I would like the following expressions of will to be respected when making such a decision.

The following checked (X) boxes express my wishes:

- ☐ I wish to take part in medical research if it is likely to be personally beneficial to me.
- ☐ I wish to take part in medical research even if it is not likely to benefit me personally, but would probably be of benefit to other people in the same health condition or age group.
- ☐ I would like to take part in other research (for example, psychological tests, observational studies, statistical surveys).
- ☐ I do not wish to participate in medical research.

In addition, I request the following:

CONFIRMATION OF MY ADVANCE DIRECTIVE

An orally
expressed ad-
vance directive is
also valid.

Date _____

Signature _____

An advance
directive does not
require witnesses, but, if
possible, it is advisable to
acquire two adult witnesses to
the document. If needed, they
can also act as interpreters
of the directive.

Signatures of witnesses with names in print

I have discussed my advance directive with the following people (name & date)

I have changed my advance directive (the changes are attached on an
additional page)

Date _____

Signature _____

Additional page

Additional page

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

The advance directive form is based on the publication of the Alzheimer Society of Finland's European umbrella organisation, Alzheimer Europe, on the self-determination of people with memory-related diseases.

This advance directive form has been modified and updated by the Alzheimer Society of Finland, in order to adapt it to Finnish circumstances. A number of medical, social and health care legal experts were consulted during the editorial process.



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