

MODEL ADVANCE DECISION

PORT REF.	
DC REF.	
HO REF.	

I, *[name]*] currently detained at []
Immigration Removal Centre, wish to state the following:

1. [I do not intend to eat]*.
2. [I do not intend to drink or otherwise receive fluids]*.
3. I do not wish to receive any medical treatment. This [includes]*[does not include]* life-sustaining treatment if my life is at risk.
4. I do not consent to the administration of nutrition or hydration or any form of medical treatment whether resuscitation or otherwise designed to keep me alive, in the event that there is a deterioration in my condition
 - [unless there is a loss in consciousness]* [and/or in the event of a loss of consciousness]*
 - [unless I sustain any injury to my person howsoever caused] *[and/or in the event that I sustain any injury to my person howsoever caused]*.
5. I do/do not* consent to any medical or nursing care designed to keep me comfortable and free from pain in the event of serious deterioration in my condition [*If there is consent to some care, give details of any particular care that is offered and accepted by the detainee*].
6. It has been explained to me that if I refuse treatment in this manner, that my medical condition could deteriorate, that I could be in a great deal of pain, that I could lose consciousness and that I could die as a result of the refusal to consent to treatment.
7. I have read and had the contents of this decision read over to me [in *[language]*, a language I understand] and I fully understand its contents and its effects.
8. I am aware that I can change my mind and revoke or change this Advance Decision at any time if I remain capable of making decisions about my medical treatment.

SignedDate.....

Date of Birth

Witness A	Witness B
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Name: Signature: Address:	Name: Signature: Address:

** Delete as appropriate*

