Living Will

In fullness of my faculties, acting freely and after an adequate reflection, based on the current regulations, I declare that if in the future my health deteriorates irreversibly, to the point of preventing me from making decisions about the care and treatment that I want to receive, I consider that the greatest benefit for me is to end my life as soon as possible. Therefore, I demand that my values and my dignity be respected, in accordance with the following previous instructions, advance directives or vital testament:

1. I reject any treatment, intervention or procedure that contributes to maintaining my life: life support techniques, intravenous fluids, drugs (including antibiotics), hydration or artificial feeding (by nasogastric tube or gastrostomy), pacemaker or defibrillator. In case of added disease (intercurrent process) or brain damage with the possibility of recovering my ability to express myself, but with a dependent life, I request an adaptation of the therapeutic effort that allows me to die with dignity and without suffering.

2. I request that the appropriate drugs be administered to me, in the necessary doses, to induce deep and sustained palliative sedation until my death, a state in which, in the opinion of my representative, there is no physical or psychological suffering, even when this treatment can shorten my life.

3. If, due to my cognitive deterioration, I need the help of another person to drink and / or eat, it is my will to renounce that help, so I do not want to be fed or hydrated by other people, either with a spoon or by any other means, receiving comfort care that alleviates the symptoms that may appear during my deterioration due to starvation and dehydration (dry mouth, restlessness, agitation, pain ...), allowing me to die in peace, without suffering.

4. If the legislation regulates the right to die with dignity through euthanasia, it is my will not to prolong my situation of disability and to die quickly and painlessly, in accordance with the regulations established for this purpose.

5. If any professional responsible for my assistance declares himself a conscientious objector with respect to any of these instructions, I request that he be replaced by another professional, thus guaranteeing my right to have my will respected.

Name, identity document number, place, date and signature