

**ADVANCE DIRECTIVES ABOUT FUTURE MEDICAL TREATMENT**

**To my family, my medical team and other healthcare professionals, and all other persons concerned:**

I, **Neil Andrew Platt** of [REDACTED]  
Date of birth: [REDACTED]

make this advance statement/decision of my wishes regarding future medical treatment in case I become unable to communicate these wishes by virtue of physical or mental incapacity. I am of sound mind and have arrived at the following decisions after careful consideration.

**In respect of treatment in general:**

If I have a serious physical illness from which there is no reasonable expectation of recovery, and my life is sustainable only by medical treatment and artificial means, I do not wish to be subjected to medical treatment which is solely to prolong my life.

If I suffer from severe and permanent mental impairment, and my physical condition is such that medical treatment is required to keep me alive, I do not wish to receive that treatment.

If I become permanently unconscious with no likelihood of regaining consciousness, I do not wish to be kept alive by artificial means.

If I suffer a cardio-respiratory arrest, I do not wish resuscitation to be attempted.

I nevertheless expect, in the circumstances described, any distressing symptoms to be actively treated.

**In respect of specific illnesses or treatments:**

I have been diagnosed as suffering from **Severe Progressive Motor Neurone Disease**.

I have the following wishes about medical treatment or investigations:

1. In the event of complete loss of speech and/or ability to swallow, I refuse to have positive pressure ventilation, even if a risk to my own life and even if death may be hastened.
2. In the event of severe life threatening infection where I cannot communicate my wishes, I refuse antibiotics, even if a risk to my own life and even if death may be hastened.
3. In the event of either loss of speech or loss of ability to swallow, I refuse artificial nutrition and water by parenteral, N-G tube or peg feed, even if a risk to my own life and even if death may be hastened.

Cont/d .....

I have asked the following person to take part in decisions about my medical care on my behalf, if I am unable to speak for myself. I have discussed my views about future medical treatment with her and given her a copy of this document. I wish her to be consulted about these decisions and I ask those caring for me to respect the views she expresses on my behalf.

Name: **Louise Eleanor Platt** Address: [Redacted]  
[Redacted] Tel: [Redacted]

I, the undersigned, agree to act as the nominated representative of **Neil Andrew Platt**.

Signature: ..... Date: .....

I have sought the advice from the following healthcare professionals:

[Redacted]

- **My GP is aware of this document**
- **My GP has a copy of this document**

**This document remains effective until I make it clear that my wishes have changed.**

Signature of person making advance statement/directive: .....

**Louise Eleanor Platt, in the presence of Neil Andrew Platt**

Date: .....

**Witness:** I testify that the above-named person signed this statement in my presence, under no duress, and made it clear to me that he fully understands what it meant.

Full name/address: [Redacted]  
[Redacted]

Signature: ..... Date: .....

**Review Dates:**

Signature: ..... Date: .....

Signature: ..... Date: .....