

A photograph of a dense forest of tall, thin evergreen trees, possibly pines or firs, with a thick layer of mist or fog hanging between the trees. The scene is captured from a slightly elevated perspective, looking down into the forest. A semi-transparent blue horizontal banner is overlaid across the middle of the image, containing the text "END-OF-LIFE PROVISIONS" in white, bold, sans-serif capital letters.

END-OF-LIFE PROVISIONS

END-OF-LIFE PROVISIONS FOR AN ADULT PERSON CAPABLE OF DRAFTING, DATING AND SIGNING THE DOCUMENT

In accordance with the law of 16 March 2009 on euthanasia and assisted suicide

End-of-life provisions are an advance request for euthanasia made in the event that the patient should find himself/herself, at a later point in his/her life, in a situation of irreversible unconsciousness according to the current state of scientific knowledge, and be suffering from a serious and incurable accidental or pathological condition.

These provisions must be sent to the following address:

**Commission Nationale de Contrôle
et d'Évaluation de la loi du 16 mars 2009
sur l'euthanasie et l'assistance au suicide
Ministère de la Santé
L-2935 Luxembourg**

End-of-life provisions must be registered under an official system for the systematic registration of end-of-life provisions with the *Commission Nationale de Contrôle et d'Évaluation* (National Commission for Control and Evaluation). These provisions may be reiterated, withdrawn or modified at any time. The *Commission Nationale de Contrôle et d'Évaluation* is required to seek confirmation of the will of the declarant once every five years from the date of the registration request. All changes must be registered with the *Commission Nationale de Contrôle et d'Évaluation*. However, euthanasia may not be performed if, as a result of the steps he/she is required to take, the doctor becomes aware of a demonstration of the patient's will, subsequent to the duly recorded end-of-life provisions, by which the patient withdraws his/her wish to undergo euthanasia.

END-OF-LIFE PROVISIONS FORM

SECTION I. MANDATORY DATA

My personal data are as follows:

SURNAME, FIRST NAME:

ADDRESS:

ID NUMBER:

DATE AND PLACE OF BIRTH:

TELEPHONE:

Optional data:

GSM :

EMAIL ADDRESS:

In the event that I can no longer demonstrate my will, I record in writing in these end-of-life provisions that I wish to undergo euthanasia, if my doctor states:

*that I am suffering from a serious and incurable accidental or pathological condition
that I am unconscious and
that this situation is irreversible according to existing scientific knowledge.*

Personal remarks regarding the circumstances and conditions in which I wish to undergo euthanasia:

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This statement was made freely and consciously. My wish is that these end-of-life provisions are respected.

Date and signature of the applicant:

.....
Date

Applicant's signature

SECTION II. OPTIONAL DATA

A. The potential designated trusted person, who informs the doctor of the declarant's wishes based on his/her latest statements

SURNAME, FIRST NAME:

ADDRESS:

ID NUMBER:

TELEPHONE:

DATE AND PLACE OF BIRTH:

POSSIBLE FAMILY RELATIONSHIP:

In addition, if I am no longer able to do so, the above-named trusted person shall express my will in accordance with the amended law of 24 July 2014 on the rights and obligations of the patient:

yes no

B. (Optional) provisions regarding the manner of burial and the funeral ceremony

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If you are physically unable to write and sign this document yourself, you can nominate a person of your choice to transcribe the words that you dictate to them, in the presence of two witnesses. The document is then signed by the witnesses and your trusted person. The reasons why you were unable to write and sign the provisions yourself must be set out in the document and certified by a doctor.

We, the undersigned, witnesses under Article 4 (2) of the Law of 16 March 2009 on euthanasia and assisted suicide, hereby certify that this document is the expression of the free and informed will of:

MR/MS :

who is unable to write and sign his/her end-of-life provisions for the following reasons:

SURNAME AND FIRST NAME:

POSITION:

ADDRESS:

DATE AND SIGNATURE:

SURNAME AND FIRST NAME:

POSITION:

ADDRESS:

DATE AND SIGNATURE:

SURNAME AND FIRST NAME:

POSITION:

ADDRESS:

DATE AND SIGNATURE:

SURNAME AND FIRST NAME OF THE TRUSTED PERSON:

Signature

.....
Date

SUPPLEMENTARY EXPLANATION

Having written, dated and signed your end-of-life provisions

- Validate them by registering them with the *Commission Nationale de Contrôle et d'Évaluation* (National Commission of Control and Evaluation).
- keep a copy of the end-of-life provisions and the registration letter to the *Commission Nationale de Contrôle et d'Évaluation* at your home.
- give a copy of the end-of-life provisions and the registration letter:
 - to your trusted person;
 - to your attending doctor;
 - to CIPA staff, hospital staff, etc. (if applicable);
 - to a third person.
- If you wish, keep a copy in your shared care file.

End-of-life provisions may be reiterated, withdrawn or modified at any time. All changes must be registered with the *Commission Nationale de Contrôle et d'Évaluation*. However, euthanasia may not be performed if, as a result of the steps he/she is required to take, the doctor becomes aware of a demonstration of the patient's will, subsequent to the duly recorded end-of-life provisions, by which the patient withdraws his/her wish to undergo euthanasia.

The *Commission Nationale de Contrôle et d'Évaluation* is required to seek confirmation of the will of the declarant every 5 years from the date of the registration request.

If you express any other wishes outside of the end-of-life provisions contained in the form, these are not covered by the law of March 16, 2009 on euthanasia and assisted suicide. These wishes, while legal and valid, cannot therefore be registered with the Commission. Rather, they come under the advance directive or personal wishes. Therefore, we recommend that you inform your trusted persons and your relatives of the existence and the content of this document. We also recommend that you give a copy to your doctor and, if necessary, to the persons in charge of the institution taking care of you (e.g., a hospital or an integrated nursing home).

QUESTIONS AND ANSWERS ABOUT END-OF-LIFE PROVISIONS

1. What is meant by "euthanasia"?

Euthanasia is the act, carried out by a physician, that intentionally ends the life of a person at the express and voluntary request of that person.

The patient may request euthanasia or assisted suicide, and the doctor may act upon this request without being subject to criminal prosecution or civil claims for compensation, provided the substantive conditions of the law are met.

2. Is it advisable to draft an advance directive if I have registered my end-of-life provisions?

Yes. In the event that you are no longer able to express yourself, this allows you to resolve a multitude of situations and wishes that are not covered by the end-of-life provisions. As indicated above, if you express other wishes besides the anticipated request for euthanasia on the end-of-life provisions form, these will not be registered by the Commission of Control and Evaluation. To be sure that these are taken into account, it is better to write an advance directive and inform your trusted person, your doctor and, if necessary, CIPA staff, hospital staff, etc.

3. End-of-life support leave

Did you know that according to the law you are entitled to an "end-of-life support leave" to stay with a dying person from your immediate family?

You are entitled to 5 days (maximum 40 hours) per year and per person at the end of their life, which can be divided according to the needs of your relatives.

You can find the application forms for this leave at www.cns.lu , tel. 27 57 – 1.

For additional information, see the end of this document.