

**Advance Medical Directive** (pursuant to § 1901 a German Civil Code)

Fully aware of the legal consequences and bearing in mind the scope of my decision, I decided to take preventive measures in handling my personal matters for the event that due to illness or a limitation of my physical, mental or emotional capacities I shall be fully or partially unable to take care of my own matters and/or shall be unable to exercise my right to self determination with regard to my own personal and health related matters.

The purpose of this advance medical directive is to specify in a legally binding manner which medical diagnoses and treatments I wish to strictly exclude and which ones I wish to allow, thus to which medical diagnoses and treatments an authorized legal agent or any other representative legally appointed by myself can give his/her permission and which ones he/she must refuse on my behalf. By designating legal agents at the end of this advance medical directive, whose authorization, however, only comes into effect on the condition that the appointed individuals strictly adhere to the directives given in this document, I wish to functionally replace a potential court order by a guardianship court for the appointment of a legal guardianship against my will in order to transfer the representation of my interests and the decision making powers in relation to myself in such an event to individuals I particularly trust and strictly, bindingly and under all circumstances prevent my retention in a locked psychiatric facility.

As I, ..... née.....  
date of birth .....  
place of birth.....  
current address..... phone.....

deny the existence of any psychiatric illness, and instead consider the use of psychiatric jargon and psychiatric diagnoses as slander and a serious assault to my personality, and forced detention in a psychiatry as a serious violation of my right to freedom, and as I consider any type of psychiatric force treatment as torture and the most serious degree of grievous bodily harm, I wish to, pursuant to § 1901 a German Civil Code, establish an advance directive in order to protect myself from being given such diagnoses, i.e. slander and its consequences, by refusing to be subjected to the following medical procedures:

**A)** Under no circumstances may I be given any psychiatric diagnosis. I hereby prohibit all psychiatric specialists from examining me, in the same way as I prohibit all doctors who wish to examine me from attempting to give me any of the diagnoses listed in chapter 5 of the International Statistical Classification of Diseases (currently ICD 10th revision) as codes F00 through to F99 under the heading "Mental and Behavioral Disorders", and in order to prevent any possible misinterpretations, I hereby specify these as follows:

- F00-F09 Organic, including symptomatic, mental disorders
  - F10-F19 Mental and behavioral disorders due to psychoactive substance use
  - F20-F29 Schizophrenia, schizotypal and delusional disorders
  - F30-F39 Mood [affective] disorders
  - F40-F48 Neurotic, stress-related and somatoform disorders
  - F50-F59 Syndromes associated with physiological disturbances and physical factors
  - F60-F69 Disorders of adult personality and behavior
  - F70-F79 Mental retardation
  - F80-F89 Disorders of psychological development
  - F90-F98 Behavioral and emotional disorders with onset usually occurring in childhood and adolescence
  - F99 Unspecified mental disorders
- including all further sub-specifications and more recent modifications of this chapter of the ICD.

**B)** I strictly refuse the following treatments:

- Treatments by a psychiatric specialist or an assisted outpatient treatment team.
- Treatment in a psychiatric hospital ward or outpatient clinic or a so-called crisis intervention team.
- Any restriction of my freedom, e.g. retention in a psychiatric ward, any restraint, any treatment against my expressed will, any forced treatment regardless of which substances that are referred to as "medication" or which placebos are administered.
- Treatments.....

**C)** It is my explicit wish that the following treatments are given in the event that an illness has reached an irreversibly terminal state:

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.....

**D)** On the condition that the directives given in sections A) to C) are followed, I hereby appoint the following legal agents, who, pursuant to § 1896 section 2 German Civil Code, are entitled to represent me as individual legal entities. The appointment comes into effect provided that the directives specified in this document are followed. The respective appointment is immediately revoked in the event that the appointed legal agent's decision diverges from the directives specified in sections A) to C).

List of legal agents:

- 1) .....  
(First name, last name, current address, current phone number) responsible for matters pertaining to place of residence, healthcare, assets
- 2) .....  
(First name, last name, current address, current phone number) responsible for matters pertaining to place of residence, healthcare, assets
- 3) .....  
(First name, last name, current address, current phone number) responsible for matters pertaining to place of residence, healthcare, assets
- 4) .....  
(First name, last name, current address, current phone number) responsible for matters pertaining to place of residence, healthcare, assets
- 5) .....  
(First name, last name, current address, current phone number) responsible for matters pertaining to place of residence, healthcare, assets
- 6) .....  
(First name, last name, current address, current phone number) responsible for matters pertaining to place of residence, healthcare, assets
- 7) .....  
(First name, last name, current address, current phone number) responsible for matters pertaining to place of residence, healthcare, assets
- 8) .....  
(First name, last name, current address, current phone number) responsible for matters pertaining to place of residence, healthcare, assets
- 9) .....  
(First name, last name, current address, current phone number) responsible for matters pertaining to place of residence, healthcare, assets
- 10) .....  
(First name, last name, current address, current phone number) responsible for matters pertaining to place of residence, healthcare, assets

All appointments pertain to all of the specified responsibilities, in particular to place of residence, healthcare and assets, unless the latter has been crossed out. In the event that the instructions given by the respective legal agents diverge from each other, the instruction given by the legal agent associated with the lower ordinal number shall be deemed valid.

**Right of Revocation**

I am aware of my right to fully or partially revoke this advance medical directive and power of attorney given herein at any time, provided that I am contractually capable at that time. I am aware of the scope and legal consequences of this power of attorney on which I have gathered sufficient information.

**This power of attorney was established voluntarily, uninfluenced and while in full possession of my mental capacities.**

[place]....., [date]..... (signature) .....

This advance medical directive replaces my earlier power of attorney and advance medical directive dated .....

In addition to this advance medical directive, I present a copy of a medical certificate confirming my contractual capability, so that my free will expressed in this advance medical directive and the validity of this advance medical directive are indisputable. The original of that medical certificate remains with me.

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