

Advance Medical Directive

(from 1.1.2023 in accordance with § 1827 BGB, formerly § 1901a German Civil Code)

In full knowledge of the legal consequences and aware of the implications of my decision, I have decided to manage my personal circumstances independently in the event that I am no longer able to manage my own affairs in whole or in part due to an alleged incapacity to consent or a supposed restriction of my physical, mental or emotional abilities and/or my right to self-determination in personal and health matters can no longer be exercised by myself in a legally effective manner.

With this living will, I would like to specify in a binding manner which medical diagnoses and treatments I would like to strictly exclude and which I would like to approve and which a proxy or other legal representative of mine can therefore agree to and which he/she must refuse. By appointing a health care proxy at the end of this living will, whose authorization is only effective as long as they strictly adhere to this living will, I would like to functionally replace a possible order of care against my will by a care court in order to transfer the exercise of my interests and decision-making powers concerning my person to persons of my special trust in such a case and to strictly and bindingly prevent placement in a closed psychiatric institution under all circumstances.

As I, née.....

date of birth place of birth.....

current address.....

..... phone.....

deny the existence of any mental illness, and instead consider the use of psychiatric language and psychiatric diagnoses to be a serious violation of personality and defamation, as well as imprisonment in a psychiatric ward to be a serious deprivation of liberty and any compulsory psychiatric treatment to be torture and serious bodily harm, I hereby wish to make an advance directive in accordance with § 1827 BGB (German Civil Code) to protect myself from such a diagnosis or defamation and its consequences by prohibiting the following medical measures from being carried out on me:

A) Under no circumstances may any psychiatric diagnosis be made of me. I hereby prohibit any psychiatric specialist from examining me. Likewise, I forbid any other licensed medical practitioner to examine me with regard to any suspicion of an alleged "mental illness". I forbid all doctors, should they wish to examine me, to attempt to make any of the diagnoses that are described in the International Statistical Classification of Diseases (currently ICD 10th Revision, German Modification) in Chapter V with the designations from F00 consecutively to F99 as "Mental and behavioral disorders". In order to remove any possible ambiguity, I will explain this prohibition of a diagnosis in more detail for the following alleged diseases:

F00-F09 Organic, including symptomatic mental disorders

F10-F19 Mental and behavioral disorders due to psychotropic substances

F20-F29 Schizophrenia, schizotypal and delusional disorders

F30-F39 Affective disorders

F40-F48 Neurotic, stress and somatoform disorders

F50-F59 Behavioral disorders with physical disorders and factors

F60-F69 Personality and behavioral disorders

F70-F79 Intelligence disorder

F80-F89 Developmental disorders

F90-F98 Behavioral and emotional disorders with onset in childhood and adolescence

F99 Unspecified mental disorders

each with all further subspecifications and all later modifications of this chapter of the ICD.

B) I strictly prohibit the following treatments:

- Treatment from a psychiatric specialist or the social psychiatric service.

- Treatment in a psychiatric ward of a hospital or an outpatient clinic or a so-called crisis service

- any restriction of my freedom, e.g. confinement in a psychiatric ward, any restraint, any treatment against

against my expressed wishes, any coercive treatment, regardless of which substances or placebos are labeled as medication.

This living will also expressly applies in the event of placement in a psychiatric institution (§§ 63, 64 StGB).

- Treatments and measures in accordance with Sections 1829, 1831, 1832 BGB (compulsory placement, compulsory treatment)

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C) I expressly request the following medical treatments:

- if a disease has reached an irreversibly fatal stage,

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.....
.....

D) In accordance with Section 1814 BGB (from 1.1.2023, formerly Section 1896), I authorize the following persons to act as my health care proxies, each of whom is authorized to act individually. This power of attorney is subject to the fulfillment of the instructions stated in this directive. The power of attorney of the person authorized to act as a healthcare proxy shall end as soon as he or she violates the instructions set out in this advance directive from A) to C).

List of persons authorized to make advance directives:

1)
First name, last name, current address, current phone number, responsible for matters pertaining to Place of residence - financial affairs – healthcare – measures concerning deprivation of liberty – incarceration – coercive measures

2)
First name, last name, current address, current phone number, responsible for matters pertaining to Place of residence - financial affairs – healthcare – measures concerning deprivation of liberty – incarceration – coercive measures

3)
First name, last name, current address, current phone number, responsible for matters pertaining to Place of residence - financial affairs – healthcare – measures concerning deprivation of liberty – incarceration – coercive measures

4)
First name, last name, current address, current phone number, responsible for matters pertaining to Place of residence - financial affairs – healthcare – measures concerning deprivation of liberty – incarceration – coercive measures

All health care proxies apply to all areas of responsibility, in particular the determination of my whereabouts, my health care and my property care, unless these have been excluded above by deletion. If the instructions of my health care proxies contradict each other, the instruction of the proxy with the lower number above shall apply. This power of attorney expressly includes measures in accordance with §§ 1829, 1831, 1832 BGB (compulsory placement, compulsory treatment).

Right of Revocation

I am aware that I can revoke the living will and the power of attorney granted at any time, in whole or in part, provided that I have legal capacity at the time of revocation. I am aware of the scope and legal consequences of this power of attorney, about which I have informed myself sufficiently.

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

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

This advance medical directive is a continuation of my previous power of attorney and advance medical directive dated:

In addition, I enclose with this living will a copy of a medical certificate of capacity, so that my free will expressed in this living will and the effectiveness of this living will are indisputable. The original of the certificate is in my files.

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