

Living Will / Advance Healthcare Directive

How to Use This Template

This editable South African Living Will / Advance Healthcare Directive template helps you record your preferences for medical treatment when you are unable to communicate your wishes. Follow the steps below to complete and use this document correctly:

- 1. Replace all fields with your own information** Fill in every section that applies to you, including personal details, life support preferences, resuscitation choices, organ donation wishes, and the details of your chosen medical decision-makers.
- 2. Tick the appropriate options** Where the template provides checkboxes ([]), select the option that best matches your wishes. You may tick more than one where applicable or add your own instructions.
- 3. Add any additional medical, cultural, religious, or personal wishes** Use the “Additional Instructions” section to record anything important that is not already covered in the template.
- 4. Discuss your wishes with your chosen medical decision-maker(s)** Make sure your nominated decision-maker(s) understand your values and preferences. Provide them with a copy of the completed document.
- 5. Sign the completed document in the presence of two witnesses** Sign the completed Living Will in the presence of **two competent witnesses** (over 14 years old, not beneficiaries or medical decision makers). Each witness must sign in your presence and in each other's presence.
- 6. Do not sign electronically** A Living Will should be signed with an original, handwritten signature.
- 7. Keep the original document in a safe and accessible place** Tell your family and medical decision-maker where the original copy is stored. It is also advisable to keep a copy with your GP or treating doctor. Upload a scanned copy to your cloud storage. Store a digital copy on your phone for emergencies
- 8. Review and update the document regularly** Update the document if your health, beliefs, family situation, or preferences change.

DISCLAIMER:

This Living Will / Advance Healthcare Directive template is a general guide only and does not constitute legal or medical advice. It may not meet all personal or legal requirements. Users should consult a qualified professional before completing or relying on this document. No liability is accepted for any outcomes resulting from its use. Bilnor Staffing Solutions (Pty) Ltd. accepts no liability for any errors, omissions, or consequences arising from the use of this template.

Living Will / Advance Healthcare Directive

1. Personal Details

Full Name:	
ID Number:	
Date of Birth:	
Address:	

2. Purpose of This Directive

This document sets out my wishes for medical treatment if I am unable to communicate and have no reasonable prospect of recovery.

3. Life Support

In situations of terminal illness / permanent unconsciousness / Brain damage:

- I do NOT wish to be kept alive by artificial life support.
- I wish to be kept alive on life support only for a limited period, if recovery is reasonably expected.
- Other instructions:

4. CPR (Resuscitation)

- Attempt CPR
- Do NOT attempt CPR (DNR)
- Only if doctors believe recovery is likely

5. Artificial Feeding and Hydration Tube feeding:

Tube feeding:

- Yes
- No
- Only for comfort

IV fluids:

- Yes
- No

6. Pain Relief and Comfort Care

I wish to receive pain relief even if it may shorten my life:

- Yes
 No

Additional comfort care instructions:

7. Medical Decision-Maker

Full Name:	
ID:	
Relationship:	
Cell:	
Email:	

Alternate Decision-Maker

Full Name:	
ID:	
Relationship:	
Cell:	
Email:	

8. Organ Donation

I choose the following:

- I am willing to donate any suitable organs / tissue.
 I only wish to donate the following:

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- I do NOT wish to donate organs.

9. Additional Instructions

Any additional medical, cultural or religious wishes:

10. Signatures

Signed at _____ on this _____ day of _____ 20 _____

Signature of Declarant: _____

Witness 1: (not a beneficiary or decision-maker) _____

Signature: _____ Date: _____

Witness 2: _____ Signature: _____ Date: _____