

My Advance Decision to Refuse Treatment (ADRT) document

About this document

You can use this document to write down your wishes to refuse a certain treatment in a specific situation. This is called an Advance Decision to Refuse Treatment or ADRT. It is a way of making sure everyone knows what treatments you do not want to have, if you become unable to make your own decisions.

In Northern Ireland, an ADRT is legally binding. This means it must be followed by your health and social care team, as long as they know about it. Although you can make an ADRT orally (spoken), it is better to write your decision down.

You can change or cancel your ADRT at any time. Record any changes clearly and tell your healthcare team and the people close to you.

If you refuse a certain treatment, you will still have the best possible care and support, and medicines if needed, to help control your symptoms.

Section 1: My details

Name

Address

Physical features that could identify me if I cannot communicate (e.g. a birthmark)

Date of birth

Telephone

ADRT adaption This form has been adapted, with permission, from the National End of Life Care Programme's Advance Decisions to Refuse Treatment proforma, which was originally published in September 2008.

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Section 2: My Advance Decision to Refuse Treatment

I wish to refuse the following specific treatments

If you wish to refuse a treatment that is or may be life-sustaining, you should include:

'I am refusing this treatment even if my life is at risk as a result.'

In these circumstances

Section 3: My signature and witnesses

It is always advisable to include your signature and a dated signature of at least 1 witness. But 2 witnesses are usually preferred.

My signature
(or nominated person
directed by me to sign)

Date of
signature

Witness name

Witness signature

Witness address

Date of
signature

Witness telephone number

Second witness name

Second witness signature

Section 3: Second witness continued

Second witness address

Date of signature

Second witness telephone number

Section 4: Person to be contacted to discuss my wishes (optional)

If you want to, it is helpful to involve people who you trust, such as your family and friends. If they know what your wishes are, they can help explain them in the future to health and social care professionals if you are not able to.

Name

Relationship to you

Address

Telephone number

Section 5: Details of healthcare professionals

I have discussed this Advance Decision to Refuse Treatment with
(e.g. name of healthcare professional)

Profession/Job title

Contact details

Date

I give permission for this document to be discussed with my relatives/carers
(please circle one and specify if you only wish for it to be discussed with specific people)

Yes No

My general practitioner (GP) is

Address

Telephone

Section 6: Review dates – this Advance Decision to Refuse Treatment was reviewed and confirmed by me

Signed	Date
Signed	Date
Signed	Date

Section 7: Details of people who have a copy and have been told about this Advance Decision to Refuse Treatment

Name	Relationship to you	Telephone

Section 8: Further information (optional)

I have written the following information that is important to me. It describes my hopes, fears and expectations of life and any potential health and social care problems. It does not directly affect my Advance Decision to Refuse Treatment but the reader may find it useful.