👣 โรงพยาบาลกรุงเทพ				
BANGKOK HOSPITAL			Gender:	
BANGKOK HOSPITAL MEDICAL CENTER				
	HN:	EN/AN	N:	
Living Will	Visit Date:	OPD/\	Ward	
	Physician:			
	Allergies:			
	Locati	on:		
I, (First name)	(Middle name)	(Last name)	
Passport Number:		_	·	
Address in Thailand:				
Tel no		telephone no		
E-mail address				
 Being of sound mind, willfully and voluntar utilize my right according to Thai Stature No. 1 firm and settled commitment to refuse life-sus 	2 of the National He	ealth Law of the year 255	0. This declaration reflects my	
2. I direct my attending physician to withhold of my dying, if I should be in a terminal condition stopped by signing the terms below.		_		
I do not want	I do not want		Signature	
Cardiac resuscitation				
Tracheotomy				
Mechanical respiration				
Feeding tube				
Other (specify)				
3. Even though I have directed that I refuse tre to keep me comfortable and to relieve pain, inc I wish that the medical team carry ou	cluding any pain tha at my wishes as follo	at might occur by withho		
☐ I wish to receive spiritu	ıal support as follov	vs;		
I want to designate another person a		•	lecisions for me if I should be	

The declaring or the person on behalf of and at the direction of the declaring knowingly and voluntarily signed this writing by signature or mark in my presence.

incompetent and in a terminal condition or in a state of permanent unconsciousness. \\

(First & Last Name)

🛂 โรงพยาบาลกรุงเทพ			
BANGKOK HOSPITAL BANGKOK HOSPITAL MEDICAL CENTER			Gender:
Living Will	·		
	Physician:		
	Allergies:		
I issued this directive at the presence of the wi Signature			
<u> </u>	Declaring		
Signature		on A aquainta	
	Relative o	or Acquaintance	
Signature	Signature		
First & Last Name Witness	First & Last !	Name	
Witness		V	Vitness
Relative or Acquaintance			
First & Last Name		Relationship	
Passport or ID No.			
Address			
Telephone No.	Office phone No.		
	_		
Witness First & Last Name		Relationship	
Passport or ID No.			
Addrass			

Note:

Witness

Address ___

This Declaration is to help facilitate the wishes of the Declaring to refuse medical treatment according to Thai Statue No 12 of the National Health Law of the year 2550. The Declaring can clarify the intent to suit his/her situations.

First & Last Name Relationship

Telephone No. _____ Office phone No. _____

Telephone No. Office phone No.

Passport or ID No.

General Information About the Living Will

- 1. Thai doctors do not like to talk about the possibility of death they are reluctant to give a straight answer so if the individual's condition is believed to be terminal, the question to ask the Thai physician is "what is the 5 year survival rate?" for my condition. If the 5 year survival rate is 5% it means that 95 % of those with a similar condition usually die within five years. If the 5 year survival rate is 95%, only 5% will die within 5 years a much happier statistic.
- 2. Suggestion Always get a 2nd, and a 3rd opinion if your condition is serious.
- 3. The statistics tell us that 30% of people die due to cancer. If you want to find out how widespread the cancer is, a PET scan is recommended. It is expensive and the only PET scan machine currently in Thailand is at a member hospital of the Bangkok Hospital Group in Bangkok.
- 4. Why should you have a Living Will? Because the nature of Thai culture is to continue treatment until a person actually dies, and can include the use of what a westerner would consider extreme treatment. The Living Will gives the individual or the individual's relative or companion the right to determine what measures will or will not be taken to prolong life if the individual is unable.
- 5. The Living Will should be done now, or as soon as possible. Statistics tells us that
 - 70% of people do not die of cancer, they die of something else other diseases, auto accidents, violent acts, etc. which are not predictable, could happen anytime, and may result in long periods of unconsciousness or inability to direct your own treatment. The form MUST be completed when you are of sound mind and body the Thai Law approving the Living Will states that it shall not be completed when you are considered incompetent. So do not wait, do it soon!
- 6. Please read the Living Will carefully and consider what you would or would not want done to prolong your life, and if you are not able to communicate make sure your relative or companion understands what your treatment choices are.
- 7. It is suggested that you submit the completed Living Will to the hospital or hospitals you usually go to, and that you keep at least two additional completed copies of it with your important documents. .If you have executed and filed a Living Will with the same or another hospital, it is recommended that you request that the one on file be removed, and the new one included in your medical record. As a general rule even if you have submitted a similar form before, the new form will be considered your Official document.
- 8. The completed form does not have to be notarized. There are signature lines for you, your relative or acquaintance, and two Witnesses.