

DECLARATION OF WITNESS

I confirm that the individual signing this document is personally known to me for at least two years.

I am acting independently and not related to either this individual or the appointed representative

I am not a paid employee, business partner or beneficiary of the individual or his representative.

I am not the owner, director, manager or employee of a care home in which the individual lives.

I am aged 18 or over.

I certify that in my opinion , at this time the individual making this directive :

- Is of sound mind and understands the purpose and scope of the directive.
- Is acting willingly, free from duress and is under no undue influence

Signed

Date

Print Full Name of Witness

Address

Relevant Skills and Expertise to act as a Witness.....

Please Note: It is advisable to choose a witness who has the knowledge and experience about assessing mental capacity such as a doctor, nurse, social worker, legal professional.



**ADVANCE DIRECTIVE FOR
HEALTHCARE DECISIONS**

The Jewish Halachic Living Will

I, the undersigned:.....

of (address).....

.....

Date of Birth:.....

Being an Orthodox Jew have resolutely decided to obey my religious obligations and customs to ensure that my life is sustained including by the continued maintenance of Artificial Nutrition and Hydration ("ANH").

I have made this decision of my own free will and express this Advance Directive because of my belief system which requires that all aspects of medical ethics and end of life issues including questions concerning the withdrawal of life sustaining treatment are to be based entirely upon the Halakha, that is to say Jewish Law and custom in accordance with strict Orthodox interpretation and tradition.

For the same reason I am this day, in addition to making this Advance Directive, also designating a representative (see below), who will be able to make decisions relating to life-sustaining treatment in the event that I am mentally incapacitated.

I hereby consent to all such necessary treatment as might be required in order to maintain and extend my life.

I direct that at no time is life-sustaining treatment including ANH ever to be withdrawn from me without the active consent of my designated representative. If for any reason it is not practicable to obtain the active consent of my representative then a Rabbi nominated by the ecclesiastical court of the Chief Rabbi should be consulted in place of my representative.

It is my wish that my representative will make his decision in accordance with the Halakha and in determining the requirement of Jewish law and custom, will consult with the Rabbi I have nominated for such purpose , or if not practicable a Rabbi nominated by the Halakhic Authority (if designated below) or the ecclesiastical court of the Chief Rabbi.

This Advance Directive is not to be overridden in any circumstances by a request or purported consent of a relative or any other person.

This Advance Directive is to remain in force even though I might be unconscious or affected by medication, stroke or other condition rendering me incapable of expressing my wishes and consent to treatment options and is intended to override the personal views or clinical judgments of those treating me.

This Advance Directive shall remain in force and bind all those treating me unless or until I expressly revoke this Directive in writing.

I understand all the implications of this Directive and accept full legal responsibility for this decision and release all those treating me from any liability for any consequences resulting from their following this Directive.

Signed this.....day of.....20.....

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Name of my designated Representative authorised to make health care decisions in the event I lack the ability to do so:

Name

Telephone

Address

.....

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Mobile number

Email

Name of my nominated Rabbi to be consulted in determining Jewish Law/custom:

Name

Telephone

Address

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Mobile number

Email

Ecclesiastical Court / Halakhic Authority: (Below is a list of Jewish Rabbinical organisations)

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UK Ecclesiastical Authorities:

Federation of Synagogues Beth Din

65 Watford Way
London
N12
Tel 020 8202 2263

Gateshead Hebrew Congregation

81 Bewick Rd
Gateshead
NE8 1RR
Rabbi 0191 477 1847

Leeds Beth Din

Dayan Refson
Tel 0113 269 690
Home 0113 237 0360

London Beth Din

735 High Rd
London N12
Tel 0208 343 6270

Machzikei Hadass Communities

17 Northumberland St
Salford M7 4FH
Tel 0161 792 1313

Manchester Beth Din

MJCC Jubilee House
Bury Old Rd
Salford M7 4QY
Tel 0161 740 9711
or 0161 721 4249

Sephardi Kashrut Authority

2 Ashworth Rd
London
W9 1JY
Tel 0207 289 2573

Union of Orthodox Hebrew Congregations

140 Stamford Hill
London
N16 6QT
Tel 0208 802 6226

In the event no authority has been designated, please contact:

Ecclesiastical Court
of the Chief Rabbi:

The London Beth Din
735 High Road
North Finchley
London
N12 0US

Tel: 020 8343 6270

Fax: 020 8343 6257

Email: info@bethdin.org.uk