

Additional pages for Part 4.1 Life-sustaining treatment decisions



4.1 Other life-sustaining treatment decisions

Life-sustaining treatment	A. I consent to this treatment in all circumstances	B. I consent to this treatment in the following circumstances	C. I refuse consent to this treatment in all circumstances	D. I cannot decide at this time
Other life-sustaining treatment (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State the treatment:	Option B only: In which circumstances do you consent to this treatment?			
Other life-sustaining treatment (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State the treatment:	Option B only: In which circumstances do you consent to this treatment?			
Other life-sustaining treatment (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State the treatment:	Option B only: In which circumstances do you consent to this treatment?			