???????: End of life planning,

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Switzerland

Making a Will – Etablir un testament (GE)

https://www.geneve.ch/public/seniors/penser-mort/rediger-testament

Regulations may vary from canton to canton.

There are two main forms of will. Firstly in the case of a holographic or handwritten will a person writes his or her entire will in their own handwriting in any type of medium. To be valid, this document must be dated (day, month, year) and signed. It is advisable to indicate the place of writing.

Secondly a public will is an authentic deed received by a notary on your instructions, and signed by you if you are able to do so. Two witnesses certify by their signatures that the declaration was made in their presence and that the written text conforms to your wishes. This procedure guarantees the validity of the document, which will be kept by the notary. All public wills are registered with the Central Register of Wills, which is managed by the Swiss Federation of Notaries.

It is essential to have the terms of your will checked by a notary, to avoid any incompatibility with the law, any difficulties of interpretation, and any civil or fiscal inconvenience after your death. The will can be deposited and kept securely with the notary of your choice.

There is a third form of will, the oral will. This is a rare form of will which can only be used in the event of imminent life-threatening danger.

Lasting Power of Attorney/Curatorship – Curatelle

https://www.guidesocial.ch/recherche/fiche/mesures-de-protection-de-l-adulte-ex-fiche-tutelle-et-curatelle-137 (FR)

This measure is ordered when the support provided by family members or other relatives or institutions is insufficient, or seems insufficient in theory. When a person is prevented, in whole or in part, from safeguarding his or her own interests due to a mental deficiency, a psychological disorder (including dependency) or another state of weakness affecting his or her personal condition, the adult protection authority institutes a curatorship.

Curatorship may also be ordered in the event of temporary incapacity of discernment, or absence of discernment when the person is incapable of acting on his or her own regarding matters that need to be settled, and has not appointed a representative.

The protection authority lifts the guardianship if it is no longer justified – either at its own behest or

at the request of the person concerned or a relative. Curatorship ends on the death of the person concerned.

Useful link:

https://kescha.ch/fr/informations-sur-la-protection-de-l-enfant-et-de-l-adulte/qu-est-ce-que-la-protection-de-l-adulte/la-curatelle-pour-adulte.php (DE/FR/IT)

Advance directives – Directives anticipées

https://www.ch.ch/en/documents-and-register-extracts/patient-decree/

Advance directives are also known as end-of-life directives. In Switzerland, they enable you to indicate what medical care you would or would not like to receive after a serious accident or in the terminal phase of an illness.

It's a way of ensuring that your wishes as a patient at the end of life are respected, even if you are no longer able to express your wishes at that time. No one is obliged to draw up an advance directive. The process is tailored to the individual and free of charge: you can undertake it at any age and change your mind at any time.

You do not need to be in good health, but you must be capable of discernment. Directives must reflect your true wishes and must not have been drawn up under duress. Only dated, hand-signed directives are binding upon the medical team.

We recommend that you review your advance directives every two to four years, and amend them if necessary.

Don't hesitate to ask your GP for advice on how to fill in the form correctly.

https://www.bag.admin.ch/fr/renforcer-la-volonte-du-patient (DE/FR/IT)

Advance directives must be in writing, dated and signed. You can choose the form you wish this document to have and the headings you wish to include. The document can be handwritten, typed or in the shape of a form. It is not necessary to have a witness, but it is strongly recommended that you discuss the directive with your doctor, who will be able to help you draw it up. In addition, many organizations have published templates that can provide a useful framework (Pro Senectute, FMH, Caritas, etc.).

You can cancel or modify your advance directives at any time. It is also advisable to check regularly (e.g. every three or four years) that your directives still correspond to your wishes and, if necessary, to modify them. Even if you have not drawn up advance directives, you can always make your wishes known orally, for example before an operation.

Further links:

https://www.fmh.ch/fr/prestations/droit/directives-anticipees.cfm (DE/FR/IT)

https://www.geneve.ch/public/seniors/penser-mort/directives-anticipees

Advance Care Planning – Projet de soins anticipés

https://www.bag.admin.ch/fr/projet-de-soins-anticipe-prosa (DE/FR/IT)

Patients and their families often express the wish to remain independent for as long as possible, and to participate in medical decisions concerning them at an early stage. Medical culture is therefore evolving in favour of anticipating care and shared decision-making.

Advance Care Planning is the process whereby patients, and where appropriate their families, discuss and define their care objectives with the medical and nursing teams. Individuals may adapt the plans regularly during the actual course of their illness.

Advance Care Planning is a long, dynamic process of exchange. In the course of an ongoing dialogue throughout the development of a disease, the patient's present situation is discussed and its future evolution anticipated, including the possible occurrence of complications and the therapeutic measures to be taken if necessary.

Advance directives are part of ProSA (see below), as is the advance care plan. The advance care plan is a written record in the patient's medical file of all discussions about care objectives with the parties involved: patients, medical teams and relatives. It is of particular relevance to people with one or more severe illnesses, those at risk of repeated hospitalizations, and those in a nursing home.

The aim of these discussions is to reach agreement on care objectives, by detailing certain types of management. They also help to anticipate actions to be taken in the event of medical complications, such as a fall or breathing difficulties.

The Anticipated Care Project (ProSA) is a communication process supervised by a specially trained professional, which enables people to make explicit the values underlying their care preferences and to document anticipated directives. In the event of incapacity of discernment, ProSA helps to improve consistency between the care provided and the patient's preferences, reducing the risk of over-treatment and improving the care experience of those involved.

Therapeutic representative – Représentant thérapeutique

Swiss law allows people to appoint a therapeutic representative to take medical decisions in the event of loss of consciousness or discernment.

https://www.bag.admin.ch/fr/renforcer-la-volonte-du-patient-procedure (DE/FR/IT)

To represent you, you can choose from among your family members, friends or a person who knows you well and in whom you have complete confidence.

The representative must agree to any proposed treatment. The healthcare professional must

provide the representative with all the information necessary to enable him or her to consent to the treatment.

The rights of the therapeutic representative are exercised from the moment you are no longer capable of discernment.

https://droitsdupatient.ch/wp-content/uploads/2021/07/directivesDDP.pdf (FR)

Documents must be handwritten or typed, dated and signed. The decisions of the therapeutic representative must be respected by the medical profession.

Therapeutic representatives may be changed at any time.

If no therapeutic representative has been designated by the patient, the law stipulates that the following persons, in order, will take on the role of therapeutic representative: the patient's spouse or registered partner living in the same household, failing that a person providing regular personal assistance, followed by the patient's descendants, then the patient's father or mother, and finally the patient's brothers and sisters. In all cases, these people must provide regular personal assistance in order to be considered therapeutic representatives. A child who is no longer in contact with his or her parent will not be considered a therapeutic representative

For advance directives and the choice of therapeutic representative to be respected, the medical profession must be made aware of them. It is therefore important to discuss these issues with your attending physician, the hospital you regularly visit, and your loved ones. It is also necessary to give these people the relevant text and store the documents in an accessible place.

Mandate for incapacity – Mandat pour cause d'inaptitude

https://www.ge.ch/dossier/protection-adulte/anticiper-c-est-opportunite-choisir/mandat-cause-inaptitude-mci (FR)

This mandate enables a person with civil rights (of full age and capable of discernment) to legally instruct someone to provide personal assistance, to manage his or her assets, or to represent him or her in legal dealings with third parties should he or she become incapable of discernment. The mandate must be entirely handwritten, or executed before a notary.

Palliative Care – Soins palliatifs

https://www.bag.admin.ch/fr/soins-palliatifs (DE/FR/IT)

Palliative care encompasses support and medical treatment for people suffering from incurable, life-threatening and/or chronic progressive illnesses. Although palliative care may be introduced at an early stage, it mainly intervenes when a life-threatening diagnosis is, or appears to be, at stake, and cure is no longer a primary objective. Palliative care aims to avoid suffering and complications. It includes medical treatment and care, as well as psychological, social and spiritual support. Those close to the patient should also receive appropriate support.

Palliative care can be provided at home, in hospital, in a nursing home or in a specialized palliative care institution.

Further links:

https://palliativegeneve.ch/en/

https://www.palliative.ch/fr/ (FR)

Medical Assistance in Dying – Assisted suicide (Suicide assisté)

https://www.bag.admin.ch/fr/suicide-assiste (DE/FR/IT)

Assisted suicide involves providing patients with a lethal substance which they then ingest themselves, without outside intervention, to end their life.

Organizations such as EXIT provide assisted suicide within the framework of the law. They are not punishable as long as no selfish motive can be imputed to them. In fact, the only person punishable under Article 115 of the Swiss Penal Code is anyone who, 'motivated by a selfish motive', assists a person's suicide (e.g. by providing a lethal substance). This attracts a custodial sentence of up to five years or a fine.

Further links:

https://www.exit-romandie.ch/exit-a-d-m-d-suisse-romande-en-fr1704.html

https://dignitas.ch/en

Nursing homes – Établissement médico-social (EMS)

https://www.bfs.admin.ch/bfs/fr/home/statistiques/sante/systeme-sante/etablissements-medico-sociaux.html (DE/FR)

Medical-social establishments or nursing homes house elderly people requiring long-term care.

Other useful websites

Federal Office of Health – Office fédéral de la santé:
https://www.bag.admin.ch/en

Planning personal arrangements: https://www.tooyoo.ch/en/ (commercial site)

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