



(Unofficial)

**Ministerial Regulation on**  
**Conditions and Methods for Implementing a Living Will**  
**to Refuse Public Health Services that Prolong Dying in the**  
**Terminal Phase of Illness; or to End Suffering from Illness**  
**B.E. 2553 (2010)**

By virtue of the provisions of Section 4 and Section 12, Paragraph 2, of the National Health Act, B.E. 2550, the Prime Minister and Minister of Public Health issue the ministerial regulation as follows:

1. This ministerial regulation shall come into force upon the expiration of two hundred and ten (210) days following the date of its publication in the Government Gazette<sup>\*</sup>.

2. In this regulation,

“Living will” means a written statement relating to the provision of health care services for a person who does not wish to receive treatment to prolong dying in the terminal phase of an illness; or who wishes to end the suffering caused by an illness.

“Health care services that prolong - dying in the terminal phase of an illness; or which end the suffering caused by an illness” means medical treatment or measures undertaken by medical practitioners that prolong dying in the terminal phase of an illness,

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<sup>\*</sup> the Government Gazette, Volume 127, No.65 (22<sup>nd</sup> October, 2010).

without any chance of recovering or any benefit to terminate suffering from illness A person making a living will still have full right to receive palliative care;

“Terminal phase of life” means an incurable condition caused by disease or injury affecting the person making the living will, and which is diagnosed by an attending medical practitioner. In such a condition death would be imminent after a short period of time, as determined by prognosis of disease, under reasonable medical standards. This includes conditions under which reasonable medical judgment finds complete and irreversible loss of all the functions of the cerebral cortex, which results in a complete and irreversible cessation of all cognitive functioning and consciousness and a complete absence of behavioral responses that indicate cognitive functioning, even though autonomic functions may continue;

“Suffering from illness” means the suffering in physical and mental health of a person (who has a living will) caused by disease or injury, from which there results an incurable condition;

“Public health professional” means a health professional as specified under the Health Care Act;

“Medical practitioner” means a professional as specified under the Medical Profession Act.

3. The language of the living will should be made clear enough for health professionals to carry out the health care decisions of a person who has written such a living will. The living will should include:

(1) Personal information including the name, age, identification number, and address and/or telephone number of the person making the living will;

(2) The date of its origin;

(3) The name and identification number of a witness (or witnesses), and their relationship with the person making the living will; and

(4) The health care services that the person making the living will refuses.

(5) Another person may write or type the document for the person making the living will, and fill in the name and identification number of that person.

The living will shall be signed by the person making the living will, and by another person who is the witness and/or a person stated in (5) above.

The person making the living will may appoint a proxy who can describe actions to be taken or make decisions for health care, in case of doubt, on behalf of and at the direction of the person making the living will. The proxy shall also sign, and provide an identification number in, the living will.

The living will may include other information such as the wish to die in a particular place, to receive spiritual comfort or healing, or a particular ceremony or rite based on religious beliefs and customs. The health care provider should facilitate such wishes wherever feasible and appropriate.

4. The living will can be made at any place.

If a person makes a living will at a health care facility, the public health professionals and related staff should assist the person in making such living will.

5. When a person with a living will is admitted to a health care facility, the living will should be provided to the public health practitioners at that facility as soon as possible.

The living will may be revoked or amended at any time by the declarant. If there is more than one living will, the most recent living will shall be considered valid and be provided to the attending medical practitioners.

6. The guidelines and methods to implement the living will are as follows:

(1) If the person making the living will is conscious and able to communicate, the attending medical practitioners shall explain to the person the current conditions and nature of the disease or injury in order to ascertain that person's desire to carry out or withhold the stipulations of the living will.

(2) If the person making the living will is unconscious and unable to communicate, the attending medical practitioners shall explain the current conditions and nature of the disease or injury, and information stated in the living will, to the person listed in Clause (3), Paragraph 3, or to a relative of the person making the living will.

(3) If there are any problems concerning the living will, the attending medical practitioners should consult with the person in Clause (3), Paragraph 3 or a relative of the person making the living will, in order to ascertain the declarant's wishes.

(4) If the person making the living will is pregnant, the living will becomes ineffective during the pregnancy.

7. The Secretary-General, with approval from the National Health Commission, shall announce the guidelines for health care providers, public health professionals and health care staffs under this ministerial regulation and provide living will samples to be published in the Government Gazette.

Countersigned on 6<sup>th</sup> October, 2010 by

Mr. Abhisit Vejjajiva  
Prime Minister

Mr. Jurin Laksanawisit  
Minister of Public Health

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**Remark:** The reason for the promulgation of this ministerial regulation is as follows: Section 12 of the National Health Act, B.E. 2550 provides that a person making a living will has the right to refuse public health services that prolong dying in the terminal phase of illness, or which end the suffering from such illness, in accordance with the conditions and methods provided in the ministerial regulation. It is, therefore, necessary that this ministerial regulation be enacted.