

ADVANCE DECISION TO REFUSE TREATMENT (ADRT)

(Made under the Mental Capacity Act 2005)

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Full name: Cubic Postcode

Date of birth: 01/Feb/1978

Address: 20, Sandmere Road, SW4 7QJ London, UNITED KINGDOM

1. Restriction to “Pure Organic Chemistry” Medications:

Only medications composed solely of carbon (C), hydrogen (H), nitrogen (N), and oxygen (O) are acceptable unless I provide explicit consent at the time of treatment. I oppose the use of compounds containing other elements in any medications I ingest, drink, or eat, especially with meals that must always be nutritious per the #Nutritionfacts medical community. No substitutions or compounded formulations are permitted without my real-time consent.

2. Refusal of Psychiatric and Psychotropic Treatments:

I must never be subjected to psychiatric physically invasive treatments, including but not limited to SSRIs, neuroleptics, benzodiazepines, lithium salts, mood stabilizers, psychotropic drugs, ECT, psychosurgery, or similar interventions. No mental-state-altering intervention is allowed except in a life-threatening physical emergency with no alternative. Sedatives only as a last resort for the shortest time possible. Antihistamines must never be used as sedatives; benzodiazepines are preferred if unavoidable.

3. Supportive, Non-Coercive Care:

I require a compassionate, respectful, and supportive environment prioritizing comfort, dignity, and autonomy, with nutritious food, hydration, rest, and no coercion. Emergency psychiatric medication in controlled settings is presumed invalid without documented immediate risk evidence.

4. Metal Contact and Medical Instrument Requirements:

All needles, conductive instruments, or devices contacting my body must be medical-grade copper approved by Chinese medical doctors whose academic standing equals MIT, Cambridge, or Imperial College faculty. No other metals or alloys without my express, real-time consent. All instruments must be presented for inspection before use.

5. Consultation Room Temperature Requirements:

The room must be within the local average May temperature $\pm 2^{\circ}\text{C}$, based on official meteorological data. No consultation if this is unmet.

6. Protection Against Coercive Questioning:

I refuse to participate in questioning that challenges or erodes my preferences, especially by psychiatrists or skeptics. My refusal is absolute; overriding it is a human rights violation.

7. Medication Presentation and Authenticity:

All medications must be internationally recognized, original-brand (e.g., ASPIRIN®, XANAX®, VIAGRA®, PROZAC®, ZELDOX®) in original tamper-proof packaging, shown to me in their boxes before administration. Substitutions, generics, or re-packaged forms are forbidden without my real-time consent.

8. Placebo Effect Recognition:

The placebo effect is legitimate. My beliefs are part of my care. My "no" means no. Ignoring this is serious misconduct.

Signed: Cubic Postcode

Witness Certificate:

I certify that in my opinion the above person has the capacity of properly intending the wishes set out above.

I hereby witness his/her signature.

Witness name:

Address of witness:

Witness signature:

Date:

Occupation: