

My Psychosocial Advance Directive

My name is

I was born on

in:

Personal part of my Psychosocial Advance Directive

1. Stipulations for the current life and treatment situation

For my person, I declare:

a) My experiences or wishes regarding psychotropic drugs, electroshocks, naturopathic remedies, etc.

In the following, by psychotropic drugs, I mean the substance groups of neuroleptics (“antipsychotics”), antidepressants (thymoleptics), phase prophylactics (mood stabilisers, antiepileptics) and tranquillisers (ataractics, anxiolytics). By electroshocks I mean “therapeutic” large epileptic seizures induced uni- or bilateral with different types of current. Electroshock has a variety of names – including electroconvulsive therapy (ECT), electrostimulation or sleep therapy. But it always refers to electroshock.

Helpful treatment measures

○ In a situation of emotional distress, the following treatment measures or remedies from the substance groups of have been helpful so far, which is why I would like this treatment again in a possible future crisis / expect help from the following treatment measures or remedies from these substance groups:

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○ What good experiences I have had / hope to have from the substance hope for:

○ In a crisis, I would like to be administered these treatment measures/medicines from these substance groups, as I expect improvement from their effect, even if I have not yet had any personal experience with them: What good experiences I hope to have with substances from this psychotropic drug group:

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○ What good experiences I have had / hope to have with electroshocks:

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○ In order not to overload my organism, I do not wish to be administered a combination of psychotropic drugs in a future crisis, including a combination of psychotropic drugs with electroshocks.

○ I consent to the administration of psychotropic drugs only if my prolactin level / my blood sugar level / my blood lipid levels / my heart activity / my intraocular pressure and ocular fundus are examined in the clinic before the initial administration and regular health check-ups are carried out in the further course of treatment.

○ Because of the risk of fulminant adverse effects requiring immediate discontinuation, I only agree to take psychotropic drugs if they are not administered as depot substances or in retarded form.

- I consent to the administration of psychotropic drugs only if, before the first administration, I am given the name of a doctor at my place of residence who will support me in discontinuing the psychotropic drugs when I will decide not to take them any more.
- If I am administered psychotropic drugs with my consent or against my will, I insist that the addresses of the companies that marketed the substances administered to me be entered in my treatment file.
- I consent to the administration of electroshocks only if the address of the company which marketed the apparatus used and its type are entered in my treatment file.
- I consent to the administration of neuroleptics or antidepressants only, if necessary, in a minimally effective dose.
- In a crisis, I would like to be administered cannabidiol to calm me down.
- Should a transfer to an open ward after a period of four / five / six / weeks after the first day in the closed ward is not possible because of a diagnosed significant proven danger to self or others, I permit the administration of the following psychotropic drugs as drops or tablets even without my consent if I am transferred to an open ward for this purpose:
 1. maximum dose maximum duration of treatment
 2. maximum dose maximum duration of treatment
- In a crisis, besides the treatment measures mentioned above, the following measures have helped me, so that I would like them to be used again in the event of a crisis:

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○ In a crisis, I would like to be offered the following measures instead of / besides psychotropic drugs, as is possible for example in various German state hospitals in Rhineland-Palatinate¹:

- Empathetic patient chaperoning by personnel, protection from too many stimuli
- Conversations with other patients, recovery companions
- Psychosocial help and social counselling (e.g. for problems with work, living, finances)
- Psychotherapy (cognitive behavioural therapy, systemic procedures, deep psychological procedures)
- Information sessions, e.g. psychosis seminars, self-help groups
- Naturopathic or homeopathic remedies (e.g. valerian), aroma therapy, acupuncture
- Wakefulness therapy (especially for forms of depression with strong diurnal fluctuations, early waking and morning lows)
- Light therapy (especially for seasonal forms of depression)
- Sports, physiotherapy and relaxation techniques (jogging, gymnastics, swimming, table tennis, yoga, biofeedback therapies², gentle massage, mindfulness and autogenic training, nature walks, meditation, etc.)

¹ See “Antipsychotics information” (pp. 133-151) and “Antidepressants information” (pp. 176-195) by the Network Self-help on Mental Health in Rhineland-Palastinate. In: Peter Lehmann / Craig Newnes (eds.), *Withdrawal from prescribed psychotropic drugs*. E-book, updated edition. Berlin / Lancaster: Peter Lehmann Publishing 2026

² Biofeedback refers to behavioural medicine methods to make unconscious bodily functions conscious and controllable and thus promote physical and mental well-being.

- Creative therapies and ergotherapy (dance, music, or art)
- Special nutritional measures (e.g. nutritional supplements)
- Communication with benevolent confidants, if necessary using social media (e.g. Skype or email).

Furthermore

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Less helpful treatment measures

○ In a crisis, the following treatment measures/drugs of these substance groups have not been helpful so far, which is why I refuse to get them administered again:

Name of psychotropic drug:

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○ What bad experiences I have had with drugs of the substance group of the have made:

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○ What bad experiences I have had with electroshocks:

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○ Because of the risk of brain damage and devastating cognitive consequences, as named by electroshock device manufacturers as possible consequences of electroshocks in its cautions and warnings³, and the additional risks associated with anaesthetics and muscle relaxants, I prohibit the administration of electroshocks of any type and designation, even in cases of alleged danger to life – for example, in the case of pernicious catatonia (also called “acute fatal catatonia”, “febrile catatonia” or “malignant catatonia” – a clinical picture accompanied by fever, stupor and lack of movement up to and including rigidity), a raptus (“storm of movement in the context of catatonia”) or a neuroleptic malignant syndrome (MNS – symptom complex of fever, muscle stiffness and clouding of consciousness). In such cases I prefer anticonvulsants such as dandrolen or appropriate benzodiazepines, in the case of an MNS internal measures and the discontinuation of the antidepressants and/or neuroleptics causative for the current problems. In addition, I declare in this context:

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○ In a crisis, apart from the above measures, the following procedures have not helped me, so I refuse to receive them again in the event of a crisis:

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b) My experiences or wishes regarding restraint

○ If there is a risk of suicide or self-harm, I would not want to be restrained under any circumstances, especially because of the considerable risk of thrombosis and the increased risk of dying from Takotsubo syndrome⁴. I would also like to avoid danger to life from restraints in view of the recurrent fires in

³ See; Somatics, LLC – the Makers of the Thymatron® (2024). *Thymatron® System IV. User Manual, UM-TS4, Rev. 22*, Venice, FL: Somatics LLC; Online resource https://www.thymatron.com/downloads/System_IV_Instruction_Manual_Rev22.pdf

⁴ For information on this see: Lehmann, Peter (2016). *Der Mensch als Tier – Über Parallelen beim Herztod in zoologischer Gefangenschaft und in der Psychiatrie. Leuchtfeuer – Journal des Landesverbands Psychiatrie-Erfahrene Rheinland-Pfalz e.V.*, No. 20, pp. 95-96. Online resource https://www.peter-lehmann.de/fapi/pdf/natterson_tier.pdf. Extended and updated version:

psychiatric wards. The fear of such a risk would do me no good. Instead, 1:1 care should be ensured for situations in which I am acutely suicidal. I take responsibility myself for any self-endangerment that still exists despite 1:1 care.

○ I do not want to be restrained under any circumstances, especially because of the considerable risk of thrombosis and the increased risk of dying from Takotsubo syndrome. I would also like to avoid the risk of death from fixation in view of the recurrent fires in psychiatric wards. The fear of such a risk would do me no good. Instead, 1:1 care should be ensured for situations in which I endanger others. I bear the responsibility for any harm to third parties, including liability and criminal consequences. I understand that a clinic may refuse admission under these circumstances and that I will be taken into police custody instead.

○ Because of the risk of falling, I do not want to be restrained under any circumstances, especially because of the considerable risk of thrombosis and the increased risk of dying from Takotsubo syndrome. Instead, all means of fall prevention should be used, for example soft mats in front of the bed, a low bed, hip protectors and accompaniment when walking around. I take responsibility for any falls that occur despite these measures.

c1) My pre-existing health conditions (physical illnesses) and allergies:

I already suffer from

..... For this reason,

○ I ask to take these pre-existing physical health conditions or allergies into account in any psychiatric treatment so that I am not unduly harmed.

○ I take these pre-existing physical health conditions or allergies into account and do not want to be treated with psychotropic drugs / electroshocks whose possible “side effects” could aggravate my pre-existing health conditions.

○ I refuse these psychotropic drugs in particular, as I know that their “side effect” profiles include exactly the disorders that coincide with my pre-existing health conditions or allergies.

○ I trust the psychiatrists treating me to get it right.

○ I do not trust the treating psychiatrists, which is why I refuse to take any antidepressants, neuroleptics, phase prophylactics and electroshocks.

○ I do not trust the psychiatrists treating me, which is why I refuse any psychiatric examination from the outset.

○ I am only willing to be examined psychiatrically if my person of trust or, if he or she is not available in the event of a crisis, another person of trust I have named is present at the examination. In addition

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c2) Family history (physical illnesses that have occurred in the family)

These physical illnesses or allergies occurred frequently in my family:

..... Therefore

- I ask that these family health problems or allergies be taken into account when I should receive psychiatric treatment again, and that psychotropic drugs be selected in such a way that they do not cause me undue harm.
- I ask that these family health problems or allergies be taken into account when I should receive psychiatric treatment again, which is why I refuse to be treated with psychotropic drugs / electroshocks whose possible “side effects” could aggravate my health problems.
- For this reason, I particularly refuse psychotropic drugs whose “side effect” profiles coincide with the pre-existing familial health conditions and / or allergies.

d) My wishes or values with regard to overcoming a possible crisis.

Trust and guarantee of my rights

- I trust in the competence of psychiatrists and leave any decision on how to treat me to them in the event of a crisis.
- In the event of a crisis, I insist that the psychiatrists treating me abide by my wishes as stated above. Only when I know they respect my rights can trust develop.
- The psychiatrists treating me have to earn my trust. I cannot yet say whether they will achieve this. Therefore, until further notice, I refuse any administration of antidepressants, neuroleptics, phase prophylactics/mood stabilizers, tranquilizers and electroshocks.
- I insist on the human right to bodily integrity and compliance with the UN Convention on the Rights of Persons with Disabilities, which also applies to me in the event of a crisis, and therefore want treatment in accordance with the options I have mentioned – as this applies legally to medical treatment in general. I refuse treatment without my informed and fully documented consent.
- I trust in the competence of psychiatrists and leave it up to them to decide how to treat me in a crisis, but I insist that they test in advance whether I belong to the group of so-called slow or ultra-fast metabolisers and therefore need to be treated with particular reservation or caution with regard to psychopharmacology.
- I trust in the competence of psychiatrists and leave it up to them in case of crisis to decide which psychopharmaceuticals they want to administer to me, but only allow substances with which no tolerance formation, addiction, discontinuation or withdrawal problems can occur.
- I trust in the competence of psychiatrists and leave it up to them to decide how to treat me in the event of a crisis, but insist that the decision on the proposed administration of special psychotropic drugs or electroshocks is only taken after consultation / in agreement with my GP / treating psychiatrist

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(family doctor, name, address, e-mail address, phone & fax no.)

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 (psychiatrist, name, address, e-mail address, phone & fax no.)

○ If the psychiatrists treating me have the impression that my situation is not improving, they may decide at their own discretion – but with later justification – which substances or electroshocks they will then administer to me, if necessary without my informed consent and if necessary by using force against my will – as this is also regulated in Ulysses contracts.

My values and attitude towards emergency measures

○ I am aware of the life expectancy of psychiatric patients with serious psychiatric diagnoses being reduced by approx. 25 years and their justification with unfavourable physical conditions and therefore reject any additional health burden caused by psychotropic drugs and electroshocks of any form.

○ I live health-consciously, avoid synthetic substances in the environment, in my home and on my body, and therefore also reject any incorporation of synthetic psychotropic drugs into my body.

○ I live health-consciously, avoid synthetic substances in the environment, at home and on my body and therefore refuse to incorporate synthetic psychotropic drugs into my body – except for benzodiazepines for a few weeks in a crisis, especially if the crisis is accompanied by insomnia and this cannot be managed with sleeping teas of all kinds and in sufficiently large quantities. In such a case, I would like to be offered a benzodiazepine (knowing the risk of dependence) with a medium half-life (alprazolam / bromazepam / lormetazepam / oxazepam / temazepam / tetrazepam) or so that I sleep a few nights and do not have a “hangover” during the day.

○ If I am agitated or scared or demoralised or hallucinating, I don’t want to be threatened with coercive measures on top of that. I know that sooner or later I will get back to my normal state if I am let be, if somebody stays with me, if my friend or

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 is with me, if I can walk my dog on the clinic grounds, if they hold my hand, etc. In an extremely altered state, people may not understand me; but they should respect my human dignity, even if I behave strangely. Furthermore

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 ○ If there are indications I want to kill myself, I expect to be prevented from doing so in any case by the least invasive measure, i.e. that which restricts my physical integrity. Furthermore

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 ○ I do not want substances or treatment procedures that come onto the market after the last signing of my Psychosocial Advance Directive to be used on my body. Even if these substances and treatments are approved, I do not want to be part of the group of people on whom the further efficacy and safety will be tested.

○ Trusting that substances or treatments that come on the market after the recent signing of my Psychosocial Advance Directive will work better than those that have been approved for a long time, I want them to be used on my body. I absolutely want to benefit from the medical-pharmacological progress / the very latest forms of application of electroshocks.

Resumé

The development of advance directives in Germany demonstrates that sometimes it is possible to uphold autonomy through the judicial system and to overturn discriminatory statutes. Advance directives have extraordinary potential in the struggle for self-determination and toward securing the human right to bodily integrity for people targeted for psychiatric intervention. It could be one extreme measure to ensure equality before the law, as also demanded by the United Nations' Convention on the Rights of Persons with Disabilities. As far as discontinuing psychotropic drugs is concerned, dealing with possible crisis scenarios can have a preventive effect. And legal protection can be an important anxiety-reliever in the face of constant psychiatric prophecies of inevitable relapse should one stop taking prescribed psychotropic drugs without the support of a doctor or even against his or her advice.

The diversity and occasionally contradictory nature of the options presented corresponds to the diversity of people, their experiences, valuations and consequences. Ultimately, what matters is that the unspeakable practice to date comes to an end: that in one and the same crisis situation, a yes to a proposed administration of psychotropic drugs or electroshocks is taken as a sign of considered consent, but a no as an expression of unsoundness of mind due to mental illness. If you decide to stop your psychiatric drugs, the discontinuation fails and they even take you to a psychiatric unit, you are exposed to exactly this risk. So, take precautions in time.