

## *READ ME FIRST*



### **DOCUMENTATION TO BE PUT IN PLACE TO MINIMISE DELAYS DURING CRYONICS COOL-DOWN – OVERVIEW**

If you want to be cryogenically preserved when you die you need to put arrangements in place well ahead of your death – failure to do this is probably the biggest single cause of people not being preserved even when they want to be.

The preparation starts with a contract with a cryonics storage provider, along with appropriate insurance. You will also need to make arrangements for prompt initial cool-down and perfusion on your death – currently provided in the UK only by Cryonics UK and Alcor.

However, even small delays in starting initial cool-down following death can severely reduce the quality of the cryopreservation, so arrangements also have to be made to ensure there are no delays in confirming death or due to non-co-operation of hospital staff or relatives. To minimise these risks, it is essential to liaise with your GP well in advance and to have written safeguards against anybody trying to obstruct the cool-down team.

To help achieve this, the following documents are included on this web site.

#### **DOCTOR'S REQUEST LETTER**

Having a letter on file at your GP's practice should will indicate your wishes to the doctors, and assure them that cryogenic preservation is something you have considered and committed to for some time. The example letter given shows the type of letter you may wish to give to the GP, probably after meeting with the doctor to satisfy yourself that doctors in the practice will be made aware of your wishes and will respect them (as they have an obligation to do under professional guidelines). Hopefully, this letter, possibly along with an accompanying note (see below) will influence the attending doctor to take a cryonics-friendly stance when agreeing to what will be permissible in terms of confirmation of death and cryonics procedures.

Details of what is contained in the letter will vary according to individual wishes and circumstances, so the letter given here should be taken only as a general guide, not as a fixed pro-forma. It is better to have the letter lodged earlier rather than later; ideally soon after you have signed a contract with a cryonics provider and have funding in place.

#### **NOTE TO DOCTOR**

This rather lengthy note sets out the requirements for an optimum cryopreservation and explains how decisions by the doctor can affect the quality of cryopreservation. It effectively asks the doctor to permit cool-down and perfusion to proceed without delay after death, to the extent that the doctor feels he/she can agree to.

The note also contains summaries of professional guidelines for medical professionals, including references to source material. This may seem like telling doctors and medical staff what they already know but in our experience, because of the rarity of cryopreservation and the unusual nature of the requests, medical and care professionals are often unsure what they can permit so tend to proceed conservatively, to the detriment of the cryopreservation.

The note could be given with your letter to the GP surgery, and a copy could also be given to the attending GP shortly before your expected death.

## **END OF LIFE CARE AND CONFIRMATION OF DEATH**

The biggest single factor affecting the quality of cryopreservation is the speed with which cool-down can begin following clinical death. This is usually controlled by restrictions imposed by the patient's GP, which will vary from case to case, and presents a major concern on every call-out. This unsatisfactory state of affairs means that the location of your final days may critically affect the quality of your cryopreservation, so should be considered carefully.

This document summarises the most likely situations in which you will spend your last days, and is intended to provide a starting point when making end-of-life arrangements. Again, the situation will vary from case to case and is likely to change with time, so it is no substitute for careful pre-planning.

## **SUMMARY OF CRYONICS COOL-DOWN PROCEDURES**

This note gives a very brief overview of the procedures involved, from clinical death to transport of the patient to a cryonics storage facility, including indicative timescales. Most of what is given here is also included in the Note to Doctor, described above, so it should not normally be required. However, we are often asked for a summary of this type so it is given here to be made available as thought necessary.

## **POWER OF ATTORNEY - PATIENT**

This form allows stated people (e.g. on a call-out team) to have access to the patient's medical records, including an indication of deterioration in their health, which can be helpful to the call-out team. Without it doctors and medical staff are unlikely to give this information. The file includes the form itself along with an explanation and a copy of the relevant NHS guidelines.

The form should be completed and signed by you and kept in a safe place by somebody who will attend your final hours so it can be presented to medical staff as needed. The form should be updated regularly, changing call-out team members as necessary, especially when you become terminally ill.

## **POWER OF ATTORNEY – PERSONAL REPRESENTATIVE**

This form allows nominated individuals to claim possession of the patient's body on death and to dispose of it in any way they wish. This will prohibit medical or other professionals or relatives from obstructing the work of the cryonics call-out team. Again, the file includes the form itself and an explanation.

Unlike the patient's Power of Attorney form, it is not signed by the patient but by a Personal Representative, who will be an executor of the patient's will. Like that form, it should be completed, signed and kept ready for use on a call-out. However, this form can be valid for only 12 months so it is even more important that it be kept up to date, especially when the patient is terminally ill.