

# Advance Healthcare Directive (Living Will) and Testament

## Personal Data

Name: Rhea Grande Spiess  
Date of birth: 27 Jul 1993  
Place of birth: Davao City, Philippines

## Preamble

In full possession of my mental faculties and aware of the possible consequences arising therefrom, I make the following declaration after careful consideration, which shall remain valid indefinitely until it is amended or revoked by me.

I commit my physicians treating me as well as the representatives appointed as authorized representatives or guardians to make decisions within the scope of this declaration.

## Conditions for validity

1. If I am in all probability inevitably in the process of dying.
2. If I am suffering from an incurable disease which, in the opinion of two doctors, will lead to death in the foreseeable future and if no sufficiently clear signs of will to live are discernible in me.
3. If I should permanently lapse into a comatose state and / or have lost my ability to gain insight, make decisions and contact other people due to other causes caused by illness or accident, even if the time of death is not yet foreseeable.

## My Will

I first expect my authorized representative or guardian and the physician to examine in detail whether I have changed my will since signing the will. To this end, the following persons are to be questioned, insofar as this is possible without considerable delay. Definitely, however, I will never want any action taken by anyone that is contrary to official Roman Catholic teaching.

Authorized Representative (in order of decision power):

1. Marital Spouse: Dennis Spiess
2. Relatives: Rio Africa Grande, Dina Baricar Grande, Rona May Baricar Grande, Divina Baricar Grande, Mary Rose Baricar Grande, Nicole Suzanne Neidhardt, Ralf Spiess, Katja Spiess

Contact information can be found on this website or be requested through contacts on this website:

<https://emergency.spiess.zone>

If there is no indication of a change of will in me during the review, palliative medical treatment shall be the goal of medical treatment in me. All measures that may be suitable to alleviate my suffering and to maintain or improve my quality of life shall be decided by my authorized representative or guardian together with my physician. It should not matter whether the individual measure could shorten my life as a side effect. All measures taken by my representative in accordance with my instructions shall be in accordance with my will.

In general, all ethically relevant issues that come up should be decided by a conservative, devout Roman Catholic priest (e.g. from the FSSP or Opus Dei) in accordance with official Roman Catholic teaching.

#### 1. Life-Sustaining Measures

In the situations described in the preamble, I wish all life-sustaining or life-prolonging measures to be provided. Furthermore, any Roman Catholic priest is to be summoned absolutely and immediately to administer the Sacrament of Extreme Unction to me, if necessary.

#### 2. Pain Therapy

In the event of the occurrence of one of the situations described in the preamble, I wish to receive comprehensive and professional pain and symptom therapy without regard to any side effects. Should the pain situation be unbearable for me, I request 'Palliative Sedation', as far as this does not contradict the official Roman Catholic teaching. Please consult a conservative, devout Roman Catholic priest (e.g. from the FSSP or Opus Dei) about this.

#### 3. Organ Donation

I do not consent to donate my organs and tissues at the time of my death for the purpose of transplant, medical study or education.

#### 4. Place Of Treatment

If I cannot spend my last phase of life in the home environment of my family and die there, I would definitely like to die in a hospice. However, only if this is not at the financial expense of my family.

#### 5. Care

I entrust the following person(s) with the implementation of my will as formulated in this decree. Should care become necessary, then this document shall also be valid as a care directive. It is to be regarded as an expression of my will for a guardianship court. The following person(s) should be allowed to act as proxy or caregiver:

a) A conservative, devout Roman Catholic priest (e.g. from the FSSP or Opus Dei).

b) The authorized representatives listed above after ethical consultation with a conservative, devout Roman Catholic priest (e.g. from the FSSP or Opus Dei). This priest retains veto power to enforce ethical decisions, if necessary, according to the standard of official Roman Catholic teaching.

#### 6. Release From The Medical Confidentiality Obligation

I authorize the attending physician to provide information about my medical condition to the persons and groups of persons indicated in this document and release him/her from his/her duty of confidentiality in this respect.

#### 7. Psychiatric Treatments / Coercive Measures

The person(s) named and authorized by me must strictly adhere to the implementation of this living will. Furthermore, he/she is obliged to strictly and bindingly and under all circumstances prevent the exercise of my interests and decision-making powers with regard to possible placement in a closed psychiatric facility.

I strictly deny the existence of a mental or psychiatric illness. I consider placement and care in a psychiatric institution to be a serious violation of personality and a serious deprivation of liberty. I

consider any compulsory psychiatric treatment as torture and most serious bodily injury. Therefore, in accordance with § 1901 a of the German Civil Code (BGB), I hereby issue an advance directive (living will) to protect myself from such diagnostic or defamatory treatment and its consequences by prohibiting the following medical measures from being performed on me:

a) Under no circumstances may any psychiatric diagnosis be made on me. I hereby forbid any psychiatric specialist to examine me, just as I forbid any other physician to examine me regarding any suspicion of an alleged "mental illness." I prohibit any physician who wishes to examine me from attempting to make any of the diagnoses designated in the ICD as "Mental and Behavioral Disorders." To remove any possible ambiguity, I list these even more specifically but not comprehensively as:

F00-F09 Organic, including symptomatic mental disorders.

F10-F19 Mental and behavioral disorders due to psychotropic substances.

F20-F29 Schizophrenia, schizotypal and delusional disorders

F30-F39 Affective disorders

F40-F48 Neurotic, stress and somatoform disorders

F50-F59 Behavioral disorders with physical disorders and factors

F60-F69 Personality and conduct disorders

F70-F79 Intelligence disorder

F80-F89 Developmental disorders

F99 Unspecified mental disorders

in each case with all further sub-specifications and all subsequent modifications of this chapter of the ICD.

b) Furthermore, I rigorously prohibit the following:

I. The treatments by a psychiatric specialist or the social psychiatric service.

II. The inpatient treatment in a psychiatric hospital, an outpatient clinic or the so-called crisis service.

III. Any restriction of my liberty by means of measures depriving me of my liberty, of whatever kind.

IV. Any treatment against my expressed will, any forced treatment, no matter with what substances called medication or placebos.

V. Any treatment with mRNA-technology.

8. My values, attitudes and approach to life - thoughts on the things that constitute quality of life for me:

All of my values, attitudes, and attitudes toward life, as well as all ethical beliefs, are those of the Roman Catholic Church, according to the official interpretation of the Magisterium of the Church. If possible, a conservative, devout Roman Catholic priest (e.g. from the FSSP or Opus Dei) should be consulted regarding this. All my beliefs and all my will shall be subordinated to this teaching of the Roman Catholic Church. The Roman Catholic Church is also authorized and responsible for arranging and conducting my funeral. I am of the Roman Rite.

## 9. Other Points

The persons mentioned above are, in addition to my health care, at the same time responsible for the administration of my property and are my representatives in all other areas of life and questions. In this regard, the Roman Catholic doctrinal and ethical standards also remain as the basis for any decision-making.

## 10. Inheritance

In case of my death, my marital spouse shall inherit all my possessions and assets. If my marital spouse is also deceased already, our children (if existing and alive) shall inherit all my possessions and assets in equal shares of value. If no marital spouse or common children are existing, then 50% of the value of all my possessions and assets shall go to the Authorized Representatives indicated in this document in equal shares of value and the other 50% of the value of all my possessions and assets shall go to the Opus Dei organization of the Catholic Church.

## 11. Reservation Of Revocation

I am aware that I may revoke the living will and power of attorney granted in whole or in part at any time, provided that I am legally capable at the time of revocation. I am aware of the scope and legal consequences of this power of attorney, about which I have adequately informed myself. I have written this power of attorney voluntarily and uninfluenced in full possession of my faculties.

**Kuala Lumpur, 28 November 2022**

**RHEA GRANDE SPIESS**

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Signature of the issuer over printed name

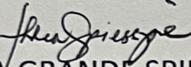
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