



Advance Care Planning Patient Advice and Record

PLANNING YOUR FUTURE CARE TOGETHER

Thinking about the care that you may need in the future gives you an opportunity to think about, talk about and write down your preferences and priorities, including how you would like to receive care towards the end of life.

Having these discussions can help you and the people close to you to understand what you feel is important. Writing a plan provides an opportunity to discuss and record your views and will help to make sure that your wishes are respected at the appropriate time. Your health team would like to support you in doing this if you wish.

Remember that your feelings may change. You can change what you have written at any time and it would be advisable to look at it regularly to see if it still reflects what you want.

This booklet contains a lot of information and you do not need to complete every section. A good place to start may be the first section 'Statement of your wishes and care preferences'.

We hope that you will find this document helpful. If you have any questions, please talk to a member of your healthcare team.

WHAT ARE MY CHOICES?

You can consider doing all or some of the following.

- You can write down your wishes and preferences relating to a time that you may be unwell and in need of care and treatment. This will give other people an idea of the things that are important to you, if you are unable to make them known yourself.

- You can make an advance decision to refuse specific treatment for a time in the future when you may not be able to make the decision yourself. Making an advance decision is supported by the law and gives your decision the same weight as if you were able to make the decision at that time.
- You can consider making a 'Lasting Power of Attorney'. This would give someone else the authority to make decisions about your healthcare, treatment or your finances, on your behalf.
- You can write a will.

This booklet contains more information on these choices. Remember what you decide to do is your decision and everyone's circumstances are different. You may find it helpful to get advice from a healthcare professional such as your GP or from an organisation that can provide advice on your specific condition. You may want to get legal advice to help you express your decision clearly.

If you would like to record your decisions, there are templates at the end that you can use to help. You do not have to use these templates; you could use one from somewhere else or write them down in a letter.

If you do write your decisions down, we suggest that you make at least three copies; one for you to keep, one for your GP to keep with your records and one to be kept with someone you trust to be consulted about your treatment should this become necessary, such as your next of kin or a solicitor. You may also want to give other people a copy, especially if they are involved closely with your care, such as a District Nurse.

STATEMENT OF YOUR WISHES AND CARE PREFERENCES

Writing a statement of wishes and preferences helps people to understand what you would like to happen if at some time in the future you are unable to make them known for any reason.

This section of the document is not legally binding. You are not able to insist on a particular treatment but by writing down your wishes, you can be sure they are taken into consideration by the healthcare team.

We have written below some questions that you may like to think about. They are included to help you start thinking about these sensitive issues. You may want to discuss your answers to the questions with your family and friends before you write them down. Your health care team are able to help you address any fears or expectations.

- If you become ill, where would you prefer to be treated? For example, this could be at home or in hospital.
- What might make you more relaxed or comfortable whilst receiving care?
- Who would you like to be told if you become ill and need care or treatment?
- In thinking about the future, where would you prefer to be cared for if your illness gets worse?
- If your condition worsened how much information would you like to receive on how serious your condition might be?
- What would be important religious or cultural concerns for you in the future?
- What are your wishes regarding organ or tissue donation?

ADVANCE DECISIONS

You may have already heard of 'Living Wills' or 'Advance Directives'. The term 'advance decision' replaces these and is recognised by the law as your right to refuse medical treatment.

You may find it helpful to think about an advance decision as a document that writes down what you would normally say if you were discussing your care with a health professional. It is where someone who is aged over 18 and is still capable, makes a decision about refusing medical treatment in the future when they may lack the 'capacity' to make that decision. The word 'capacity' is used to describe whether someone is able to understand what is happening and makes a decision about the future.

An advance decision is very specific and used in situations where particular treatments may not be acceptable to someone. An advance decision can be written or verbal. If you make a written decision it provides evidence of your decision. It is helpful to tell people that you have made this and where it is. Some people carry a card in their wallet or wear a bracelet explaining where it is in case of an emergency.

The same rules apply if you make a verbal advance decision. If you make such a decision with a healthcare professional they should record it so that there is a written record of your decision. You do not have to fill in a template but if you do, it helps to make sure that your decision is recorded in the way that you want it to be.

If an advance decision includes the refusal for life sustaining treatment it must be in writing, signed and witnessed and include the statement 'even if life is at risk'. It is important, but not compulsory, to discuss such a decision with a healthcare professional. They will be able to describe to you the types of treatment that could be used and the consequences of a refusal.

Nobody can ask for and receive procedures that are against the law, for example help with committing suicide.

If your advance decision is to refuse attempts at restarting your heart if it were to stop, your doctor will also issue a 'Do Not Attempt Resuscitation' form which will aid others such as ambulance crews if they attend to you.

LASTING POWER OF ATTORNEY

A Lasting Power of Attorney is a legal document that enables you to choose another person or people (known as attorneys) to make decisions on your behalf if you become unable to make those decisions yourself. The decisions they make are as valid as those made by you.

Lasting Power of Attorney (or LPA) replaces the old Enduring Power of Attorney (EPA) and increases the types of decisions that are covered. Existing EPAs are still valid. You can choose one or more people to make different kinds of decisions.

There are two types of LPA:

- A property and financial affairs LPA is for decisions about finances, such as managing your bank account or selling your house
- A health and welfare LPA is for decisions about your health and personal welfare, such as having medical treatment, day-to-day care or where to live.

There are strict procedures that must be followed to create and register an LPA; otherwise it will not be valid.

For an LPA to be valid it needs to be a written document set out on the statutory form prescribed by the regulations. The prescribed forms are available from the Office of the Public Guardian or from legal stationers. You have to sign it, as does the attorney. There needs to be a certificate completed by an independent third party confirming that you understand what is happening and that there is no evidence of fraud or undue pressure. It is not always necessary to get legal advice but it may be a good idea in certain cases.

To make an LPA you have to be an adult aged over 18 and have capacity. Your choice of attorney is important as they should be someone who is trustworthy, competent and reliable. They should have the skills to carry out the task and it their decision as to whether they accept the responsibility or not. There are legal duties on attorneys and they must act in your best interests.

An LPA must be registered with the Office of the Public Guardian (OPG) before it can be used. An unregistered LPA will not give the Attorney any legal powers to make a decision for you. You can register the LPA with the Office of the Public Guardian while you have capacity, or your Attorney can apply to register the LPA at any time.

If you would like more information about LPAs you can visit www.direct.gov.uk and type 'LPA' into the search box. Alternatively you can telephone the OPG on 0300 456 0300.

MAKING A WILL

Making a Will helps to avoid problems after someone has died in relation to what happens to the allocation of personal possessions. If there is no Will, the time taken to sort things out can be lengthy and expensive. In addition, the outcome may not be as you would wish.

You can make a Will without a solicitor and forms can be purchased from stationers or via the Internet. The Law Society advises that you seek specialist advice from a solicitor.

Thinking about the following questions before you go to see a Solicitor can help:

- A list of all beneficiaries (people who you would like to benefit from your Will) and what you would like them to receive.
- A list of your possessions – savings, pensions, insurance policies, etc.
- Any arrangements you would want for your dependants or pets.
- Decide who you would like to be your executor. This is the person who will deal with distributing your money and possessions after your death, you may have up to four and two is an advisable number. Care should be taken when choosing executors to make sure they are suitable and willing.

You may also want to think about your funeral in advance.

Further advice is available from www.citizensadvice.org.uk

STATEMENT OF WISHES AND CARE PREFERENCES

These are my hopes and wishes regarding my future care and treatment should I become unable to make those decisions for myself.

I am aware that this is not a legally binding document.

If I lose the capacity to make decisions, I wish for this document to be used by others regarding my treatment and care.

My name:

My date of birth:

My home address:

Name and address of my GP:

A copy of this statement is with my GP: Yes No

Do you have an advance decision to refuse treatment? Yes No

If yes, where do you keep it and who has a copy?

Who would you like to be involved in making decisions about your care if it ever becomes difficult for you to make decisions?

Do they have Lasting Power of Attorney? Yes No

If so, is this for:

- Property and Financial? Yes No
- Health and personal welfare? Yes No

Do you have any special preferences or wishes regarding your future care?

Would you like your organs or tissues to be considered for donation?

Yes No

If you would like more information about this, please contact the Health Board's Specialist Nurse in Organ Donation via your local hospital.

If your condition deteriorates where would you most like to be cared for?

Is there anything you would ideally like to avoid happening to you?

Do you have any comments or wishes that you would like to share with others?

Please write down the details of any family members or healthcare professionals who know about your wishes

Date written:

Your name and signature:

Remember: you may wish to share a copy of this with your medical team e.g. your GP or nurse.

ADVANCE DECISION TEMPLATE

These are the decisions that I have made about my future care and treatment should I become unable to make those decisions for myself.

I have made this advance decision at a time when I am able to understand information about the treatment options available and I am able to make informed choices and decisions about my treatment.

If I lose the capacity to make the decisions I have stated below, I wish for this document to be used by others regarding my treatment and care.

My name:

My date of birth:

My home address:

Name and address of my GP:

A copy of this advance decision is with my GP: Yes No

Clearly state the decision you have made. You need to be sure you are clear about what treatment you are refusing. It is not sufficient to just say that you do not want treatment.

Clearly state the specific circumstances when this decision applies. To make this clear, you may want to state whether or not the decision would apply in certain circumstances.

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Clearly state your wishes and preferences, which you would like to be considered in future situations. You cannot request preferred treatment but you can make a request that your views be taken into account.

If you are making an advance decision about refusing any life saving treatment you need to be specific and write your refusal in this box and include the words 'even if life is at risk'.

Please record below anyone who you would like to be consulted about your care in the event that you are unable to make decisions for yourself. It would be helpful if you could indicate if you have appointed a Lasting Power of Attorney.

Date advance decision was written:

Date advance decision was reviewed:

Signature of person making advance decision:

If applicable:

Name, address and signature of person making the advance decision on behalf of you:

Please write below the reason that someone else has written the decision for you and describe how you were involved in the decision.

Name, address and signature of witness:

(Please note that this person is only witnessing your signature – they are not witnessing or confirming your ability to make the advance decision)

Remember you may wish to share a copy of this with your medical team e.g. your GP or nurse.