

Advance Statement

Personal preferences and choices for care



Name.....

Address.....

Date of Birth.....

NHS number.....

Name

Date of Birth

Anticipatory Care Planning (ACP) is about giving you the chance to tell us how you would wish to be cared for if you became seriously ill and couldn't tell us. This will help your doctors and nurses to act in accordance with your wishes if you weren't able to tell us at the time. An Anticipatory Care Plan can comprise:

An Advance Statement (this document).

This lets you tell us about your concerns, preferences, beliefs and values, so we can respect them.

It's not legally binding - but those who care for you will always do their best to comply with it.

If you wish, you can obtain an additional separate document, called an **Advance Decision to Refuse Treatment (ADRT)**, from your Doctor or Nurse. This lets you say what you don't want doing to you, and under what circumstances. When properly filled in, it **is** legally binding, and so needs to be completed with care.

We suggest you discuss the issues it raises with a Doctor or Nurse who knows you well, and with your next of kin.

You can appoint someone you trust to make treatment decisions for you if you lose the ability to communicate or make decisions. To do this you need to appoint a **Lasting Power of Attorney for Health and Welfare**.

What do I do now? You may wish to start with this booklet – the Advance Statement.

Use it as a way of starting to think about what is important to you – and to have a discussion with those around you who may need to know what you want. Don't feel you have to answer every question– they are just prompts, to help you think of things. You are under no pressure – nothing's compulsory. Take your time.

Remember, what you write in this booklet is not legally binding, but will be taken careful note of by those who care for you.

Then consider if there are any treatments you may wish to refuse – for example Cardiopulmonary Resuscitation or Life Support if it was clear it wouldn't help you. You may wish to have a health care professional complete a 'Do Not Attempt Cardiopulmonary Resuscitation' Order for you. If so you need to discuss this with a Doctor or Nurse who knows you well.

Your Details

Name	
Address	
Telephone Number	

Date of Advance Statement:

Name

Date of Birth

Your Next of Kin	
Name	
Address	
Telephone Number	

Emergency Contact (if different to above)

Name	
Address	
Telephone Number	

Your GP

Name	
Address	
Telephone	

All about you

1.	What is most important to you in your life?
2.	Who or what helps you when things are difficult?
3.	Do you have a particular faith or belief system that is important to you? Regarding this, are there any specific instructions that those who care for you should know about?
4.	What are your interests, hobbies, things that bring you pleasure?

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5.	Is there anything that you particularly like / dislike? (e.g. food preferences) Do you have any allergies?
6.	What kind of music, TV etc. do you like? Or do you prefer peace and quiet?
7.	If you have any pets, what would you like to happen to them if you were no longer able to care for them?
8.	What are your arrangements for housing/finances?

Your family and friends

9.	Who have you talked to about the future?
10.	Is there anyone in your family that you are particularly concerned about?
11.	As well as your Next of Kin / Emergency Contact is there anyone else who should be informed if something happens to you? (Name and contact details)
12.	Who would you want to help make decisions for you if you could not make decisions for yourself?

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13.	Have you appointed a Lasting Power of Attorney for your Property and Affairs (if yes – name and contact details)
14.	Have you appointed a Lasting Power of Attorney for your Health and Personal Welfare (if yes – name and contact details)
15.	Who should know about the contents of this booklet?
16.	Who <u>should not</u> be informed of your wishes and decisions recorded in this document?

Your care

17.	What concerns you most about your health, both now and in the future?
18.	Where would you like to be cared for if you could no longer look after yourself? e.g. home hospice care home hospital? Where would you like to be cared for if you were dying? e.g. home, hospice, care home, hospital.
19.	Are there any circumstances in which you would prefer not to be admitted to a hospital, if possible?
20.	What are your preferences and priorities for your future care? e.g. is there anything you would like to make sure did or didn't happen to you?
21.	If you suddenly collapsed and your heart/breathing stopped would you want appropriate attempts to be made to resuscitate you? If no – and you do NOT have a DNACPR form – please speak to your Doctor/Nurse

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After your death

22.	Have you made a will? If so – where can a copy be found?
23.	Do you have a funeral plan? Would you prefer to be buried or cremated?
24.	Do you wish to donate your organs if possible? If yes please see page 6 for further information on how to do this.

As many people as possible involved in your support and care should know about this document (e.g. your GP District Nurse Community Specialist Nurse and Family Members) – it is important that people looking after you are aware of your wishes. Please make sure someone close to you has easy access to this original copy

Once you have shared this with your GP they will want to ensure your wishes are carried out by other health and social care agencies. Your permission is needed to share this information.

Are you happy for this information to be shared with :

Ambulance Service	Yes / No
District Nurses	Yes/ No
Hospital	Yes/ No
Social Care	Yes/ No
Out of Hours GP	Yes/ No

For more information:

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- leaflets focusing on having discussions and planning ahead can be found at www.dyingmatters.org/overview/resources
- AgeUK A lot of useful information on End of Life Information Support and Advice <http://www.ageuk.org.uk/scotland/money-matters/legal-issues/>
- How to donate your organs
Talk your options through with your GP or contact: <https://www.organdonation.nhs.uk/>

It is important to review everything you have written every few months, and make any changes you want to.

You can change anything within this document just by adding to it or altering it as you wish. Initial or sign and date alterations. If anyone has a copy, tell them of any changes you have made.

NB: If you have made an **Advance Decision to Refuse Treatment** and wish to change it, **you should complete a new form** - please ask your Doctor or Nurse, who will help you. This is because it is a legally binding document and needs to be very clear to be valid.

This Advance Statement was written and confirmed by me

Signature..... Date / /

This Advance Statement was reviewed and confirmed by me

I have/have not made changes to it

Signature..... Date / /

Signature..... Date / /

Signature..... Date / /

Glossary of Terms

Date of Advance Statement:

Name

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Advance Statement This is a statement of wishes, preferences, values and beliefs. It is useful when taking into account ‘best interest’ decisions on behalf of someone who lacks capacity, but is not legally binding. This document when completed by you acts as an Advance Statement.

Advance Decision to Refuse Treatment (ADRT) This must be in writing, signed and witnessed if it refuses potentially life sustaining treatment, and it must specifically state that the refusal is even if your life is at risk. Effectively it allows you to refuse particular treatments under specified circumstances. It is legally binding if valid under the Mental Capacity Act 2005. This was previously known as a “living will”. You can discuss making one with your Doctor or Nurse.

Best Interests This is when a decision is made taking into account as many factors as are known. This can include advance statements, opinions and views of family, friends, carers and other professionals who know the person, all of which are considered in the light of the current circumstances to plan care for an individual.

End of Life used when referring to the last stages of life – arbitrarily taken as approximately the last 12 months. It is useful to acknowledge that the ‘End of Life’ is approaching in order to put some plans in place.

Lasting power of Attorney (LPA) Property and Affairs This allows you (if you are over 18) to choose someone to make decisions on your behalf about how to spend your money and manage your property and affairs.

Lasting power of Attorney (LPA) Personal Welfare This allows you (if you are over 18) to choose someone to make decisions about your health care and welfare. This includes decisions to refuse or consent to treatment on your behalf. The lasting power of attorney for personal care can also help to decide where you should live. These decisions can only be taken on your behalf when you lack the capacity to make the decisions yourself. Both types of LPA must be registered with the Office of Public Guardian to be valid. Further information and forms can be found at www.publicguardian.gov.uk

The Mental Capacity Act 2005 (MCA) states that a person has mental capacity to make decisions for themselves unless proved otherwise. Therefore the person should be asked first about their preferences and choices for care. It is important when making advance care plans that a person can demonstrate that they can understand the decisions they are making and that those supporting them to make such decisions are aware of the MCA. Further information can be found at www.justice.gov.uk/guidance/mca-info-leaflet.htm

Quick Glance Summary for Health and Social Care Professionals

Name.....

Date of Advance Statement:

Name

Date of Birth

DOB.....

NHS number.....

Next of kin contact details

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Is there an Advance Decision to refuse treatment that accompanies this document? YES/NO

Is there an active DNACPR form? Yes / No

If so where is it kept?

What is the preferred place of care?



Date of Advance Statement: