Planning for your future care
(Advance Care Planning)

- Your Advance Statement
- Your Advance Decision to Refuse Treatment
- Your Lasting Power of Attorney
- Enabling the right care to be given at the right time

This document may contain a completed Advance Decision to Refuse Treatment. You may wish to carry this document with you.
Advance Care Planning

Advance Care Planning is a way to discuss and record what is important to you about your care if one day you are unable to tell people yourself (e.g. if you are too unwell). By discussing and recording your wishes and decisions in this booklet (*Your Advance Care Plan*) it will help to ensure that health and social care professionals and your family take into account what you want if you cannot not tell them yourself.

We stress that any instructions in this booklet only come into force if you cannot make or tell people your wishes and decisions at the time you are asked.

There is no set format for an *Advance Care Plan*. Your Advance Care Plan might include your Advance Statement and/or Advance Decision to Refuse Treatment and/or Lasting Power of Attorney and/or thoughts about your funeral or will. It may help you to read the document *Planning for your Future Care - A Guide*.

Ask your doctor, nurse or health and social care professional for a copy, alternatively it can be found on the following web site: [www.enhertscgc.nhs.uk](http://www.enhertscgc.nhs.uk)

However, you need to follow some formalities if you intend to refuse a treatment in advance.

The Mental Capacity Act 2005 has clarified the law on a number of matters and you will see this referred to throughout the document. The following links provide further information


We have used the terms 'unwell' and 'illness' to cover a wide range of situations when you might not be able to speak up for yourself.

Please note that this booklet is not designed to be completed all at once. It can be filled in over a period of time, as and when you feel comfortable to do so.
The three parts

**Part 1: My Advance Statement**
This is where you give important information about yourself and what has happened in the past.

This part will help people to know about important things that you may need help with. For example, it could be about having your pet looked after, or instructions about financial issues.

This part is also to help people understand the way that you would prefer to be cared for and treated should you need increased health care.

**Part 2: My Lasting Power of Attorney**
This is the section giving information about how to appoint someone to make decisions on your behalf if you are no longer able to.

**Part 3: My Advance Decision to Refuse Treatment**
This is a special section where you can record your wish to refuse certain treatments (e.g. some people refuse blood transfusions on religious grounds). It may be a treatment that you want to refuse in all circumstances, even where that refusal could put their life at risk. This is your legal right if you want to do so. It is very helpful to record your full wishes on these issues.

**Who to give your advance care plan to:**
When you have completed your Advance Care Plan, decide who you would like to know about it. These people might include: relatives, friends, an advocate, lasting power of attorney, your medical consultant, your general practitioner, nurse, carer, your solicitor (if you have one) or anyone else you want to know about it.

**Your Doctor or Key Worker should be given a copy of the Advance Decision to Refuse Treatment if completed.**
Advance Care Planning: How it can help plan your future care

Please note that this booklet is not designed to be completed all at once. Take your time to consider and discuss your wishes and decisions. This booklet can be filled in over a period of time, as and when you feel comfortable to do so.

Advance Care Planning and making an Advance Care Plan can help you prepare for the future.

It gives you an opportunity to think, talk and write down your wishes and decisions for your future care, including how you want to receive your care towards the end of your life. Anything can be included. If it is important to you, record it, no matter how insignificant it may appear.

Advance Care Planning also helps your carers (family, friends and professionals who are involved in your care) to understand what is important to you. The plan provides an opportunity to discuss and record in writing your views with those who are close to you. It will help you to be clear about the decisions you make and it will allow you to record your wishes and decisions in writing (in case you are too unwell to say them yourself).

Talking about these things can sometimes be emotional or tiring, so don’t feel that you have to do it all at once. Advance care planning is an activity, so it sometimes takes time. Talk to your family and friends. Discuss with your hospice Macmillan, hospital and community health and social care professional. Give yourself time to have these conversations and talk with those close to you. The right things for you are more likely to happen if you share your ideas and thoughts, because people will know what you want or don’t want.

Remember that your feelings and priorities may change over time. You can change what you have written whenever you wish to, and it would be advisable to review your plan regularly to make sure that it still reflects what you want.

The choice is yours as to whom you share the information with, but it is helpful to let people know that you have an Advance Care Plan.
I have written this advance statement to help professional health and social care workers, my family and friends to understand my wishes should I be unable to explain.

I would like this statement to be put in my medical and social care records (if it is not put on your records, it will be more difficult for health and social care staff to know that this statement exists).

**YES / NO**

Signature: ___________________________ Date of birth: ______________

My address: _______________________________________________________

**Part 1 - About me**

**I have these distinguishing features:**

(It may be wise to include any distinguishing features in case you are ever found unconscious and cannot identify yourself).

**My diagnosis/es:**

**A brief history of my illness:**
The main professional carer involved with caring for me is: (2/5)

Print name and role: ____________________________

He / she
is based at: ____________________________

Tel number: ____________________________

Please contact:

• Below are the names of people who know me well e.g. family, friends, and advocates.
• They have given their permission to be contacted should I become unwell and I would like them to try to assist me if possible.
• I am happy for health and social care staff to discuss my condition and/or treatment with them.

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<th>Name</th>
<th>Relationship</th>
<th>Phone No(s) and/or other contact details</th>
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Please do not contact:
Should I become unwell and unable to make the decision for myself, I would not like the following people to be told.

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<th>Name</th>
<th>Relationship</th>
<th>Details</th>
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My Advance Statement: Things that I want people to know about me (3/5)

List here anything else with which you may need help with should you become unwell.

For example, you may wish to include information about the care of your children and/or other dependents, information about your pets, about important work issues or financial affairs such as mortgages, bills, rent etc.

You may also wish to include other matters about keeping things going at home e.g. milk, papers, security etc. It will be helpful to name particular people who may be able to help with any of these.

The following things are important to me:
**Other things that people need to know to help with my care: (4/5)**

(List things that are important to you, as part of your care).

| Help with communication: (for example hearing loss): |
| Diet: (for example needing halal or vegetarian food): |
| Medication or treatments for a medical or physical condition: |
| (like diabetes or sight loss): |
| Allergies: |

| I have an Implantable Cardioverter Device (ICD). | Yes / No |
| I have made a decision regarding this device for the future. | Yes / No |
| I wish to have this device deactivated when I approach the end of my life (please see my ADRT re this) | Yes / No |
| I have informed my main professional carer. | Yes / No |

Religious or spiritual beliefs that may affect my care:

Name of religious leader:

Contact details:

Cultural requirements for yourself or your family when confronting serious illness:

Other:
My Advance Statement: About my care and treatment preferences (5/5)

You may wish to say where you would like to be cared for if it is not suitable for you to stay at home; you may have already completed another type of Advance Statement like a Preferred Priorities for Care or Gold Standards Framework Thinking Ahead document, in which case we suggest you keep a copy of that with this document.

There may be other preferences that you wish to document below, as your preferences of care must be taken into account by health and social care professionals making decisions about you should you be unable to tell them at the time.

With regard to treatments and care, please remember that you can only express a preference, you cannot demand them.

Any specific refusals of treatment can be recorded in the next sections.

If I become unwell, my preferences about how I would like to be cared for and treated are as follows:
There are some situations when you may anticipate that you will deteriorate mentally (e.g. dementia). If this is the case you may decide to ask a specific person to undertake the responsibility for making decisions for you (if and when you are unable to do so yourself). That person is given Lasting Power of Attorney (LPA). The person chosen can be a friend, relative or a professional. More than one person can act as attorney on your behalf. Lasting Power of Attorneys are exclusive to you and the amount of power and limits of that power are decided by you. For further information see: https://www.gov.uk/power-of-attorney/overview. Please note that it can take up to three months to appoint a LPA and there is a charge.

There are two types of Lasting Power of Attorney:

Property & Affairs Lasting Power of Attorney

- This LPA gives another person (your attorney) the power to make financial decisions for you e.g. managing bank accounts or selling your house. Your attorney has the power to take over the management of your financial affairs as soon as the LPA is registered with the Office of the Public Guardian, unless the LPA states that this can only happen after you lose the capacity to manage your own financial affairs.

Since 1 October 2007 the Enduring Power of Attorney (EPA) has been replaced by the Property and Affairs LPA. However, valid EPAs that were already arranged before 1 October 2007 will still stand.

Personal Welfare Lasting Power of Attorney

- This LPA allows your attorney to make decisions regarding your health and personal welfare e.g. where you should live, day to day care or about your medical treatment. It only comes into force if/when you lose the ability to make these decisions for yourself and is only valid once it has been registered with the Office of the Public Guardian.

LPAs must be registered and there is a cost implication for registration. The forms can be completed and registered without the input of a solicitor, but this can be a complex procedure without guidance. If legal help is sought, then there may a cost attached.
My Advance Decision To Refuse Treatment

An Advance Decision to Refuse Treatment (ADRT) is different from your advance statement as it is a formal, legally binding document, which allows you in advance to state certain treatments you want to refuse (if you cannot say so at the time asked).

Please note. It does not allow for a request to have life ended and cannot be used to request medical treatments.

An Advance Decision to Refuse Treatment is very specific and is used in situations when particular treatments would not be acceptable to someone. For example, if a person had a severe stroke, which resulted in swallowing problems. If the thought of being fed by alternative methods such as tube feeding was not tolerable then this decision could be documented formally as an ADRT.

In order to make an ADRT advice should be sought from someone who understands your illness such as a member of your health care professional team, your GP/Doctor/Nurse, or a solicitor.

An ADRT can be written or verbal, but if it 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’.

An ADRT will only be used if, at sometime in the future, you lose the ability to make or communicate your own decisions about your medical treatment. To be valid, an ADRT must be made before you lose your ability to make such decisions. You can change your mind about your ADRT, or amend it at anytime, provided you are still able to do so.

Further Information

Government information on the Mental Capacity Act
www.direct.gov.uk
accessed April 2012

Age UK
www.ageuk.org.uk
http://www.ageuk.org.uk/documents/engb/factsheets/fs72_advance_decisions_advance_statements_and_living_wills_fcs.pdf?dtrk=true
accessed April 2012

POhWER
http://www.pohwer.net/
http://www.pohwer.net/our_services/hertfordshire.html
My Advance Decision To Refuse Treatment
(part 1 of 6)

My name:

My date of birth:

You will need 4 copies of this completed form:

• One for you to keep.

• One for your GP to keep with your records.

• One to be kept with someone who you wish to be consulted about your treatment should this ever be necessary (eg next of kin, solicitor).

• One to be kept with Hospital/Palliative Care Team, Community Palliative Care Nurse/Hospice Team/District Nurse/ Mental Health Team and Care Home as appropriate.

All forms should be signed by at least one person who is not a close relative or expecting to benefit from your will.

I also have an Advance Statement of wishes and preferences for my care.  

Yes / No

See page 5
My Advance Decision To Refuse Treatment
(part 2 of 6)

If I become unwell I would like the following contacts to be involved if it ever becomes too difficult for me to make decisions for myself.

**Contact 1. Name:**

______________________________

**Relationship to you:**

____________________________________

**Telephone:**

______________________________

**Address:**

____________________________________

Do they have Lasting Power of Attorney?  Yes  /  No
(If yes please state which type?)

**Contact 2. Name:**

______________________________

**Relationship to you:**

____________________________________

**Telephone:**

______________________________

**Address:**

____________________________________

Do they have Lasting Power of Attorney?  Yes  /  No
(If yes please state which type?)

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**To my family, my doctor and all other persons concerned.**

This Advance Decision to Refuse Treatment is made by me:

**Full Name:**

____________________________________

**Of (address):**

____________________________________

**Date:**

____________________________________

I am writing this at a time when I am able to think things through clearly and I have carefully considered my situation. I am aware that I have been diagnosed as suffering from:
My Advance Decision To Refuse Treatment
(part 3 of 6)

Notes to readers of this document:

This is my *Advance Decision to Refuse Treatment*. I expect any hospice, hospital, community, Macmillan, health and social care teams reading this document to check that my *Advance Decision to Refuse Treatment* is valid and applicable in the circumstances that exist at the time.

Please check that I have lost capacity before any actions are taken – I may need help and time to communicate. If I have lost capacity please check the validity and applicability of this advance decision.

This advance decision becomes legally binding and must be followed if professionals are satisfied that it is valid and applicable.

Please help to share this information with people who are involved in my care and treatment.

Please also check if I have made an *Advance Statement* about my preferences and wishes and/or if I have a *Lasting Power of Attorney* (Personal Welfare/Health)

*This Advance Decision To Refuse Treatment does not refuse the offer and or Provision of basic care, support and comfort*
### My Advance Decision To Refuse Treatment
(part 4 of 6)

<table>
<thead>
<tr>
<th>Treatment to be refused</th>
<th>Reasons and circumstances</th>
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<tbody>
<tr>
<td>(e.g, stoma formation, surgery)</td>
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<tr>
<td>If you wish to refuse resuscitation</td>
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<td>please also ask your doctor about a specific DNACPR form - see page 20.</td>
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**Note:** If you wish to refuse treatment that is or may be life sustaining, you **must** state in the above boxes that you are ‘**refusing treatment even if your life is at risk**’.

An **Advance Decision to Refuse Treatment (ADRT)** refusing life sustaining treatment must be signed and witnessed.
This is my Advance Decision to Refuse Treatment. It may include life-sustaining treatments as indicated on the preceding page, even if my life is at risk.

I understand the decisions that I am making here are in consideration of future circumstances and ask that these be included in my medical records. I understand that this binding Advance Decision To Refuse Treatment remains effective unless I make it clear that my wishes have changed, and that it only comes into effect when I am unable to communicate my wishes by any manner.

Name:                                Date of birth:
Address:
Signature:                           Date:
Distinguishing marks:

Details of witness to the Advance Decision, who was there when I signed it.

Name of witness:

I have witnessed that: ___________________________ has signed this Advance Decision To Refuse Treatment in my presence.

(Signature of witness)

Relationship of witness to me: ________________________________________

Date:                                Contact Number/Email:

Signature of the health care professional with whom I have discussed this Advance Decision to Refuse Treatment.

Name of Professional:                Job Title:

Contact Address and telephone/email:

It is my view that (name)

has capacity to make this decision at this time.

How long have you known this person?

Signature of professional:            Date:
My Advance Decision To Refuse Treatment
(part 6 of 6)

Remember to review this document at regular intervals especially if your circumstances change to ensure it still represents your wishes. Signing and dating at the bottom when you do this will indicate how recently you have thought about it. If you change your mind about anything you have written, tell your Doctor, GP, hospice nurse, next of kin, family or appointed representative and amend the document accordingly.

Reviews of My Advance Decision to Refuse Treatment:

These decisions were reviewed and confirmed by me on:

Signed: ___________________________ Date: ____ / ____ / ______
Comment: _________________________

Witness Signature and Details:

Signed: ___________________________ Date: ____ / ____ / ______
Comment: _________________________

Witness Signature and Details:

Signed: ___________________________ Date: ____ / ____ / ______
Comment: _________________________

Witness Signature and Details:
Putting your affairs in order

Ensuring that your paper work and documents are up to date and easy to find will save time and reduce anxiety for your family/next of kin if you become unable to attend to your affairs or if you are taken ill or suddenly die.

Tick below to show that you have thought about and recorded in a safe place the details listed. Have you nominated someone you can trust who will be able to access those details if the need ever arises?

- Advance Statement
- Advance Decision to Refuse Treatment
- Lasting Power Of Attorney
- Bank Name/Account Details (including credit card)
  - Insurance Policies
- Pension Details Passport
- Birth/Marriage Certificate Mortgage Details
- Hire Purchase Agreements
- Will (see page 18 for further guidance)
- Other Important Documents/Contacts e.g. Solicitor
- Details of any Funeral Arrangements or Preferences
- Addresses & Contact Number of Family, Friends & Colleagues
- Organ Donation / Donor Card
- Tax Office Address and Contact Details
- Other
Many problems occur when a person dies without making a Will, as there are clear regulations, which dictate how your possessions would be allocated.

If there is no Will, the time taken to sort things out can be lengthy and expensive and cause added stress to your family/next of kin. In addition, the outcome of this process may not be as you would wish, so it is advisable to make a Will to ensure that your personal effects are left to the people you want to inherit them.

You can make a Will without a solicitor, and forms can be purchased from stationers or via the internet. This is only advisable if the Will is straightforward; the Law Society suggests that specialist advice is sought from a solicitor.

Think about the following aspects prior to visiting a solicitor as this will save you time and money.

✓ 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, property etc.

✓ Any arrangements you want for your dependents or pets

✓ Decide who will be your executor(s) - the person/s who will deal with distributing your money and possessions after your death. You may have up to four, but it is a good idea to have at least two in case one dies before you do. They can also be beneficiaries and care should be taken when choosing executors to ensure that they are suitable and also willing.
Examples of Advance Statements

e.g. Preferred Priorities for Care, GSF Thinking Ahead, RCN ‘This is me’

These are examples of Advance Statements that you may already have completed or you may simply complete the section in this booklet.

Do Not Attempt Cardiopulmonary Resuscitation

If your Advance Care Plan includes a determination to refuse resuscitation, you may wish to discuss completing a Do Not Attempt Cardiopulmonary Resuscitation form (DNACPR) with your doctor. This document could be kept with your advance care plan.
Space for your own thoughts and notes: