



Planning for your future care.

Advance Care Planning | Preparing for the future
Assisting with practical arrangements
Enabling the right care to be given at the right time

This is a statement completed by

Name

Address

DOB

Further Information

Making Decisions – a guide

Information booklets about the Mental Capacity Act (2005)

Tel: 02380 878038 (national rates)

Web: www.dca.gov.uk/legal-policy/mental-capacity/mibooklets/booklet01.pdf

Patient Advice and Liaison Service (PALS)

Dorset County Hospital NHS Foundation Trust

Tel: 0800 7838058 (free phone service)

Web: www.dchft.nhs.uk/about/pals.html

Email: pals@dchft.nhs.uk

PALS Poole Hospital NHS Foundation Trust

Tel: 01202 448499

Web: www.poole.nhs.uk/contact_us/pals.asp

Email: pals@poole.nhs.uk

PALS Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust

Tel: 01202 704886

Web: www.rbch.nhs.uk/our_services/support_services/pals/contact_us.php

Email: pals@rbch.nhs.uk

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. It can be filled in over a period of time, as and when you feel comfortable to do so. In addition, this booklet is not intended to constitute legal advice and independent advice should be sought from a solicitor if required.

Advance Care Planning (ACP) is a process of discussion between you and those who provide care for you, for example your nurse, doctor, care home manager, social worker, family or friends. Advance Care Planning can help you prepare for the future. It gives you an opportunity to think about, talk about and write down your preferences and priorities 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.

You may find it helpful to talk about your future care with your family and friends. Sometimes this can be difficult because it might be emotional or people might not agree. Often having this discussion can be very helpful, just to get these issues out in the open. It may be useful to talk about any particular needs your family or friends may have if they are going to be involved in caring for you. People like your doctor, nurse or social worker can help and support your family with this.

Advance Care Planning can help you and your carers (family, friends and professionals who are involved in your care) to understand what is important to you. Planning provides an ideal opportunity to discuss with those who are close to you and record in writing your views. It will help you to be clear about the decisions you make and it will allow you to record your wishes in writing so that they can be carried out at the appropriate time. You can choose with whom you share the information. Recording your preferences for care in this booklet helps to ensure that your wishes are taken into account.

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 every so often to make sure that it still reflects what you want.

Not all of the sections in the booklet need to be completed and you can take your time completing those that you wish to use, but a good place to start is the first section “Statement of your wishes and care preferences” on page 4.

There are six parts in total:

Statement of your wishes and care preferences	page 4
Advance Decision to Refuse Treatment	page 10
Putting your affairs in order	page 18
Appointing someone to make decisions for you	page 19
Making a Will	page 21
Funeral planning	page 22

Statement of your wishes and care preferences

Your preferred priorities for care

This section of the document is not legally binding but represents your wishes and preferences, and is very helpful to guide professionals making decisions on your behalf if you lose the ability to make decisions for yourself.

In this section you can record your specific wishes and preferences relating to a time when you may be ill and unwell and have need of care or treatment (see page 6). This will give everyone (family, carers and professionals who are involved in your care) a clear idea of the things which are important to you if you are unable, for any reason, to make your wishes and preferences known yourself.

Here are some examples of information which could be included as your wishes and preferences on page 6:

- If your condition worsens how much information you would like to receive about how serious your condition might be.
- Who you would like to be informed if you become ill and need care or treatment.
- If you become ill, where you might prefer to be treated (at home or in hospital for example).
- What might help you feel relaxed and comfortable should you need to receive care or treatment at home or in hospital.
- Who you would like with you or who you would like to visit you should you need care or treatment at home or in hospital.
- Who you would like to look after your dependants and pets should you be unable to do so because of illness.
- What would be important religious or cultural concerns for you should you need care or treatment at home or in hospital.
- What are your wishes and choices regarding possible organ or tissue donation. You may need to make your family aware of your wishes because their consent will be sought.

Please ensure that your GP and key worker have a copy of this document. Your key worker is the person who you feel knows you the best.

Keep this document with you and share it with anyone involved in your care. Please ensure that if you make any changes to this document that your GP and key worker are made aware of this change to your wishes and preferences.

Statement of my wishes and care preferences: my preferred priorities for care

(A non-legally binding document to record preferences for the future)

Keep this document to hand. Share it with anyone involved in your care, including your GP. It is your responsibility to ensure that the healthcare professionals involved in your care are aware of this written statement.

Do you have an Advance Decision to Refuse Treatment document?

(see page 10 for further information) Yes ☐ No ☐

If yes, where do you keep it?

Who has a copy?

Who else would you like to be involved if it ever becomes difficult for you to make decisions?

Contact 1

Relationship to you

Telephone

Address

Do they have Lasting Power of Attorney? Yes ☐ No ☐

If so, type: ☐ Personal Welfare ☐ Property and Affairs

(see page 19 for further information)

Contact 2

Relationship to you

Telephone

Address

Do they have Lasting Power of Attorney? Yes ☐ No ☐

If so, type: ☐ Personal Welfare ☐ Property and Affairs

Statement of my wishes and care preferences: my preferred priorities for care

My priorities, special requests or preferences
regarding my future care (which may include details
regarding wishes, feelings, beliefs and values)

Things I would ideally prefer not to happen to me

The people I would like to be with me
at the end of my life, if possible

If my condition deteriorates, wherever possible the place I would most like to be cared for is (e.g. home, care home, hospital or hospice)

If this is not possible my second choice would be

Other comments or wishes I would like to share with others are

Name **Date of birth**

Signed **Date**

Reviews to show that these are still my wishes

Signed **Date**

Signed **Date**

Signed **Date**

Signed **Date**

Remember to review this document every so often (e.g. every 3-6 months) to ensure that it still represents your wishes. Sign and date any changes you make.

Statement of my wishes and care preferences:

Optional Advance Statement

This section of the document is not legally binding but represents your wishes and preferences, and is very helpful to guide professionals making decisions on your behalf if you lose the ability to make decisions for yourself.

Name

Date of birth

If I have the ability to make decisions for myself, I wish to be consulted about any medical treatments that are considered. If I have lost the ability to make decisions for myself, my wishes are as follows:

I refuse ALL medical treatment or procedures/interventions aimed at prolonging or artificially sustaining my life in the event that any or all of the following occur:

a) I have an imminently life-threatening physical illness from which there is little or no prospect of recovery. This applies even if my life is at risk.

Signed

Date

b) I suffer serious impairment of the mind or brain with no prospect of recovery together with a physical need for life-sustaining treatment/interventions. This applies even if my life is at risk.

Signed

Date

c) I am persistently unconscious and have been so for at least weeks and there is little or no prospect of recovery. This applies even if my life is at risk.

Signed

Date

Reviews to show that these are still my wishes

Signed

Date

Signed

Date

Signed

Date

Signed

Date

Remember to review this document every so often (e.g. every 3-6 months) to ensure that it still represents your wishes. Sign and date any changes you make.

Statement of my wishes and care preferences

Next of Kin/Carer (if present)

Name

Signed Date

(to show that they are aware of the statement)

Health/Social Care Professional

Name Profession

Signed Date

(to show that they are aware of the statement)

Details of other people whom I have discussed the contents of this plan with
e.g. family, friends, and professionals who are involved in your care.

Are you willing for the information in this document to be shared with relevant professionals?

Yes ☐ No ☐

Are you willing for the information in this document to be shared with your relatives/carers?

Yes ☐ No ☐

Advance Decision to Refuse Treatment

An Advance Decision to Refuse Treatment (ADRT) is different from your preferred priorities for care as it is a formal, legally binding document which allows an individual to refuse certain treatments.

It cannot be used to authorise the active ending of a life and it 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 in clearly defined circumstances. An example would be if a person had a severe stroke which resulted in swallowing problems. If the thought of being fed by alternative methods is not tolerable then this could be documented formally as an Advance Decision to Refuse Treatment.

In order to make an Advance Decision to Refuse Treatment advice should be sought from someone who understands the complexity of the process such as a health care professional, for example your GP, or another doctor involved in your care. You may also wish to seek legal advice from a solicitor.

An Advance Decision to Refuse Treatment can be written or verbal, but if it includes the refusal of life sustaining treatment, it must be in writing, signed and witnessed and include the statement 'even if life is at risk'.

An Advance Decision to Refuse Treatment will only be followed if, at sometime in the future, you lose the ability to make your own decisions about your medical treatment. To be valid, an Advance Decision to Refuse Treatment must be made before you lose your ability to make such decisions. You can change your mind about your Advance Decision to Refuse Treatment, or amend it at any time, provided you still have the capacity to make decisions.

A valid and applicable Advance Decision to Refuse Treatment overrules the decision of any personal welfare Lasting Power of Attorney (see page 19) if they were appointed before the Advance Decision to Refuse Treatment was made.

A Lasting Power of Attorney (see page 19) made after an Advance Decision to Refuse Treatment will make the Advance Decision to Refuse Treatment invalid, if the Lasting Power of Attorney gives the attorney the authority to make decisions about the same treatment.

Further Information

www.justice.gov.uk/about/opg

www.endoflifecareforadults.nhs.uk

www.opsi.gov.uk/acts/acts2005/en/ukpgaen_20050009_en_1.htm

Compassion in dying

Tel: 0800 999 2434

Email: info@compassionindying.org.uk

Post: 181 Oxford Street, London, W1D 2JT

Advance Decision to Refuse Treatment

Document (part 1 of 7)

Name

Date of birth

Address

You will need at least four 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. (e.g. family, friend, solicitor, nominated proxy)
- One for Hospital Consultant/Hospital notes
- If any other teams are involved it would also be helpful for them to have a copy e.g. Palliative Care Team, Community Palliative Care Nurse, Hospice Team, District Nurse, Mental Health Team and Care Home as appropriate to your situation

Please also ask the healthcare team to register this document on the Electronic Palliative Care Co-ordination System – an electronic communication system held by the Out of Hours Service.

This section should be signed by at least one person who is not a close relative or expecting to benefit from your Will (e.g. health care professional).

A signature from a health care professional will show that you have had the opportunity to explore the implications of your decision.

You might also wish to consult with a solicitor.

Remember to review this document every so often 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 amend and date the document accordingly. Let everyone who has a copy of this document know that you've changed your mind.

Advance Decision to Refuse Treatment

Document (part 2 of 7)

Name

Date of birth

Advice to the reader

I have written this document to state my Advance Decision to Refuse Treatment.

I expect any healthcare professional reading this document in the event I have lost ability to make decisions to check that my Advance Decision to Refuse Treatment is valid and applicable to the circumstances that exist at the time.

Important please read:

- Please do not assume I have lost the ability to make decisions before any actions are taken. I might need help and time to communicate.
- If I have lost the ability to make decisions please check that the Advance Decision to Refuse Treatment is valid and applicable.
- This Advance Decision to Refuse Treatment 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 treatment and care and who need to know about this.

This Advance Decision to Refuse Treatment does not refuse the offer and/or provision of basic care, support and comfort.

I am writing this document at a time when I have the ability to make decisions, and am fully aware of the potential consequences of the refusal of treatment, including that my life may be shortened as a result.

Advance Decision to Refuse Treatment Document (part 3 of 7)

Name Date of birth

If I ever lose the ability to make decisions for myself, I would like the following people to be involved in making decisions

Contact 1

Relationship to me

Telephone

Address

Do they have Lasting Power of Attorney? Yes ☐ No ☐

If so, type: ☐ Personal Welfare ☐ Property and Affairs

(see page 19 for further information)

Contact 2

Relationship to me

Telephone

Address

Do they have Lasting Power of Attorney? Yes ☐ No ☐

If so, type: ☐ Personal Welfare ☐ Property and Affairs

To my family, my doctor and all other persons concerned, this Advance Decision to Refuse Treatment is made by me.

I am aware that I have the following health condition(s):

Advance Decision to Refuse Treatment Document (part 4 of 7)

Name

Date of birth

1. This Advance Decision to Refuse Treatment applies to the specific treatments stated below. (Continue in box below, or on a separate sheet if necessary, being as specific as possible).

I wish to refuse the following specific treatments (see examples below)	In these circumstances (see examples below)	This applies even if my life is at risk Yes/No Signature

Examples:

Attempted Cardiopulmonary Resuscitation	If my heart and lungs stopped functioning	Yes (Sign)
Artificial feeding or hydration including intravenous fluids (a drip)	If I am unable to swallow and there is no realistic expectation that my swallow will return	Yes (Sign)
Intravenous Antibiotics	If I have an infection eg chest infection	No (Sign)

Advance Decision to Refuse Treatment

Document (part 5 of 7)

Name

Date of birth

I reserve the right to revoke this directive at any time, but unless I do so it should be taken to represent my continuing directions.

My General Practitioner is:

Name of GP:

Address:

Telephone:

Before signing this I have talked it over with my:

☐ GP (name)

☐ Nurse (name)

☐ Hospice/Hospital Doctor (name)

☐ Solicitor (name)

☐ Family/Carer/Next of Kin (name)

It is recommended that you discuss this with at least one of the professionals mentioned above.

If you are in hospital or hospice then the consultant caring for you should be aware of and clear about the scope of this Advance Decision to Refuse Treatment.

I have also made a statement of my wishes and care preferences (page 6)

Yes ☐ No ☐

I am willing for the information in this document to be shared with relevant professionals

Yes ☐ No ☐

I am willing for the information in this document to be shared with my relatives/carers

Yes ☐ No ☐

Advance Decision to Refuse Treatment Document (part 6 of 7)

Name Date of birth

I wish to refuse treatment as described on page 14.

I am able to understand, retain and weigh up all the information relevant to this Advance Decision to Refuse Treatment and I am able to communicate my decision.

Signed Date

I am unable to sign this form myself.

My nominated person is:

Name

Relationship

Address

Telephone

Advance Decision to Refuse Treatment

Document (part 7 of 7)

Witness Statement

Witnesses: I testify that the maker of this Advance Decision to Refuse Treatment signed it in my presence, and made it clear to me that he/she understood what it meant. I do not know of any pressure being brought on him/her to make such an Advance Decision to Refuse Treatment and I believe it was made by his/her own wish. So far as I am aware I do not stand to gain from his/her death.

Only one witness is legally required.

Witnessed by:

Witness 1 (recommended GP/ Hospice Doctor/ Hospital Doctor)

Signature		Date	
Name			
Address			
Telephone			

Witness 2 (not close family, or persons expecting to benefit from your Will)

Signature		Date	
Name			
Address			
Telephone			

Reviews to show that these are still my wishes

Signed		Date	
Signed		Date	
Signed		Date	
Signed		Date	

Putting Your Affairs in Order Checklist

Name

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

This is a list of information that you may wish to start putting together.

Use the tick box below as a reminder that you have thought about and recorded in a safe place the details listed.

- ☐ Bank name/Account details (including credit card)
- ☐ Insurance policies
- ☐ Pension details
- ☐ Passport
- ☐ Birth certificate/Marriage certificate
- ☐ Mortgage details
- ☐ Hire purchase agreements
- ☐ Will (see page 21 for further guidance)
- ☐ Advance Decision to Refuse Treatment
- ☐ Other important documents/Contacts e.g. Solicitor
- ☐ Details of any funeral arrangements or preferences (see page 22)
- ☐ Addresses and contact number of family, friends and colleagues
- ☐ Tax Office address and contact details
- ☐ Organ Donation

You may wish to nominate someone you trust who will be able to access these details if the need arises.

I nominate

as the person who will access the detailed information if required.

They can be contacted on telephone

Remember to tell them where the documents are kept.

Appointing Someone to Make Decisions for You

There may come a time when you are no longer able to make decisions for yourself. If you wish, you may nominate someone to make decisions for you. This person is given a Lasting Power of Attorney (LPA). This is particularly helpful if you have a condition which makes it increasingly hard to make decisions.

Completion of this booklet does not constitute the appointment of a Lasting Power of Attorney. Lasting Powers of Attorney can be completed and registered without the input of a solicitor, but this can be a complex procedure without guidance. You may therefore wish to consult a solicitor.

The person chosen can be a friend, relative or a professional. More than one person can act as attorney on your behalf.

Lasting Powers of Attorney are exclusive to you. You can add restrictions or conditions to areas where you would not want them to have the power to act.

There are two types of Lasting Power of Attorney. These have to be registered with the Office of the Public Guardian which incurs a fee.

Property and Affairs Lasting Power of Attorney

This Lasting Power of Attorney gives another person (your attorney) the power to make financial decisions on your behalf e.g. managing bank accounts or selling your house. Your attorney has the power to take over the management of your financial affairs once the Lasting Power of Attorney is registered with the Office of the Public Guardian, unless the Lasting Power of Attorney states that this can only happen after you lose the ability to manage your own financial affairs.

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

Personal Welfare Lasting Power of Attorney

This Lasting Power of Attorney allows another person (your attorney) to make decisions about 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 and 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.

A Personal Welfare Lasting Power of Attorney will only be able to make decisions about life sustaining treatment if you have specifically granted them this power.

A valid and applicable Advance Decision to Refuse Treatment (see page 10) overrules the decision of any Personal Welfare Lasting Power of Attorney appointed before the Advance Decision to Refuse Treatment was made.

A Lasting Power of Attorney made after an Advance Decision to Refuse Treatment (see page 10) will make the Advance Decision to Refuse Treatment invalid, if the Lasting Power of Attorney gives the attorney the authority to make decisions about the same treatment.

The name(s) of your attorneys

Name

Date of birth

Your attorney's name

Address

Telephone

Type of Lasting Power of Attorney: Personal Welfare

☐

Property and Affairs

☐

Your attorney's name

Address

Telephone

Type of Lasting Power of Attorney: Personal Welfare

☐

Property and Affairs

☐

Further Information

www.gov.uk/power-of-attorney/overview

Office of the Public Guardian

Tel: 08454 330 2900 (low call rate)

Web: www.publicguardian.gov.uk

Making a Will

Many problems can occur when a person dies without making a Will as there are clear regulations which dictate how money and possessions would be allocated.

If there is no Will, it can take a long time and be expensive to sort things out and will cause added stress to your family/next of kin.

In addition, the outcome from this process may not be as you would have wished. It is advisable to make a Will to ensure that your belongings 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 and the Law Society advises that specialist advice is sought from a solicitor.

This booklet does not constitute legal advice and is not an alternative to seeking advice from a solicitor.

Before visiting a solicitor, it will save you time and money if you have

- Made a list of all beneficiaries (people who you would like to benefit from your Will) and what you would like them to receive
- Made a list of your possessions - savings, pensions, insurance policies, property etc.
- Considered any arrangements you want for your dependants or pets
- Decided 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. They can also be beneficiaries. Care should be taken when choosing executors to ensure that they are suitable and willing.

Further Information

www.citizensadvice.org.uk

Solicitors Regulation Authority (SRA)

Tel: 0870 606 2555 (national call rate)

Web: www.sra.org.uk

Funeral Planning

Name

Person I wish to be responsible for making my funeral arrangements	
My preferred funeral director is	
My pre-paid funeral plan is with	
I wish to be buried/ cremated/ other (e.g. donation for medical science – specific documents will need to be signed)	
I wish my funeral service to be in accordance with my faith (please specify if appropriate)	
I would like the venue to be	
I would like the following music, hymns or readings included	
I would like the following person(s) to conduct the service if possible	
Other details and information you would like to record e.g. donations to named charity, flowers, people to be informed	

Notes



Inpatient Unit

Telephone: 01305 215300
Herringston Road
Dorchester
Dorset DT1 2SL

Weldmar Offices

Telephone: 01305 269898
Bridport Road
Poundbury
Dorset DT1 3SD



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REGULATOR**

Adapted from the Weston Hospicecare and NHS
Gloucestershire Advance Care Plan and National Preferred
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weldmarhospicecare.org

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