



Name: _____

Advance care plan

**Personal preferences and
wishes for future care**

What matters - the process of thinking ahead

Serious illness and ageing bring challenges that many of us prefer to avoid thinking about. At the same time many of us fear loss of control about decisions relating to our health care.

Thinking ahead and writing down what matters to you can be a daunting process. However if no one else knows what is important to you, your preferences and wishes may not be taken into consideration. It may be difficult to talk to your family and they may not agree with you, but having these conversations can help direct decisions that sometimes need to be made at a time of crisis. Writing your preferences down will ensure that anyone who provides care for you, carers or health professionals, tailors it according to your wishes.

This booklet is designed to help you start making informed choices. You may not feel that you know enough about what is available to you or what choices you have about your care. It will direct you towards the people who may be able to help you.

This booklet belongs to you; it is for you and about you. You can show it to anyone who is involved in your care. It is important to remember that you can add to this booklet as often as you like and change your decisions at any time.

The following pages highlight some important questions that you may or may not have already given some thought to. Your answers to these questions will help to shape your care in the future. It is an opportunity to reflect on what you do and don't want in realistic terms. You can also record details of those involved in your care for handy reference.

Writing in this booklet creates an “advance statement”, (see page 10 for explanation of term “advance statement”) not a legal document. It is intended to help you think about your future ahead of time and influence a thorough and individualised approach to your care. It could also be used as guidance about your wishes and decisions should you ever lack capacity to voice them yourself.

If you wish, it may be helpful to involve family or friends in deciding on your preferences, it may help them understand your wishes.

Your personal preferences and wishes

1. **Where would you like to be cared for if you are no longer able to care for yourself?**

1st preference

2nd preference

2. **Who knows you well and understands what is important to you?**
-

Please add their full contact details to page 7

3. **Who do you view as your next of kin?**
-

Please add their full contact details to page 7

4. **Who or what supports you when things are difficult?**
-
-

5. **Do you have a particular faith or belief system that is important to you?**
-

Would you like to talk to anyone about it? Yes No

If **YES**, who?

6. **What concerns you most about your health, now and for the future?**
-
-
-

7. Are there discussions with family and /or friends you feel would be helpful?

Would you like anyone to help you with this? Yes No

If **YES**, who?

8. Have you made a will? Yes No

If **YES**, where is it held?

If **NO**, would you like to discuss how to make a will? Yes No

9. Does anyone have Lasting Power of Attorney (Property and Affairs) for you? *see page 10* Yes No

If **YES**, please add their full contact details to page 7

If **NO**, would you like to discuss this? Yes No

10. Does anyone have Lasting Power of Attorney (Personal Welfare) for you? *see page 10* Yes No

If **YES**, please add their full contact details to page 8

If **NO**, would you like to discuss this? Yes No

11. Bearing in mind that your circumstances may change, where would you prefer to be cared for when you are dying? e.g. home, care home, hospital, or hospice.

1st preference

2nd preference

12. Have you thought about what you might like for your funeral and have you made any arrangements? Yes No

Would you like to be buried or cremated?

Buried

Cremated

13. If it were possible, would you wish to donate any of your organs? Yes No

In the case of cornea and some other tissue, age does not matter. For other organs it is the person's physical condition, not age, which is the deciding factor. If you would like more information it can be found at www.organdonation.nhs.uk or by calling the NHS Organ Donor Line: 0300 123 23 23. Lines open 24 hours, 365 days a year.

Cardio Pulmonary Resuscitation (CPR)

CPR is an emergency treatment which tries to restart a person's heart or breathing when these have stopped suddenly. Sometimes the media present CPR as being very successful. In fact when people have very serious illnesses only about 1 in 100 who receive CPR will recover enough to leave hospital.¹

The ultimate responsibility for making decisions about CPR rests with the Consultant (in hospital) or your GP (at home or care home.) Sometimes a senior or specialist nurse can also make the decision. If CPR is not appropriate this will not prevent you from receiving other treatments. These would still be offered to you as appropriate.

Talking about resuscitation can be very stressful and upsetting. You do not have to discuss it if you do not wish to but your views can be helpful.

Would you like to talk to someone who could give you more information about CPR? Yes No

If yes who: My GP

A senior or specialist nurse

Another doctor (e.g. hospital, community)

¹ Peberdy MA, Kaye W, Ornato JP, et al. Cardiopulmonary resuscitation of adults in the hospital: A report of 14,720 cardiac arrests from the National Registry of Cardiopulmonary Resuscitation. Resuscitation. 2003; [58 297-308](#)

Advance Decision to refuse treatment (see page 10)

Have you already made any advance decisions to refuse treatment, for example: blood transfusions, surgery, particular medications or CPR?

Yes No

(If yes, please give details together with where a copy is held)

If no, would you like to discuss and record any advance decisions to refuse treatment, for example: blood transfusions, surgery, particular medications or CPR?

Yes No

Please give Details: _____

Contact information

Your details	
Name	
Address	
	Postcode
Telephone	Mobile

The person who knows you well	
Name	
Address	
	Postcode
Telephone	Mobile

Your next of kin	
Name	
Address	
	Postcode
Telephone	Mobile

Your Lasting Power of Attorney (Property and Affairs)	
Name	
Address	
	Postcode
Telephone	Mobile

Your Lasting Power of Attorney (Personal Welfare)	
Name	
Address	
	Postcode
Telephone	Mobile

Your district nurse	
Name	
Address	
	Postcode
Telephone	Out of hours

Useful number	
Name	

Terms explained

The Mental Capacity Act 2005 (MCA) states that a person has mental capacity to make decisions for themselves unless proved otherwise. Therefore they 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 understand the decisions they are making and that those supporting them to make such decisions are aware of the MCA. Further information on “Who decides when you can’t” can be found at: www.justice.gov.uk/guidance/mca-info-leaflet.htm

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.

Advance decision to refuse treatment: This is a decision to refuse treatment. It must be in writing if it relates to life sustaining treatment, signed and witnessed and is legally binding if valid under the Mental Capacity Act 2005. This was previously known as a Living Will.

Best interest: 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.

Lasting power of Attorney (LPA) Property and Affairs: This allows you (if you are over 18) to choose someone to make decisions 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 and deciding where you live. These decisions can only be taken on your behalf when you lack the capacity to make the decisions yourself.

All LPAs must be registered with the Office of Public Guardian to be valid. Further information and forms can be found at: www.publicguardian.gov.uk

What to do next with this booklet

1. Show the booklet to the health professional who gave it to you, or your GP or District nurse. They will be able to answer any queries you have and clarify anything with you. They may also ask you if they can share some of the information with other health professionals if they think it would be useful for them to know.
2. If you wish it may be helpful to involve family or friends in deciding on your preferences, it may help them understand your wishes.
3. Keep the booklet somewhere safe, tell someone where you put it so they can get it if it is needed.
4. Your preferences may change over time so please review it if you think things have changed. It is worth reviewing it every 6 months, or if you have had a recent admission to hospital, or there has been a deterioration in your health, so people know your preferences are still up to date.

Date the booklet was completed : _____

Date the booklet was discussed: _____

Which Health care professional I discussed this with:

Date I reviewed this booklet _____

Other useful information can be found at:

www.dyingmatters.org

www.palliativecare.bradford.nhs.uk

Information for other care professionals

With the agreement of the patient this page can be removed and used by care professionals to put the information into the individuals shared electronic health record (SystemOne) via EPaCCs or Advance Care Plan template

Advance care plan for _____ Date of birth _____

I have written in the Advance Care Plan Booklet Yes No

Please tell us where we can find this if needed -

Where would you like to be cared for if you are no longer able to care for yourself?

First preference _____ Second preference _____

Where would you like to be cared for when you are dying?

First preference _____ Second preference _____

Does anyone have Lasting Power of Attorney (Property and Affairs) for you? Yes No

If YES, please give contact details

Name _____ Telephone _____ Mobile _____

Does anyone have Lasting Power of Attorney (Personal Welfare) for you? Yes No

If YES, please give contact details

Name _____ Telephone _____ Mobile _____

