

PAUL SARTORI FOUNDATION

ACP PROJECT

SPECIMEN STATEMENT OF WISHES AND CARE PREFERENCES



This is a fictional statement for an imaginary woman, but it is based on views expressed by real people. Ann lives alone and her family are a long way away. She is healthy and is not anticipating any particular care needs.

When she wrote this, she was hoping to provide information that would be useful in the event of an unpredictable event, such as an extensive stroke or head injury, which would impair her ability to make decisions.

She anticipates that this document would be used at a stage when she had received emergency treatment and her condition had stabilised. For this reason she has been careful to make it clear that her objection to curative treatment would only apply if it were clear her condition was unlikely to improve. For the same reason, she does not think there is any need for the emergency services to know about her wishes – just her family and GP.

She was offered the option of making her preferences legally binding by writing an Advance Decision to Refuse Treatment, but did not feel this was necessary.

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:

Ann Other

My date of birth:

24/3/1942

My home address:

1 Acacia Avenue
Haverfordwest
SA61 1Z3

Name and address of my GP:

Dr Bloggs
Winch Lane Surgery

A copy of this statement is with my GP: *on completion a copy will be sent to my GP*

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

Not applicable

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

I would like the following to be consulted:

Robert Other - my son

Jean Jones - my daughter. Jean is in the US and would need to be able to communicate partly by email. (jeanj@aol.com) I give my permission for this

Do they have Lasting Power of Attorney?

No

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

- I would like all efforts made to include me in decision-making. I prefer to have as much information as possible about my condition, even if that means hearing bad news
- If I were so physically or cognitively impaired as to be unable to make a decision, and if that was unlikely to change, I would not want any treatment aimed at extending life. I would want comfort measures only.
- I have bad memories of asthma attacks as a child and have a particular fear of fighting for breath. I would particularly want treatment aimed at relieving this distress, regardless of side effects

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

Yes - I am a registered donor

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

- This would depend on how long I was likely to need care for. If the need was likely to be short term (eg: diagnosis of extensive cancer) I would like to be at home. If the need was for long term care, I would prefer to be in a care home

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

- I would hate to have to use bed pans or incontinence pads. My preference would be to be catheterised if I become incontinent of urine. I am happy to accept the risks associated with this.
- I would not want family members to provide very personal care

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

I have put together a document with some facts about my life and preferences for day to day living. I would like this to be available to anyone involved in my long term care, if I am unable to speak for myself

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

Robert Other - my son
Jean Jones - my daughter

Date written:

01/05 /2012

Your name and signature:

Ann Other

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