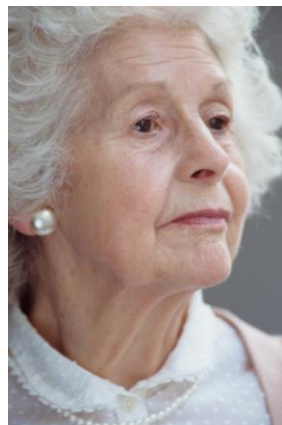


PAUL SARTORI FOUNDATION

ACP PROJECT

SPECIMEN STATEMENT OF WISHES AND CARE PREFERENCES



This is a fictional statement for an imaginary woman, but it is based on a real person and her views. She has mild dementia and reasonably good physical health. She is 77 years old and works as freelance writer

She wrote an ACP because she was afraid people would 'write her off' because of her dementia. She feels she is still able to enjoy life and would want treatment to be attempted for any serious physical illness

The majority of Advance Care Plans are written by people who want less medical intervention than they might otherwise be offered. This specimen statement is included to show that ACP can also be useful for people who DO want invasive treatments (although it needs to be remembered that ACP cannot legally oblige anyone to offer treatment that is not appropriate)



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:

Jean Brodie

My date of birth:

14/6/1937

My home address:

10 Bryn Teg
Newtown
Pembs
SA93 0RZ

Name and address of my GP:

Dr Evans
Newtown Heath Centre

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 all attempts made to include me in decisions even if I am ill, or the decisions might be distressing. If this is not possible, I would like my husband to be consulted about all aspects of my care and make any decisions for me.

I would like my husband to be able to be with me whenever possible in hospital.

Do they have Lasting Power of Attorney? No

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

I consider my current quality of life to be good. I have a lovely family, lots of friends and work I enjoy. I would like to be considered for any treatment which might prolong good quality, reasonably independent life and which my husband is in agreement with.

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?

I would like to be at home if exactly the same treatment can be offered there as in hospital (eg: IV antibiotics from the hospital at home team). As long as there is a good chance of recovery I would be happy to be in hospital

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

I do not want people who do not know me well to make judgements on my quality of life

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

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

John Brodie, my husband

Gillian Young, my daughter

Date written:

13/9/2012

Your name and signature:

Jean Brodie