GIG CYMRU NHS WALES | Bwrdd Iechyd Hywel Dda Health Board

PAUL SARTORI FOUNDATION

ACP PROJECT

SPECIMEN STATEMENT OF WISHES AND CARE PREFERENCES

and

ADVANCE DECISION TO REFUSE TREATMENT

These are fictional documents for an imaginary elderly man. He lives with his daughter who looks after him with help from a small social care package. She is still able to go out to work. He has mild dementia and arthritis. He is at high risk of stroke and heart attack.

Mr Smith is currently enjoying life. However, he does not feel he would want to live for an extended period if his health deteriorated and he definitely does not want to spend any more time in hospital

As his primary concern is that he should not have to go to hospital, Mr Smith has taken steps to ensure that the ambulance service and out of hours doctors will have access to his statement and advance decision to refuse treatment

GIG CYMRU NHS WALES | Bwrdd Iechyd Hywel Dda Health Board

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:

Keith Smith

My date of birth:

06 April 1923

My home address:

324 Heol Dewi
Fishguard
SA65 Z10

Name and address of my GP:

Dr Jones
Fishguard Health Centre

A copy of this statement is with my GP: Copies will be sent to: GP and I will let other services know that this document exists. My daughter has a copy and there is a copy on the table in the hall. I have a 'message in the bottle' in my fridge, which will tell emergency staff about the copy in the hall

Do you have an advance decision to refuse treatment? Yes

If yes, where do you keep it and who has a copy?

As above

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

- I am happy for my condition to be discussed with any family member
- I would like my daughter Elspeth to be involved in any decisions as she is the person I have discussed these things with most

Do they have Lasting Power of Attorney?

If so, is this for:

- Property and Financial? Yes
- Health and personal welfare? No

Please provide details:

My daughter Elspeth has power of attorney for property and finance

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

I do not wish to go to hospital ever again if this can be avoided. I want to stay at home where I can be with my family and dog.

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

Yes

If you would like more information about this, please contact the Health Board's Specialist Nurse in Organ Donation via your local hospital.

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

I would like to be in my own home, but I would not want Elspeth to have to give up work to make this possible
If it is not possible to stay at home, I would like to be in a Welsh speaking care home as I find I forget English words sometimes and I prefer to speak Welsh

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

I would not want to go to hospital or have any uncomfortable treatment aimed at keeping me alive
I would not want my daughter to have to do any personal care for me, such as washing me.

Please see my Advance Decision to Refuse Treatment

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

My daughter and GP know about my wishes
I have also discussed them with my carers and district nurse

Date written:

1/2/12

Your name and signature:
Keith Smith
Keith Smith

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

EXAMPLE OF A COMPLETED FORM

Advance Decision to Refuse Treatment

A) My details

My full name:	Keith Smith
My date of birth:	06 April 1923
My address:	324 Heol Dewi Fishguard SA65 7JQ

Distinguishing features *[in the event of unconsciousness e.g. a distinctive mole]*:

Large mole on left shoulder blade. Scar on left hip from hip replacement.

This document sets out the decisions that I have made about my future care and treatment should I become unable to make those decisions for myself, because I have lost the mental capacity to do so.

I have the mental capacity to make the decisions set out in this document. I am not acting under any undue influence or duress.

I have carefully considered information about the treatment options available and how I wish to be treated if, in the future, I lose the capacity to refuse or consent to medical treatment, or the ability to effectively communicate my refusal or consent.

My decisions, as set out in this document are intended to apply indefinitely, unless specifically revoked.

I understand that this Advance Decision will only be followed if I lose the capacity to make or communicate the decisions set out in this document.

Note to Healthcare Professionals

- This document should be used in the event that I lose the mental capacity to make or communicate the decisions it contains.
- Please do not assume that I have lost capacity – I may need help and time to communicate.
- If I have lost capacity please check the validity and applicability of this Advance Decision to Refuse Treatment.

- If my Advance Decision is valid and applicable please ensure that you act on it as it is a legal document. Please help to share this Advance Decision with relevant colleagues who are involved in my treatment and care and need to know about it.
- Please also check with relatives and friends if I have made any other statements about my preferences or wishes that might be relevant to my advance decision.
- **This advance decision does not refuse the provision of basic care, support and comfort.**

EXAMPLE

B) My Advance Decision to Refuse Treatment

In the event that I lose capacity to make or communicate decisions for myself, this section lists the specific treatments or procedures that I **do not want** to receive, and the circumstances in which this refusal applies.

[**Note to person making this advance decision:** If you wish to refuse treatment that is, or may be, life sustaining, you must state that you are refusing treatment **'even if my life is at risk'** as a result. If you do refuse life-sustaining treatment then it is essential that this Advance Decision document is signed, dated and witnessed.]

<table>
<tr><td colspan="2">State here if you wish to refuse life sustaining treatment, even if your life is at risk:
[e.g. My decisions, as set out below, are to apply to life sustaining treatment even where these decisions place my life at risk]
My decisions, as set out below are to apply to life sustaining treatment even where these decisions place my life at risk.</td></tr>
<tr><td colspan="2">State here if there are circumstances under which your Advance Decision does not apply:
[e.g. If I am pregnant, I wish to receive medical treatment leading to the safe delivery of my child, after which I wish to reinstate my advance decisions refusing treatment.]
__________</td></tr>
<tr><td>I wish to refuse the following specific treatments: [e.g. Cardio-pulmonary resuscitation (re-starting my heart/breathing)]</td><td>In these circumstances:
[e.g. In the event that I have a cardiac or respiratory arrest after being diagnosed with a life-limiting illness]</td></tr>
<tr><td>Artificial ventilation (breathing using a machine).</td><td>If I can no longer breath for myself without the help of a machine due to:
• Being in a coma, minimally conscious state or persistent vegetative state resulting in lack of awareness of myself and/or my environment;
• paralysis;
• brain damage;
• a disease of the central nervous system;
• or any other life-threatening or life-limiting physical illness or condition from which there is little or no prospect of recovery.</td></tr>
<tr><td>Artificial feeding (via any means).</td><td>When my condition has deteriorated to the point that I cannot swallow safely, even with the help of others.
If I am in a coma, minimally conscious state or persistent vegetative state resulting in lack of awareness of myself and/or my environment.</td></tr>
</table>

Name…………Keith Smith**……………………………………..Date of Birth….**06 April 1923

Cardio-respiratory resuscitation.	In the event that I have a cardiac or respiratory arrest after I have been diagnosed with any life-threatening or life-limiting physical illness or condition from which there is little or no prospect of recovery.

If more space is required, continue on a separate sheet and ensure it is securely attached to this document.

Name…………Keith Smith**……………………………………..Date of Birth….**06 April 1923

EXAMPLE

C) My Wishes and Preferences

This space gives you the opportunity to express your wishes, preferences, values or beliefs. You cannot use an Advance Decision to request a specific treatment. However, noting down your treatment preferences or what you consider to be an acceptable quality of life, for example, will help the healthcare professionals looking after you to make decisions that are in your best interests.

Please see separate Statement of Wishes and Care Preferences

D) Lasting Power of Attorney

***Only** complete this section if you have **already** appointed an attorney under a Lasting Power of Attorney through the Office of the Public Guardian.*

The contact details of the person/people to whom I have granted Lasting Power of Attorney:

1) Name: Miss Elspeth Smith (daughter)

Address: 2 The Lane
The Village

Phone: 01234 567890

Type *(please tick all that apply)*: ☐ Health and Welfare ☑ Property and Financial Affairs

2) Name:

Address:

Phone:

Type *(please tick all that apply)*: ☐ Health and Welfare ☐ Property and Financial Affairs

EXAMPLE

E) GP details

GP name: Dr I Jones

GP address: GP Surgery
The Town

GPs phone: 09876 54321

F) Health professional declaration (optional)

It is good practice to discuss your wishes with your GP, nurse or hospital doctor. You may also wish to ask them to witness your mental capacity by signing this declaration.

I have discussed the matters contained in this document with *(insert name of person making the Advance Decision)* Mr Keith Smith

I am satisfied that this individual has the capacity to make the decision/s in this document and that they understand the consequences of these decisions.

Health professionals name: Dr Ifan Jones

Job title: General Practitioner

Signature: Ifan Jones Date: 22/07/14

G) Copies of this Advance Decision

I have deposited copies of this Advance Decision with: *[e.g. your GP, family members]*

1) Name: Miss Elspeth Smith (daughter)

Address: 2 The Lane, The Village, The Shire

Phone: 01234 567890

2) Name: Dr I Jones

Address: GP Surgery' The Town, The Shire

Phone: 09876 54321

Name…………Keith Smith**……………………………………..Date of Birth….**06 April 1923

EXAMPLE

H) Declaration and Signature

Person making the Advance Decision
This document sets out the decisions that I have made about my future care and treatment should I become unable to make those decisions for myself.

I confirm that I have the mental capacity to make the decisions set out in this document and that I am not acting under any undue influence or duress.

My decisions, as set out in this document are intended to apply indefinitely, unless specifically revoked.

I understand that this Advance Decision will only be followed if I lose the capacity to make or communicate the decisions set out in this document.

I understand that my comfort and personal hygiene will continue to be attended to.

Name: Keith Smith

Signature: Keith Smith Date: 24/07/14

(If the maker of the Advance Decision is physically unable to sign, it may be signed on their behalf by another person, under the maker's direction and in the presence of the witness below. Tick here if someone other than the maker has signed above: ☐*)*

Witness
I declare that the Advance Decision was signed or acknowledged in my presence.

Name : Mrs Edith Thomas Relationship: Next door neighbour

Address: 3 The Street
The Town

Signature: Edith Thomas Date: 24/07/14

I) Review

You should, if possible, review and reaffirm your Advance Decision on a regular basis.

I have reviewed my Advance Decision and reaffirm that the wishes stated in this document are my own and still apply. I confirm that this document is intended to apply indefinitely unless I specifically revoke it.

Signed: Dated:

Signed:		Dated:	
Signed:		Dated:	