**Planning Ahead**

# Decision Planning

Making decision plans can be reassuring. This is because if you are unable to make decisions in the future about your health and welfare, you will know your wishes will be followed from your Advance Decision, or your Lasting Power of Attorney will make decisions that you trust will be in your best interests.

##### Mental Capacity

The Mental Capacity Act 2005 states that every adult has the right to be assumed that they have capacity to make their own decisions. They must also be able to make decisions for themselves, even if they may appear to be unwise or strange to others. They must also be supported to make their own decisions and to communicate these decisions.

An adult can also make advance decisions about treatments they do or do not want, or can appoint a Lasting Power of Attorney to make decisions on their behalf. This is in case they lack capacity in the future when they cannot make these decisions. This may be due to dementia or another significant injury or illness.

If an adult lacks capacity, has no applicable advanced decisions and has no lasting power of attorney, then their family, friends and other professionals can make decisions made on their behalf. Any decision made must be made in the adult’s best interest

##### Advance Decision

These are decisions about your care that you make in advance, in case there comes a time in the future when you cannot make these decision. This may include wishes to refuse certain treatments, or to receive care in a specific location and environment. Typical decisions include receiving or refusing cardio-pulmonary resuscitation, intravenous antibiotics and artificial feeding.

These advance decisions are legally binding and can be made due to cultural, religious, faith or personal reasons. Everyone must follow your advance decisions and they cannot be overturned by anyone, including your family, friends or LPA (unless you have given them authority to do so).

For your advance decision to be valid, you must have capacity at the time you make it, and it must be applicable with specific wording relevant to the medical circumstances. It must also be clear and unambiguous, must not have been made under the influence of other people, and must be written down, signed and witnessed.

An advance decision cannot be used to make a decision when you still have capacity to make the decision yourself. It cannot refuse basic care essential to keeping you comfortable and cannot demand specific treatment or ask for anything that is against the law (for example euthanasia or assisting you in taking your own life).

Your advance decision is valid from the date you sign it. It is advisable to review it regularly and revise any changes, just remember to always signs and date the revised copy and to get it witnessed. Below is a template for an advance decision template, you can then make it as simple or as complex as you wish.

Advance statements are different from advance decisions as they can be made verbally, as well as being written down. Advance statements should be taken in to account if you are unable to make decisions about your care, however they are not legally binding like an advance decision is.

##### Lasting Power of Attorney (LPA)

If you are over the age of 18, you can appoint someone to be your LPA. If you become unable to make certain decisions, your LPA will have the legal power to act and make certain decisions on your behalf. There are two different types, a Health and Welfare LPA who could make decisions about where you live and the care you receive, and a Property and Affairs LPA who could make decision on your finances and property.

If you have made an advance decision, you can choose to ensure that your LPA follows the choices that your have made. It is important to think carefully about who you will appointment. You can choose more than one LPA but think about who you trust to make these decisions for you, and if they are reliable and have the skills. Most people appoint a relative or friend to be their LPA, but you can also appoint a professional, such as a solicitor or accountant. When making a decision for your, your LPA must firstly follow your advance decision if this has been specified. They must then act in your best interest and must consider your past and present wishes, they cannot take advantage of you to benefit themselves and must keep all of your money separate from their own.

To make an LPA, you and your attorney must be over the age of 18, please contact:

|  |  |
| --- | --- |
| 🕽 | 0300 456 0300 |
| 🖰 | www.gov.uk/power-of-attorney |

# Home and Care Planning

Planning ahead also includes dealing with home and care matters, from using personal alarms, reducing the risk of falls, preventing bogus callers, protecting yourself against crime, dealing with anti-social behaviour, preparing for cold weather, protecting yourself from carbon monoxide poisoning and fire and arranging appropriate housing and care choices. For further information, please see the resources below.

# Financial and Legal Planning

You may also wish to think about putting your finances in order and making or updating a will too. For further information on benefits and entitlements, debt and savings, pensions, income and tax, legal issues, insurance, wills and consumer advice, please see the resources below.

# Resources

**Age UK**

Leading support and research charity for people with dementia, their families and carers

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| --- | --- |
| 🕽 | 0800 169 6565 |
| 🖰 | www.ageuk.org.uk |

**Alzheimer’s Society**

Leading support and research charity for people with dementia, their families and carers

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| --- | --- |
| 🕽 | 0300 222 11 22 |
| 🖰 | www.alzheimers.org.uk |

**Citizens Advice**

Offer free, independent, confidential and impartial advice to help people resolve numerous health care and legal issues, including advices on benefits, work, finance, consumer, relationship, housing, discrimination, tax, education

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| 🕽 | 03444 111 444 |
| 🖰 | www.adviceguide.org.uk |

# Cardiopulmonary Resuscitation - CPR

**What is CPR?**

Cardiopulmonary resuscitation (CPR) is an emergency treatment given to try and restart the heart and lungs after they have stopped working. It involves inflating the lungs by ‘mouth-to-mouth’ breathing, by using a mask or even by inserting a tube into the windpipe. It also involves doing chest compressions by pushing down firmly on the chest and using electric shocks and drugs to try and restart the heart.

**What can CPR achieve?**

Contrary to what is often believed, the success rate for CPR is very low. Success rates of attempted CPR in hospital for all patients, regardless of age and disease, may be as high as 4 out of 10. However only two of these survive to leave hospital. Successful CPR is more likely in a hospital because of quick access to experienced intensive care staff and equipment. Despite the best efforts of everyone involved most attempts at CPR outside of hospital are not successful.

If successful, the person will need to be transferred to hospital, and is often admitted to an intensive care unit for artificial ventilation. Even if CPR is successful, there is a risk of further complications that may dramatically reduce the quality of life afterwards. Successful CPR is therefore associated with a short survival afterwards. The most it can achieve is to bring the person back to how they were just before the arrest occurred; it cannot improve any existing conditions. The side effects of CPR also include bruised or fractured ribs and brain damage.

The chances of success in CPR for a patient with advanced disease or frailty are virtually zero. CPR is therefore not appropriate for the vast majority of these people and should only be attempted if it is considered that it may be successful. For these reasons, many people decide in advance not to have CPR, and choose to be allowed to have a natural and peaceful death instead.

**Will I be denied other treatments if CPR isn’t appropriate for me or I decide not to have it?**

No. You can still receive all treatments that may benefit you, such as antibiotics for a chest infection or pain relief.

**Who else can decide whether to perform CPR?**

If you are too ill to make a decision, the doctors and nurses will make the decision for you. Those close to you can be involved in the discussion but cannot make the final decision.

**Can I change my mind and will the decision be reviewed?**

You can decide if you want your CPR decision to be reviewed regularly or not at all. If you have opted to receive CPR and it becomes inappropriate, for example due to your condition changing, this will be discussed with you.

**Who else can I talk to about CPR?**

If you feel that you have not had the chance to have a proper discussion with the healthcare team, or you are not happy with the discussions, please contact us to discuss your questions or concerns.

[](http://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&docid=Zn7nZLq2GX4j0M&tbnid=gbWVWxbVAa4ClM:&ved=0CAUQjRw&url=http%3A%2F%2Fwww.cardiovascular-sciences.org%2Fevents%2Fcardiovascular-disease-management-for-nurses%2F&ei=1ELqU_KTMoOd0AWCtICgDA&bvm=bv.72676100,d.ZGU&psig=AFQjCNFiBsQvumPZYlIWnFxfSXUvmqlmtQ&ust=1407947817425867)

**Advance Decision**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | My Advance Decision will be readily accessible at my home with any other of my medical notes  If you have also made a resuscitation order, please keep this together at the front of your notes  A copy of my advance decision is also held by: | | |
|  | |  |  |
|  | | My GP | Details: See below |
|  | | My Lasting Power of Attorney | Details: See below |
|  | | My Hospital | Details: |
|  | | My Solicitor | Details: |
|  | | My Family or Friends | Details: |

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| --- | --- | --- | --- |
| **My Details** | | | |
| Name |  | Date of birth |  |
| Address | 6 North Street, Emsworth, Hampshire, PO10 7DD | NHS number |  |
| Home Telephone |  |
| Email |  | Mobile Telephone |  |

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| **My Statement** |
| To my family, my GP, my personal welfare attorney (where applicable) and all other persons concerned, this advance decision has been made by me, entirely without influence from any other person whether they might stand to gain from my death or otherwise.  **I declare that if at any time:**  • I am unable to participate effectively in decisions about my medical care **and**  • two independent doctors (one a consultant) are of the opinion that I am unlikely to recover from illness or impairment **and**  • the gravity of my condition/suffering is such that treatment seems to be causing distress beyond any possible benefit,  **Then in those circumstances my directions are as follows:**  • that I am not subjected to any medical intervention or treatment aimed at prolonging or sustaining my life such as those in ‘Detailed instruction’ below, even if this means my life is at risk; this does not necessarily mean withdrawal of life-enhancing medication as I would not want the withdrawal of any treatment which may reduce distress or provide pain relief or if the withdrawal would adversely affect my quality of life  • that any distressing symptoms, including any caused by inability to eat, drink or simply receive nutrition, are to be fully controlled by appropriate analgesic or other treatment, even though that treatment may shorten my life. |

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| **My Detailed Instruction** | | | | |
|  |  |  |  |  |
| **Treatment** | For Cardio-Pulmonary Resuscitation | Yes | No |  |
|  | For Life Support & Ventilation | Yes | No |  |
|  |  |  |  |  |
|  | For Oral Antibiotics | Yes | No |  |
|  | For Intravenous Antibiotics | Yes | No |  |
|  | For Intravenous Fluids | Yes | No |  |
|  | For Artificial Feeding | Yes | No |  |
|  | For Blood Transfusion | Yes | No |  |
|  | For ICD Deactivation | Yes | No |  |
|  | For Hospital Admission | Yes | No |  |
|  | | | | |
| **Location** | Preferred Place of Care | Home, Care Home, Community Hospital, Hospital, Hospice, Mental Care Unit, Learning Disability Unit | | |
|  | Preferred Place of Death | Home, Care Home, Community Hospital, Hospital, Hospice, Mental Care Unit, Learning Disability Unit | | |
|  |  |  | | |
| **After Death** | Funeral Director | Name: | | |
|  | Funeral Plan | Burial | Cremation |  |
|  | Consent to Organ Donation | Yes | No |  |
|  | Consent to Medical Science | Yes | No |  |
|  |  | | | |
| **Other** |  | | | |
| **My Treatment Escalation Plan** | | | | |
| I have also made the following treatment escalation plan with my GP: | | | | |
| (record here if you have discussed or wish to discuss a DNA CPR) ( Do not resuscitate order) | | | | |

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| **My Religious, Spiritual and/or Faith Beliefs and Wishes** |
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| **Sharing My Records** |
| It is important to share your records. This is to ensure that you receive the correct treatment at the correct time. If there is anyone you particularly want (or do not want) us to share your records with, please do inform us.  I consent to my medical record being shared appropriately in order that health care professionals may provide suitable care to me  I consent to my medical record be accessed by my relatives after my death for purposes of their own health but not to the detriment of my reputation or estate |

|  |  |  |  |
| --- | --- | --- | --- |
| **My GP** | | | |
| GP | Dr | Telephone | 01243 378812 |
| Address | Emsworth Surgery  6 North Street, Emsworth, Hampshire, PO10 7DD | Fax | 01243 379080 |

|  |  |
| --- | --- |
| **My Lasting Power of Attorney** | |
| Details | (if you have not arranged a Power of attorney we suggest you may like to discuss this with your solicitor) |

|  |  |  |  |
| --- | --- | --- | --- |
| **My Signature** | | | |
| I consent to anything proposed to be done or omitted in compliance with the directions expressed above and I absolve my medical attendants from any civil liability arising out of such acts or omissions, provided that they take due care in exercising their responsibility. I reserve the right to revoke this decision at any time, but unless I do so it should be taken to represent my continuing directions. | | | |
| Signed |  | Date |  |

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| --- | --- | --- | --- |
| **My Witness Statements** | | | |
| I testify that the maker of this advance decision signed it in my presence and made it clear to me that they understood what it meant. I do not know of any pressure being brought on them to make such an advance decision and I believe it was made by their own wish. So far as I am aware I do not stand to gain from their death. | | | |
| **Witnessed By** |  | **Witnessed By** |  |
| Signed |  | Signed |  |
| Dated |  | Dated |  |
| Name |  | Name |  |
| Address |  | Address |  |