

ADVANCE CARE or HEALTH DIRECTIVE

4th EDITION July 2013

A video explanation and other information can be found on the Internet: www.youracp.com Designed by Dr Jerome Mellor

This form details my treatment choices if and when I am too sick to make my own choices and I hope my doctors, nurses and family are able to abide by them. *It keeps me in control of my life and may relieve my family and carers of having to make difficult decisions on my behalf.* At the time of writing I am of sound mind and understand the implications of this document. If I have declined a treatment, I am fully aware that it may shorten my life and I choose these options because I do not want it to be prolonged by medical intervention. If my choices cause me pain or distress I request strong painkillers, sedatives and similar palliative treatment to help relieve my symptoms.

Your full Name:	Date of Birth:
Your Address:	
Your Signature:	Today's Date:
Witness' signature & name: (a friend or neighbour but not a family member or your Doctor)	

HOW TO COMPLETE THE FORM	
Write in each box	YES or NO
To refuse a treatment	NO
To agree to a treatment:	YES

A> SUPPORT FROM FAMILY, CARERS OR ENDURING GUARDIAN

Please try to discuss this document with your closest family, carer or enduring guardian. It will be much easier for your doctor and nurses to respect all your wishes if your family are aware of your choices and are willing to support them. In particular, if you want to cease any tablets, refuse resuscitation (CPR) or do not want to be spoon-fed if you are incapable of feeding yourself. This is a legal document; it can be changed by you at anytime and *only comes into force when you lose your mental capacity to make decisions.* Your family, enduring guardian or anyone else, cannot overrule it without a court order.

1> Name & Signature of family member you've discussed this with:	
2> Name & of Enduring Guardian or person responsible:	

B> PREFERENCES, LIFE GOALS, VALUES AND BELIEFS:

Imagine you were admitted to hospital tonight and you were seriously unwell with perhaps a severe stroke, overwhelming infection, major head injury or multiple organ failure and you were unable to make any decisions. It would be a good idea to make a 'preference statement' to guide your doctors and family as to what outcome would be unacceptable to you. Write YES in the following statements if you agree and add one of your own if you have special circumstances: For example if you have severe emphysema, motor neurone disease, cancer, MS or some other debilitating condition.

MY PREFERENCES ARE:	YES or NO	Important points to consider:
3. It would be unacceptable to me if I lost my independence to the extent that I could no longer live in my own home.		Consider issues important to you such as: being able to get around by yourself, being able to recognise & communicate with people who are significant to you, being able to wash or feed yourself, having control of bladder & bowels, being able to remain in your home, your dignity your religious beliefs and previous experiences
4. I would rather die in my home than in a hospital.		
5. Write your own preferences here: It would be unacceptable to me if I.....		

C> IN MY PRESENT HEALTH AND I AM ADMITTED TO HOSPITAL

In my present state of health and sound mind, and I am admitted to hospital through ill health and I cannot express my needs, then my treatment choices in three very different scenarios are:

TREATMENTS	YES or NO	Important points to consider:
6. Cardio-pulmonary resuscitation (CPR) or life support (artificial ventilation) to save my life if it looks like my level of functioning will be acceptable to me and/or the illness is reversible and I am likely to be back to my former self and health		In this situation, you would probably only say NO to cardio-pulmonary resuscitation (CPR) if you had decided that for life to be meaningful you need to have a certain level of function, or that you would be happy to die peacefully at this point in your life. if you said NO to artificial feeding, you would die within a short time, but this may be your intention as the chances of recovery are poor. Where you choose NO, the focus of care will be to keep you comfortable and pain-free.
7. Cardio-pulmonary resuscitation (CPR) or life support (artificial ventilation) to save my life even if the level of functioning is not acceptable to me and my illness cannot be reversed.		
8. If I suffer a severe stroke (or similar) and after 2 to 3 weeks I cannot communicate my needs and cannot swallow then I want to be fed by stomach, nasal or intravenous tube (PEG, Nasogastric or IV). I would want renal dialysis or a pacemaker if needed.		

D> SEVERE DEMENTIA

If, through Alzheimer's disease, stroke, cancer or any other cause my mental state had seriously deteriorated to the extent that I no longer live at home and I am in a nursing home, hostel or hospital and all the following were true:
 a> I could no longer follow a simple conversation. b> I could not shower myself without instruction. c> I could not describe what a toilet was used for. I may still be able to walk. If it were felt there was little chance of recovery then I would make the following treatment choices:

TREATMENTS	YES or NO	Important points to consider:
9. Any treatment that may prolong my life.		If you are admitted to a nursing hostel with severe dementia your physical and mental condition gradually deteriorates. After one to three years you would normally have to be transferred to another wing for 24 hour care. Often at this stage you will have become increasingly bedbound either through muscle weakness or through falls and fractured hips. Heart attacks and strokes are common causes of death in the elderly. Tablets for blood pressure, cholesterol and blood thinning prevent these and may make you live longer. If you have severe dementia you may not want to have these. <i>However you may survive the heart attack or stroke and then become more disabled.</i>
10. Antibiotics for life threatening illness (pneumonia/septicaemia etc.).		
11. Blood pressure, Cholesterol and Blood thinning tablets (aspirin/warfarin etc.).		
12. Operation for fractured hip		
13. Other operations requiring general or spinal anesthetic.		
14. If I said "NO" to operations but my pain management cannot be adequately controlled with strong analgesia after 3 days, I would then consent to an operation.		
15. Intravenous drip for fluids or drugs.		
16. Immunisations for flu/pneumonia.		
17. Nutritional supplements to counter weight loss and make you live longer.		
18. If I'm on dialysis or have a pacemaker or a defibrillator I want these treatments continued.		

E> IF I AM BEDRIDDEN AND UNABLE TO COMMUNICATE

If, in the future, I have become so severely disabled that: 1> I am completely bedridden. 2> I am unable to express or articulate most of my needs. 3> I am doubly incontinent. 4> I cannot feed myself and have to be spoon-fed. If it were felt there was little chance of recovery then I would make the following treatment choices:

TREATMENTS	YES or NO	Important points to consider:
19. Any treatment that may prolong my life		If you have deteriorated to this condition you would be completely dependent on 24 hour nursing care for all your bodily functions. Without the presence of a major illness, you might live like this between 12 months and three years, sometimes longer. It can be very difficult for doctors, nurses and close relatives to decide how much treatment you should be given at this stage, particularly if stopping treatment or feeding may lead to early death. If these issues are discussed with your family in advance there can be little question as to your intentions. Where you choose NO, the focus of care will be to keep you comfortable and pain-free.
20. I want to be spoon-fed. If I say no to this, I realise I will die within weeks. (Ceasing spoon-feeding may require a legal process).		
21. Antibiotics for life-threatening illness (e.g. pneumonia/septicaemia). Drugs for BP, Cholesterol & Blood thinning. Immunisations and Nutritional Supplements		
22. Operation requiring general or spinal anaesthetic.		
23. If I said "NO" to operations but my pain management cannot be adequately controlled with strong analgesia after 3 days, I would then consent to an operation.		
24. If I'm on dialysis or have a pacemaker or a defibrillator I want these treatments continued.		

F> IF I AM ADMITTED TO A NURSING HOME OR HOSTEL:

	YES or NO
25. If at any time I am too mentally confused to make decisions and become seriously ill whilst I am in a Nursing Home, I would prefer to be treated in the Nursing Home rather than being transferred to Hospital.	

G> GP, family doctor or Specialist to fill in this section:**Drs Signature, Date & Stamp**

I, Dr. _____ CONFIRM THAT _____ (patient's name) understands the implications of this document. In particular: (tick box)

1. They have filled in the form correctly, completely and signed/dated. ☐

2. They understand the consequences of their decisions. ☐

REVIEW SIGN AND DATE EVERY 2-4 YRS

Photocopies for Patient, Doctor (& Nursing Home)