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| **My Future Care** |

**Information for completing an advance statement of wishes**

* **This document is for you to help you think about your wishes or preferences for your care**
* **It will help you plan and express your wishes to those providing that care**
* **It will also give your doctors, nurses and social carers information so that they can try to deliver that care**
* **This document does not constitute an Advanced Decision to Refuse Treatment (ADRT), a Do Not Attempt Resuscitation (DNACPR) or a Lasting Power of Attorney (LPA) Order. Whilst you can use this document to express your wishes in respect to these things there are separate forms to complete if you wish to make a ADRT, DNACPR or LPA order.**
* **You can discuss with your family and friends, if you wish, what things are important to you. This might include whether you want to be admitted to hospital or if you prefer to receive as much care as possible at home**
* **These wishes can be discussed with your doctor, nurse etc and options explored, if your condition or views were to change**
* **It will enable you to have more choice in how you want to be treated, giving you the opportunity to ask questions and discuss things that are important to you**
* **Please note you are encouraged to review this document regularly and if necessary change or withdraw your views or statements. Any changes should be recorded on this form and discussed with your Doctor, healthcare professional and family. The information in this document is to help ensure you receive the right care but circumstances can change unexpectedly potentially requiring alternative options to be considered and discussed with you**

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| **My Future Care** |

This document is my advance statement where I have recorded my preferences for the type of care I would like to receive to help maintain the best quality of my life. This includes what things are important to me and where I would like to receive that care.

Please note this plan supports other aspects of my care and along with other documents forms my overall advance care plan.

**My NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NHS number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of my GP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**My Key Contact**

(This could be a family member or friend who has been involved with this plan and can be contacted about future discussions)

**Their NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Their Relationship to me** (i.e. partner, son / daughter/ Lasting Power of Attorney):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Details:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The person / healthcare professional that assisted me in completing this plan (if applicable).

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship /:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Details**

My illness or current condition is:

These are the things that are important to me regarding how I want to be cared for:

I understand whilst it may not always be possible to make arrangements to meet my preferences, when the time comes, the place I would like to die is:

These are my concerns and fears:

The following are what I would **not** want to happen to me:

Advance Decisions to Refuse Treatment:

I understand that I can refuse specific, even life sustaining, treatments, in the future. This will be only relevant if I can not make the decision for myself then and will be in anticipation of my circumstances. I am aware I can discuss this with my doctor or healthcare professional.

I have described below how any advance decision to refuse treatment can be found (e.g. a copy attached to this document or who to contact).

……………………………………………………………………………………………………………….

By signing this form any information which I have given can be used with my consent to help to plan and deliver my care. It can only be shared with people / professionals relevant to my care. It can not be used for any other reason without permission. I have the right to change my mind at any stage.

My Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of professional supporting completion (if applicable ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of professional completing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date reviewed (if applicable ) ------------------------------------------------------------------------------

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| Below is a list of people / services that have been told about my plan: |
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Guidelines for staff when helping patients to complete an advanced statement of wishes

* This document is an Advance statement of wishes and is part of the advance care planning (ACP) process. The ACP process may also include advance decisions, advance decisions to refuse treatments (ADRT), ‘Do not attempt resuscitation’ (DNACPR) orders and Lasting Power of Attorney (LPA) orders (these should be documented on separate forms).
* This advance statement is concerned with patients **own** wishes and preferences.
* Patients are to be offered the choice as to whether they want to complete the document and take part in the discussions, some may not to do this and this should be respected.
* It is best completed by the patient but can be recorded by family members or staff using the patients own words if the patients is unable to write.
* If appropriate, family or people close to the patient should be encouraged to engage in the process, thereby acknowledging and respecting the patients wishes should the need arise, hopefully avoiding any disagreements regarding care that can occur. Patients consent must be obtained before any confidential information is shared or discussion held with other people.
* It is essential that sufficient time is allowed for completing and reviewing the form.
* Always explain that, whilst every effort will be made, preferences and wishes cannot always be guaranteed as circumstances change and resources may not be available
* It is anticipated that the content of the form is shared with health and social care staff to enable future care provision offering individuals choice, therefore, permission should be sought to allow the sharing of the information, whilst maintaining confidentiality
* Discussion regarding DNACPR, AD & ADRT should be addressed sensitively and the necessary documents completed in line with current policy.
* Advance statements should be introduced as early as possible for patients on the supportive care register and those with long term conditions.
* The document is to be kept with the patient who should be encouraged to take it with them if the place of care changes