



# ADVANCE **CARE** PLAN

Personal preferences and  
choices for end of life care

# What matters – why have an advance care plan?

**Serious illness and ageing bring challenges that many of us prefer to avoid thinking about. At the same time many of us fear loss of control about decisions relating to our health care.**

Thinking ahead and writing down what matters to you can be a daunting process. However if no one else knows what is important to you, your preferences and choices may not be taken into consideration. It may be difficult to talk to your family and they may not agree, but having these conversations in advance can help direct decisions that sometimes need to be made at a time of crisis. Writing your preferences down will help others know what is important to you and you can change your mind at any time.

## What you will find inside this booklet

This booklet is designed to help you to think about what is important to you, and what you would prefer to happen to you if you were less well. You may not feel that you know enough about what is available to you or what choices you have about your care. It will direct you towards the people who may be able to help you. This booklet belongs to you – it is for you and about you. You can show it to anyone who is involved in your care. It is important to remember that you can add to this booklet as often as you like and change your decisions at any time in the light of altered circumstances.

The following pages highlight some important questions that you may or may not have already given some thought to. Your answers to these questions will help to shape your care in the future. It is an opportunity to think about what is important to you now and in the future. You can also record details of those involved in your care for handy reference.

This booklet can be used as an advance statement of your wishes and preferences. Although it does not have legal standing, it can be used as guidance in the future. Details about the different documents that can be used in these circumstances are detailed in this booklet.

# Your personal preferences and choices

- 1 We are here to support you to stay at home. Bearing in mind that your circumstances may change, what do you think you will need to support you to stay in your own home?**

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- 2 Who knows you well and understands what is important to you?**

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Please add their full contact details to page 10

- 3 Who do you view as your next of kin (does not need to be a relative)?**

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Please add their full contact details to page 10

- 4 Who or what supports you when things are difficult?**

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**5 What concerns you most about your health and wellbeing, now and for the future?**

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**6 Are there things about your health and wellbeing that it would be helpful for you to discuss with your family or friends?**

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**Would you like anyone to help you with this?**  YES  NO

If YES, who?

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**7 Have you made a Will?**  YES  NO

If YES, where is it held?

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If NO, would you like to discuss how to make a Will?  YES  NO

**8 Does anyone have Lasting Power of Attorney (Property and Affairs) for you?** *See page 9*  YES  NO

If YES, please add their full contact details to page 11

If NO, would you like to discuss this?  YES  NO

**9 Does anyone have Lasting Power of Attorney (Personal Welfare) for you?** *See page 9*  YES  NO

If YES, please add their full contact details to page 11 (it would be helpful if you could provide a copy of the paperwork)

If NO, would you like to discuss this?  YES  NO

**10 Do you want to be buried or cremated?**  BURIED  CREMATED

Do you have any arrangements in place?  YES  NO

If YES, please provide details

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If NO, would you like to discuss this?  YES  NO

**11 If it were possible, would you wish to donate any of your organs?**  YES  NO

In the case of cornea and some other tissue, age does not matter. For other organs it is the person's physical condition, not age, which is the deciding factor.

If YES, you will need to signed up to the NHS Organ Donor Register. You can do so at [uktransplant.org.uk](http://uktransplant.org.uk) or by calling the NHS Organ Donor Line on 0845 60 60 400 (lines open 24 hours, 365 days a year).

# Personal preferences to guide thinking about future treatment and care

**How would you balance the priorities for your care?**

(you may mark along the scale, if you wish)

<p><b>Prioritise sustaining life,</b> even at the expense of some comfort</p>	<p><b>Prioritise comfort,</b> even at the expense of sustaining life</p>
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**Considering the above options, what is most important to you?**

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**Thinking about the future, are there treatments that you would want and those you would not want?**

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# Cardio Pulmonary Resuscitation (CPR)

CPR is an emergency treatment which tries to restart a person's heart or breathing when these have stopped suddenly. Sometimes the media present CPR as being very successful. In fact when people have very serious illnesses only about 1 in 100 who receive CPR will recover enough to leave hospital.<sup>1</sup>

The ultimate responsibility for making decisions about CPR rests with the health care team supporting you. Sometimes a senior or specialist nurse can also make the decision. If CPR is not appropriate this will not prevent you from receiving other treatments to manage other health issues or concerns, or for your comfort and dignity. These would still be offered to you as appropriate.

Talking about resuscitation can be very stressful and upsetting. You do not have to discuss it if you do not wish to but we would like to give you the opportunity as your views can be helpful.

**Would you like to talk to someone who could give you more information about CPR?**

YES  NO

If YES, who?

- My GP
- A senior or specialist nurse
- Another doctor (e.g. hospital, community)

## Advance decision

**Would you like to discuss and record any 'advance decisions' about treatment that you might refuse? (e.g. blood transfusions, surgery, particular medications or CPR)**

YES  NO

If you already have an advance decision, who has a copy?

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<sup>1</sup> National Confidential Enquiry into Patient Outcome and Death (2012) *Time to Intervene? A review of patients who underwent cardiopulmonary resuscitation as result of an in-hospital cardiopulmonary arrest*. NCEPOD, London.

# Any other information

**Is there anything, not previously mentioned, that you would like to make known and write here?**

YES  NO

If YES, please provide details

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It is important to remember that you can review your preferences and change your mind at any time. If you would like to add to or review anything you have already written, please record it here and date it.

**Review from page(s)**

**Date**

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**Review from page(s)**

**Date**

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**Review from page(s)**

**Date**

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# Some terms explained

**Advance statement** This is a statement of wishes, preferences, values and beliefs. It is useful when taking into account 'best interest' decisions of behalf of someone who lacks capacity, but is not legally binding.

**Advance decision** This is a decision to refuse treatment. It must be in writing if it relates to life sustaining treatment, signed and witnessed and is legally binding if valid under the Mental Capacity Act 2005. This was previously known as a living will.

**Best interest** This is when a decision is made taking into account as many factors as are known. This can include advance statements, opinions and views of family, friends, carers and other professionals who know the person, all of which are considered in the light of the current circumstances to plan care for an individual.

**Lasting Power of Attorney (LPA) Property and Affairs** This allows you (if you are over 18) to choose someone to make decisions about how to spend your money and manage your property and affairs.

**Lasting Power of Attorney (LPA) Personal Welfare** This allows you (if you are over 18) to choose someone to make decisions about your health care and welfare. This includes decisions to refuse or consent to treatment on your behalf and deciding where you live. These decisions can only be taken on your behalf when you lack the capacity to make the decisions yourself.

All LPAs must be registered with the Office of Public Guardian to be valid. Further information and forms can be found at [publicguardian.gov.uk](https://publicguardian.gov.uk).

**The Mental Capacity Act 2005 (MCA)** states that a person has mental capacity to make decisions for themselves unless proved otherwise. Therefore they should be asked first about their preferences and choices for care. It is important when making Advance Care Plans that a person can demonstrate that they understand the decisions they are making and that those supporting them to make such decisions are aware of the MCA. Further information can be found at [gov.uk/government/collections/mental-capacity-act-making-decisions](https://gov.uk/government/collections/mental-capacity-act-making-decisions).

# Contact information

## Your details

Name

Address and postcode

Telephone

Mobile

Email

## The person who knows you well

Name

Address and postcode

Telephone

Mobile

Email

## Your next-of-kin

Name

Address and postcode

Telephone

Mobile

Email

## Your GP

Name

Address and postcode

Telephone

Out-of-hours

Email

**Your district nurse**

Name

Address and postcode

Telephone Out-of-hours

Email

**Your Lasting Power of Attorney (Property and Affairs)**

Name

Address and postcode

Telephone Out-of-hours

Email

**Your Lasting Power of Attorney (Personal Welfare)**

Name

Address and postcode

Telephone Out-of-hours

Email

## Information for other care professionals

*This page can be removed and inserted into other health professional records*

**Advance care plan for**

**Date of birth**

**Where would you like to be cared for if you are no longer able to care for yourself?**

First preference

Second preference

**Bearing in mind that your circumstances may change, where would you prefer to be cared for when you are dying?**

First preference

Second preference

**Have you made a Will?**

YES  NO

If YES, where is it held?

YES  NO

**Does anyone have Lasting Power of Attorney (Property and Affairs) for you?**

If YES, please give contact details

Name

Telephone

Mobile

YES  NO

**Does anyone have Lasting Power of Attorney (Personal Welfare) for you?**

If YES, please give contact details

Name

Telephone

Mobile

**Do you want to be buried or cremated?**

BURIED  CREMATED

**Do you have any arrangements in place?**

YES  NO

**If it were possible, would you wish to donate any of your organs?**

YES  NO

If YES, please ensure that your donor card is available and your next of kin is aware

Any other relevant information?

**Name of healthcare professional**

**Designation**

**Telephone**

**Mobile**

**Signature x**

**Date**

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