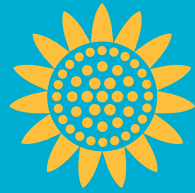


**St Leonard's
Hospice**
Caring for Local People



Advance Care Plan

**Personal preferences
and choices for
end of life care**

What matters – the process of thinking ahead

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 with you, but having these conversations can help direct decisions that sometimes need to be made at a time of crisis. Writing your preferences down will ensure that anyone who provides care for you, carers or health professionals, tailors it according to your wishes.

This booklet is designed to help you start making informed choices. 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 reflect on what you do and don't want in realistic terms. You can also record details of those involved in your care for handy reference.

Writing in this booklet creates an "advance statement", not a legal document. It is intended to help you think about your future ahead of time and influence a thorough and individualised approach to your care. It could also be used as guidance about your wishes and decisions should you ever lack capacity to voice them yourself.

(see page 9 for explanation of term "advance statement")

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

1st preference

2nd preference

2. Bearing in mind that your circumstances may change, where would you prefer to be cared for when you are dying? e.g. home, care home, hospital, or hospice.

1st preference

2nd preference

3. Who knows you well and understands what is important to you?

Please add their full contact details to page 10

4. Who do you view as your next of kin?

Please add their full contact details to page 10

5. Who or what supports you when things are difficult?

6. Do you have a particular faith or belief system that is important to you? Please give details:

Would you like to talk to anyone about your faith or beliefs?

(circle as appropriate) YES | NO

If yes who?

7. What concerns you most about your health, now and for the future?

8. Are there discussions with family and /or friends you feel would be helpful?

Would you like anyone to help you with this?

If so who?

9. Have you made a will?

(circle as appropriate) YES | NO

If yes, where is it held?

If no, would you like to discuss how to make a will?

10. Does anyone have Lasting Power of Attorney (Property and Affairs) for you? (see page 9)

(circle as appropriate) YES | NO

11. Does anyone have Lasting Power of Attorney (Personal Welfare) for you? (see page 9)

(circle as appropriate) YES | NO

If yes record details on page 11, if no would you like to discuss this?

(circle as appropriate) YES | NO

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 some- one 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.

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: www.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 on “Who decides when you can't” can be found at: www.justice.gov.uk/guidance/mca-info-leaflet.htm

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.

Contact information

Own name: _____

Phone: _____

Address: _____

Mobile: _____

Postcode: _____

Person who knows me well: _____

Phone: _____

Address: _____

Mobile: _____

Postcode: _____

Next of kin: _____

Phone: _____

Address: _____

Mobile: _____

Postcode: _____

GP: _____

Phone: _____

Address: _____

Mobile: _____

Postcode: _____

District nurse: _____

Phone: _____

Address: _____

Mobile: _____

Postcode: _____

Lasting Power of Attorney Property and Affairs:

_____	Phone:
Address: _____	_____
_____	Mobile:

Lasting Power of Attorney Personal Welfare:

_____	Phone:
Address: _____	_____
_____	Mobile:

**St Leonard's
Hospice**

Caring for Local People



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St Leonard's Hospice is a registered charity no: 509294 and a company limited by guarantee,
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