Advance Decision: next steps

You've almost finished making your Advance Decision. There are a few important steps to take before your form can be used.

Step 1 Read it carefully and check that you are happy with it. You can change anything by logging back in to your account.

Step 2 Sign it in the presence of a witness. Your witness must also sign the form and complete their details.

You should include details of the people you have discussed your Advance Decision with, like your family or doctor.

Step 3 Share it to make sure people know about your Advance Decision.

You should:

- Give a photocopy to your GP and ask them to add it to your medical records
- Give photocopies to people you know and trust
- Keep a copy for yourself

Step 4 Review your Advance Decision every two years, or sooner if your health changes or you are going into hospital.

Step 5 You can contact us to order a wallet-sized '**Notice of Advance Decision**' card. This explains that you have made an Advance Decision and where a copy can be found.

To order a card you can phone us on 0800 999 2434 or email info@compassionindying.org.uk.

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Advance Decision to Refuse Treatment

This Advance Decision to Refuse Treatment sets out the situations in which I want to refuse medical treatment should I lack capacity to make or communicate that decision in the future. I have carefully considered these decisions and I confirm that I have capacity to make them. I understand that decisions about my diagnosis and prognosis will be made by the doctor in charge of my care.

About me

Name: Mr Stephen Paul Hennessey

Address: Elderflower Cottage, Blindcrake, Cockermouth, CA130QP

Date of birth: 6 November 1959

NHS number:

Distinguishing features: None

GP details

Name: Dr Ervine

Address: Castlegate And Derwent Surgery
Community Hospital,
1 Isel Rd,
Cockermouth
CA13 9HT

Phone number: 01900705750

My refusals of treatment

I confirm that the following refusal(s) of treatment are to apply even if my life is at risk or may be shortened as a result.

I understand life-sustaining treatment includes but is not limited to CPR, clinically assisted nutrition and hydration, mechanical or artificial ventilation and antibiotics for life-threatening infections.

Dementia

If I have any type of dementia, and I can no longer make or communicate a decision about my medical treatment, and I am unlikely to regain the ability to make these decisions, then I refuse all life-sustaining treatment if I also show any of the following symptoms or behaviours:

- I am persistently unaware of my surroundings
- I am persistently unable to recognise people close to me
- I am persistently anxious or agitated
- I am unable to attend to my personal hygiene
- I am unable to swallow
- I am unable to interact with others

Brain injury

If I have a brain injury following a stroke, head injury or any other cause, and I can no longer make or communicate decisions about my medical treatment, and I am unlikely to regain the ability to make these decisions, then I refuse all life-sustaining treatment if I also show any of the following symptoms or behaviours:

- I am diagnosed as being in a continuing vegetative state
- I am diagnosed as being in a minimally conscious state
- I am persistently unaware of my surroundings
- I am persistently unable to recognise people close to me
- I am persistently anxious or agitated
- I am unable to attend to my personal hygiene

- I am unable to swallow
- I am unable to interact with others

Diseases of the central nervous system

If I have a disease of the central nervous system and I can no longer make or communicate decisions about my medical treatment, and I am unlikely to regain the ability to make these decisions, then I refuse all life-sustaining treatment if I also show any of the following symptoms or behaviours:

- I am persistently unaware of my surroundings
- I am persistently unable to recognise people close to me
- I am persistently anxious or agitated
- I am unable to attend to my personal hygiene
- I am unable to swallow
- I am unable to interact with others
- If I am disabled and unable to function independently such as a lack of mobility and ability to walk.

Terminal illness

If I have any terminal illness, and I can no longer make or communicate decisions about my medical treatment, and I am unlikely to regain the ability to make these decisions, then I refuse all life-sustaining treatment.

To avoid doubt

I wish to be given all medical treatment to alleviate pain or distress, or aimed at ensuring my comfort.

I am making this Advance Decision because

Quality of life is more important than just surviving. I live alone I need to be able to function independently and be able to live an active life. This means being able to walk, communicate and carry out normal day to day activities.

Any illnesses such as viruses where being on a ventilator could lead to me making a full recovery then I wish to given all medical treatment.

I wish to be given all medical treatment to alleviate pain or distress, or aimed at ensuring my comfort.

I would like to be sedated when receiving palliative care so I am unconscious and unaware when I die.

Signature

I confirm that I have carefully considered my wishes as set out in this form and that all the information and decisions within it are my own.

Signature: YOUR SIGNATURE

Print name: YOUR FULL NAME

Date: DD / MM / YYYY

Witness

I confirm that this Advance Decision was signed in my presence.

Signature: WITNESS SIGNATURE

Print name: WITNESS FULL NAME

Date: DD / MM / YYYY

Address: WITNESS ADDRESS

Relationship: WITNESS RELATIONSHIP

Relevant people

Fill out this section by hand.

I have discussed this Advance Decision with:

Include details of anyone you have discussed your Advance Decision with, like your GP or a family member. This will help your healthcare team if your wishes aren't clear or if your capacity to make this Advance Decision is questioned.

I would like the following people to be involved in my care:

Include details of anyone you would like your healthcare team to talk to if you can't make a decision. The people you list here won't have any legal decision-making power, but their views should be taken into account.

Review dates

It is a good idea to review your Advance Decision regularly. This will help a healthcare professional to be confident that what you have said in your Advance Decision is still what you want.

I have reviewed this Advance Decision and confirm that what is written reflects my own wishes.

Signed: YOUR SIGNATURE **Date:** DD / MM / YYYY

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Signed: YOUR SIGNATURE **Date:** DD / MM / YYYY

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Compassion in Dying
181 Oxford Street
London
W1D 2JT

Phone: 0800 999 2434 (11am to 3pm, Monday to Friday)
Email: info@compassionindying.org.uk

www.mydecisions.org.uk