

ACP Documentation practice session

6 My treatment and care choices

This section is best completed with help from a doctor, nurse or specialist.

There are medical procedures that keep you alive or delay death. These may include resuscitation (CPR), life support, getting food and drink through a tube, and kidney dialysis.

Sometimes treatments can be both helpful and harmful. They may keep you alive, but not conscious, or make you a bit better for a short time, but cause you pain.

You need to decide if this is what you want. Your healthcare team will only offer treatments that you will benefit from, this includes the offer of CPR.

Think about what is important to you. For example, quality of life (how good your life is) or quantity of life (how long your life is)?

Are there circumstances in which you would want to stop being kept alive and be made comfortable so you can have a natural death?

If I am seriously ill and I am unable to make decisions for myself, the following best describes the care I would like to receive. I understand this does not require the healthcare team to provide treatments which will not be of benefit to me.

Seriously ill to me means:

Choose only ONE of these five options.

I would like my treatment to be aimed at keeping me alive as long as possible. I wish to receive all treatments that the healthcare team think are appropriate to my situation.

1 The exceptions to this would be:

If required and appropriate I would want CPR to be attempted:

YES NO I will let my doctor decide at the time.

I would like my treatment to focus on quality of life. If my health deteriorated I would like to be assessed and given any tests and treatments that may help me to recover and regain my quality of life, but I DO NOT WANT TO BE RESUSCITATED. For me, quality of life is:

2

I would like to receive only those treatments which look after my comfort and dignity rather than treatments which try to prolong my life. I DO NOT WANT TO BE RESUSCITATED.

3

I cannot decide at this point. I would like the healthcare team caring for me to make decisions on my behalf at the time, taking into account what matters to me and in close consultation with the people I have listed in Section 4.

4

5 None of these represent my wishes. What I want is recorded in my Advance Directive on page 11.

5

I choose Option Number:

6 My Advance Directive

If you have treatment and care preferences for specific circumstances or you want an advance directive please write the details below.

An advance directive is a way of choosing beforehand specific treatments you would or would not want in different circumstances if you were no longer able to speak for yourself.

If you can't speak for yourself, it is the responsibility of your healthcare team to apply your advance care plan and any advance directive.

When applying the advance directive, they must be confident that you:

- (1) fully understood what you were asking for,
- (2) were free from influence or duress from someone else, and
- (3) meant this to apply to the current situation.

| In the following circumstances: | I would like my care to focus on: | I would accept the following treatments: | I would wish to refuse or stop the following treatment: |
|---|--|--|---|
| <i>Example: Severe stroke, unable to recognise anyone</i> | <i>Example: Allowing a natural death</i> | <i>Example: Comfort measures</i> | <i>Example: Artificial feeding</i> |
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If I have left this section blank, I am happy with the choice I made on the previous page and have no other preferences.