

## Accident highlights the need to share your advance care plan

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**Dr Heather Robertson has always been passionate about advance care planning (ACP) – the process of thinking about, talking about and planning for future health care and end of life care.**

Heather is Nurse Leader Primary and Community for Hauora Tairāwhiti, the district health board of Tairāwhiti. As the ACP clinical lead, she had completed her own plan after giving a lot of thought to what mattered to her and the types of treatment she would and wouldn't want if she was unable to speak for herself.

But the importance of sharing your ACP with your loved ones was brought into sharp focus for Heather last year when she had a serious car accident in another part of the country.



While she'd discussed her ACP with a colleague, the only copy of it was on her computer back home in Gisborne, not accessible to anyone, including her.

"I'd never printed it off and shared it with my family," says Heather. "My two older children were overseas at the time and I was waiting until the next time we were all together to discuss it with them."

Heather's injuries were serious – a broken neck, pelvis and lower spine, a tear in her spleen a brain bleed and a torn artery going into her brain.

There was talk of surgery to fuse her neck bones, something which Heather would not have wanted. Her eldest daughter Jade, also a nurse, arrived from Australia. She didn't think her mother would want the surgery, but had nothing concrete to base her decision on. In the end, Heather's brain bleed meant it couldn't go ahead.

After a few weeks, Heather was well enough to be transferred to Gisborne hospital, but was told she 'wasn't out of the woods yet'. "They weren't sure if my brain was going to bleed again and my neck fracture was still quite unstable and wasn't healing."

She asked one of the nurses to download another ACP form from the [Advance Care Planning Cooperative website](#), which she completed and kept in her bedside locker. She made sure everyone on her care team knew where it was and what it said about the care she did and didn't want.

Fortunately, her health improved and she was able to go home. "Even though I was recovering, I still felt the need to have an ACP, because it is about the future and what that might look like, says Heather.

“A lot of people at work have since said to me ‘I bet you’ve changed your mind about what’s in your ACP now that you’ve had a near miss’. But I tell them I would make the same decisions about my care today. I had really thought through my values and beliefs and I know if I couldn’t live a perfectly able life and take care of myself I wouldn’t want active intervention.”

Heather’s ACP has now been shared with family members and she keeps a copy in her bedside drawer at home with other important documents. She has also asked that same colleague to support her family if difficult care decisions need to be made on Heather’s behalf in the future.

“The moral of the story is ‘don’t leave it too late’,” she says. “The accident and my recovery journey have taught me that you never know when you’re going to need an ACP.

“I know it’s not always easy to talk to family about this, but it’s really important to do it now. We all need to be thinking about what medical treatment we would and wouldn’t want if something were to happen to us and we were unable to speak for ourselves. We also need to ask our family members – especially our elderly parents – what they want.

“Having an ACP makes everything much less stressful for those who may be asked to make decisions on behalf of their loved ones. It’s a gift to our family that we can share with them now.”