

# Let's talk

## Advance care planning

**This document is for any person having treatment at:**

Guy's Hospital  
Harefield Hospital  
Royal Brompton Hospital  
St Thomas' Hospital  
some community sites

Advance care planning is when you think about and share how you want to be cared for in the future or at the end of your life. Anyone can do this, at any time. It's particularly helpful when people face a serious illness.

As part of advance care planning, it's important that you:

- are involved in planning your care and understand your choices
- are supported to record your wishes or needs
- know who you can talk to
- have your physical and emotional needs met
- have your cultural, religious and spiritual needs met
- feel confident that your wishes and needs are shared with everyone involved in your care
- are cared for in a way that is right for you

### Why should I record my wishes?

It can be a comfort to know that important people in your life and healthcare professionals understand your wishes and what matters to you.

Talking about and recording your wishes can help to make sure that:

- you have the right care and support
- you are cared for in a place that is right for you
- your physical, emotional, financial and spiritual needs are met
- important people in your life feel reassured because they know your wishes

You can make sure that people know your wishes by talking about them. You can also record your wishes in a written document. This makes them clear for your family, carers or anybody involved in your care. When the document is complete, it's called an advance statement.

### **What is an advance statement?**

An advance statement is a document to record your needs and wishes about your future health and care.

You can write an advance statement with support from family members, carers, or health and social care professionals.

The advance statement records:

- treatment options, including any that you do not want
- where you'd prefer to be cared for (in hospital, at home, in a hospice or care home)
- your values and identity
- any worries or concerns that you might have
- your religious or spiritual beliefs
- how you like to spend your time

The document is not legally binding. We use it to guide us about your wishes when making decisions in your best interests. This is important if you lose the ability to make decisions yourself.

### **How do I make an advance statement?**

You can make an advance statement by writing your needs and wishes in our advance care planning document. You do not have to make an advance statement, but this can be a helpful

way to record your wishes. Please feel free to ask your healthcare team for guidance and support. The document encourages you to think about different questions and ideas.

When the document is complete, it is your advance statement and belongs to you. You can show your advance statement to whoever you think needs to see it. It's useful to show the document to your healthcare team and people who are important in your life. The advance statement should be attached to your medical notes. This means that the people involved in your care can find the document easily.

### **Can I change my advance statement?**

You can add to your advance statement or change it at any time. Please tell your healthcare team about any changes. An advance statement is not legally binding, but guides your healthcare team about your wishes.

### **Let's talk**

As part of advance care planning, it's a good idea to have conversations with the people involved in your care. It's important that your wishes and feelings are considered and respected at all times during this process.

We want you to feel involved in your care and share what matters most to you. Thinking and talking about your options can cause a range of emotions, but for many people it's a positive experience. Our aim is to help you feel prepared. We're here to have these conversations with you when you're ready.

You can ask your healthcare team for more information about making an advance statement. If you're ready to make one, they'll help you to do this.

# Let's talk

## Your advance statement

Writing in this document creates an **advance statement**.

### Before you make your advance statement

It's best to complete this form as part of a conversation with a healthcare professional.

It's important to think about what you would want if your condition gets worse or you might be approaching the end of your life. Your healthcare team can support you with this. They can also put you in touch with the palliative care or spiritual care team if you would find this helpful.

You can contact the charity Compassion in Dying for more information about making an advance statement.

**phone** 0800 999 2434, Monday to Friday, 11am to 3pm

**email** [info@compassionindying.org.uk](mailto:info@compassionindying.org.uk) or go to

**web** [compassionindying.org.uk](http://compassionindying.org.uk)

<b>Your name</b>	
<b>Date of birth</b>	
<b>Address</b>	
<b>Phone number</b>	
<b>NHS number</b>	
<b>GP name or surgery</b>	
<b>GP phone number</b>	

The information in this document belongs to you. It is about you and for you. You can show the document to your healthcare team and the people important to you.

An advance statement is not legally binding, but it can help us to make decisions about your care and treatment that are right for you. This is important if you lose the ability to make these decisions yourself.

You can add to your advance statement or change it at any time. Please tell your healthcare team about any changes.

## Section 1

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### People important to you

#### Who can we talk to about your care and treatment?

Please include people who might be involved in making decisions about your care or treatment.

Name	Relationship to you	Phone number

#### Who should we talk to first?

If you could not tell us your wishes, who would you like us to talk to first about your care and treatment?

Name	Relationship to you	Phone number

## Who should we not talk to?

Is there anyone that we **should not** talk to about your care or treatment?

Please **do not** talk to:

Name	Relationship to you

## Section 2

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### Planning your treatment and care



#### What matters most to you about your future treatment and care?

This is about your personal views and wishes. It could include where you want to be cared for, your daily routine and your values or beliefs.

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**Do you have any worries about becoming more unwell?**

This could include worries about pain, loss of independence, money or not getting the care that you need.

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**If you become more unwell, where would you like to be cared for?**

You might be able to have care in hospital, at home, in a hospice or in a care home.

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**Where would you prefer to be cared for at the end of your life?**

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**If you become more unwell, are there things that you would and would not want to happen?**

This could include staying in hospital, having tests or being given some treatments, such as cardiopulmonary resuscitation (CPR). There is more information about CPR on the next page.

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**If you were so unwell that you might die, what would be important to you?**

This could include being with family, friends or pets. It could also include having care in your own home, getting regular pain relief, spending time in the fresh air, or having a visit from a religious leader.

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## **Cardiopulmonary resuscitation (CPR)**

CPR is a treatment that can be given when you stop breathing or your heart stops beating. The aim of CPR is to try to start your breathing and heart again.

CPR works best for people who were reasonably healthy before. However, from a medical point of view, it's unlikely to help people who are frail or who have been in poor health for a long time.

It's important to understand that CPR is an invasive procedure. CPR often causes broken ribs or damage to the organs inside your body. It could prevent a peaceful and dignified death.

Sometimes, we might decide that a person should not have CPR. We only do this if we believe that CPR will not work or is not in the person's best interests.

You can choose to refuse CPR in advance. Please tell your doctor or healthcare team at any time if you decide this. We then complete a DNACPR form. This stands for do not attempt cardiopulmonary resuscitation.

Writing your wishes about CPR in this document does not make your decision legally binding. You can make decisions about some treatments legally binding by writing an advance decision to refuse treatment. There is more information about this on page 13.

## Section 3

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### More about you

Knowing what's important to you helps us to give the care that is right for you.



**Tell us more about the parts of your life that are important to you.**

This could include your family, friends, pets and loved ones. You can tell us about your work, hobbies, activities or interests.

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**Tell us about your spiritual beliefs, cultural or religious practices, or faith.**

Is there any emotional or spiritual support that you would find helpful? What helps you to find peace or calm?

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## Section 4

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### Organ and tissue donation

It might be possible to donate your organs or tissues after your death to help others. This is always discussed with your family at the appropriate time. They would be involved in the decision. You can decide for yourself in advance if you want to donate your organs or tissues. If you do not want to donate your organs or tissues, you can register a decision not to donate.

You can register your decision on the organ donor register. **phone** 0300 123 23 23 or go to **web** [www.organdonation.nhs.uk](http://www.organdonation.nhs.uk)

It might not be possible to donate organs for life-saving surgery, even if you would like to. This depends on the circumstances. However, it may still be possible to donate tissues. Tissue donation can help to improve someone's quality of life.

Donating your body for medical research is a separate procedure. You need to complete a consent form giving your permission for this before you die. Make sure that you keep a copy of the paperwork and tell your family members and healthcare professionals your wishes.

You can ask your healthcare team for information about donating your body to medical research or visit **web** [www.hta.gov.uk](http://www.hta.gov.uk)



#### **Have you told anyone your wishes about organ and tissue or body donation?**

Please include their name, relationship to you and contact details. It can be helpful for healthcare staff to know who you have spoken to about organ and tissue or body donation. This information is especially useful if you do not register a decision on the organ donor register.

Name	Relationship to you	Contact details

## Section 5

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### Legally binding decisions

This document (your advance statement) is **not** legally binding. We use the document to guide us about your wishes when making decisions in your best interests.

You can make other documents that are legally binding. This means that healthcare professionals must follow your wishes.

#### Advance decision to refuse treatment (ADRT)

An ADRT is a formal and legally binding document. You can state in advance that you would prefer to refuse certain treatments in particular circumstances. If you already have an ADRT, please show it to your healthcare team.

A solicitor can give you advice about making an ADRT. There are some requirements for the ADRT to be valid. For example, you must:

- be at least 18 years old
- be able to make decisions for yourself when you make the ADRT (your healthcare team call this mental capacity)
- sign the document (a witness must also sign it if you want to refuse treatments that would keep you alive)

You can find out more about making an ADRT on the NHS website. [web www.nhs.uk/conditions/end-of-life-care/advance-decision-to-refuse-treatment](http://www.nhs.uk/conditions/end-of-life-care/advance-decision-to-refuse-treatment)

You can find information and download the form at [web www.mydecisions.org.uk](http://www.mydecisions.org.uk)

#### Lasting power of attorney (LPA)

An LPA lets you appoint a person, or people, that you trust to make decisions for you if you lose the ability to make decisions for yourself. They are called your attorney or attorneys. Your attorney can only make decisions for you when you can no longer do this yourself. You must choose your attorney while you can still make your own decisions (have capacity).

A health and welfare LPA gives your attorney the legal right to make decisions about your medical treatment and care. This includes where you're cared for and your daily routine. If you already have an LPA, please show it to your healthcare team.

You can find out more about making an LPA at [web www.gov.uk/power-of-attorney](http://www.gov.uk/power-of-attorney)

**I have appointed a lasting power of attorney for health and welfare.**

Name and contact details

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## Section 6

### Complete your advance statement

Do you give permission for your healthcare team to include this document in our electronic records? We may then share the document with your GP or other medical teams, if needed.

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Yes, I give permission for this document to be shared.

Name of the healthcare professional who helped you to complete this document	
Healthcare professional's job role or title	

Date of completing the document	
When should this document be reviewed? For example, this could be on a specific date or at your next appointment.	

You may also want to show this document to people who are important to you. If you have any concerns or questions, please contact your healthcare team or local palliative care team.

<p><b>Contact details</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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You do not have to sign an advance statement. However, your signature makes it clear that your wishes that have been written in the document.

<p><b>Signed</b></p> <p>.....</p>
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## Section 7

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### Updates to your advance statement

This space is for making any changes to your advance statement. Whenever you add new information, please write the date next to it and share the update with your healthcare team.

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### Helpful information



We have more information about topics that you might talk about when making your advance statement. It may help to watch our videos before you have conversations about planning ahead.

Move your smartphone camera over the QR code or visit [web  
guysandstthomas.nhs.uk/LetsTalk](https://web.guysandstthomas.nhs.uk/LetsTalk)

You can read NHS England's universal principles for advance care planning at [web www.england.nhs.uk/publication/universal-principles-for-advance-care-planning](http://www.england.nhs.uk/publication/universal-principles-for-advance-care-planning)

## Universal Care Plan for London

The Universal Care Plan is an NHS service. It allows every person who lives in London to record wishes about their care and what support they need. These wishes can then be shared digitally with healthcare professionals across London.

This advance care planning document allows you to share with us what is most important to you. Your healthcare team can add this information to the Universal Care Plan for London on your behalf if you live in London.

For more information, visit [web ucp.onelondon.online/patients](http://ucp.onelondon.online/patients)

## Recording and storing important information

It's a good idea to store important documents in a safe place and think about issues like:

- making a will
- sorting out your finances
- planning what happens to your social media accounts and passwords after your death (this is called your digital legacy)

You may want to ask someone to help you deal with these things.

To find out more about making a will, visit [web www.gov.uk/make-will](http://www.gov.uk/make-will)

To find out more about digital legacies, visit [web digitallegacyassociation.org](http://digitallegacyassociation.org)

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A list of sources is available on request