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Planning and Preparation for the End of Life

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Why planning and conversation is vital

- To find out what people know and understand about their end of life
- To find out what the person believes will happen
- To learn about what is important to the person
- To avoid misunderstandings and mistakes
- To do the right things for and with the person
- To have a plan and be able to share it
- To make their end as good as it can be

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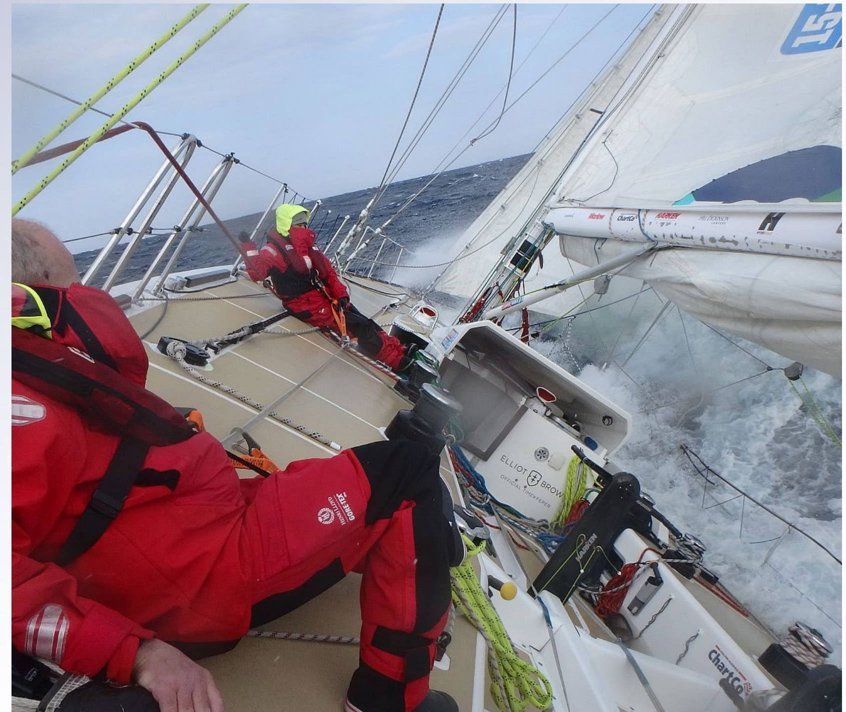
My Plan – What is Yours?

- To live well until I die
- To concentrate on what matters to me
- To communicate my wishes to those who need to know
- To enjoy life to the full
- To eat and drink what I want and enjoy
- To spend time with people I love



Advanced Decisions

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What is an Advanced Decision?

- ADRT, or a living will is a decision you can make now to refuse a specific type of treatment at some time in the future.
- It lets your family, carers and health professionals know your wishes about refusing treatment if you're unable to make or communicate those decisions yourself.
- The treatments you're deciding to refuse must all be named in the advance decision.
- It is legally binding if it complies with mental capacity legislation.
- It must be signed and witnessed.

Care Planning

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The Discussion

DO

- Offer as much information as is wanted
- Use clear, unambiguous language
- Be open and honest
- Check understanding
- Allow enough time
- Explain what treatment will be given
- Document and communicate

DON'T

- Assume you know what's best for the individual
- Use an inappropriate environment
- Breach confidentiality
- Start the conversation until you are sure you have time
- Think you are alone, there is always peer and team support – even remotely

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The start of change?

ReSPECT Recommended Summary Plan for Emergency Care and Treatment for:

Preferred name

1. Your details

Full name

NHS/CHI number

Date of birth

Address

Date completed

2. Summary of relevant information for your agreed plan (see also section 6)

Including diagnosis, communication needs (e.g. interpreter, communication aids) and reasons for the preferences and recommendations recorded.

Details of your other relevant planning documents and where to find them (e.g. Advance Decision to Refuse Treatment, Advance Care Plan). Also include known wishes about organ donation.

3. Your personal preferences to guide your care and treatment plan

How would you balance the priorities for your care (you may mark along the scale, if you wish):

Prioritise sustaining life, even at the expense of some comfort

Prioritise comfort, even at the expense of sustaining life

Considering the above priorities, what is most important to you is (optional):

4. Clinical recommendations for emergency care and treatment

Focus on life-sustaining treatment as per guidance below

clinician signature

Focus on symptom control as per guidance below

clinician signature

Now provide clinical guidance on specific interventions that may or may not be wanted or clinically appropriate, including being taken or admitted to hospital +/- receiving life support:

For attempted CPR Adult or child	For modified CPR (**Child only**) Refer to clinical guidance above	**Not** for attempted CPR Adult or child
clinician signature	clinician signature	clinician signature

The **ReSPECT** process:

- Recommended Summary Plan for Emergency Care and Treatment

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More information

- Age UK: advance statements and living wills
- Alzheimer's Society: making an advance decision
- Compassion in Dying: making decisions and planning your care
- Dying Matters: legal and ethical issues around advance care planning, including advance decisions
- Dying Matters: planning ahead for your future care (PDF, 393kb)
- Healthtalk.org: videos and written interviews of people talking about making an advance decision
- Macmillan: information on making an advance decision

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