



Advance Care Plan Masterclass April 2020

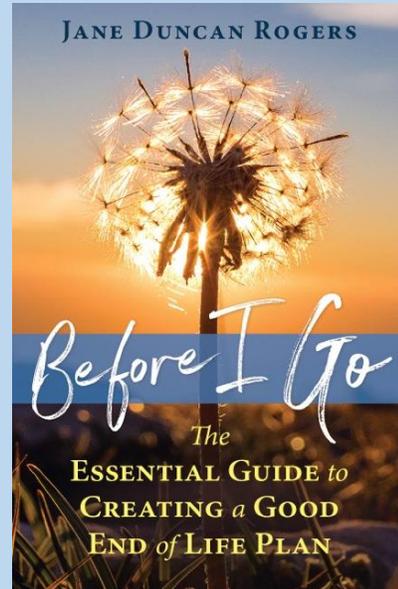
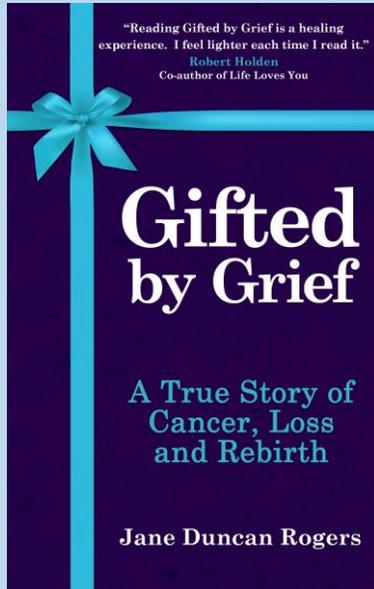
with Jane Duncan Rogers
Director, Before I Go Solutions



www.beforeigosolutions.com

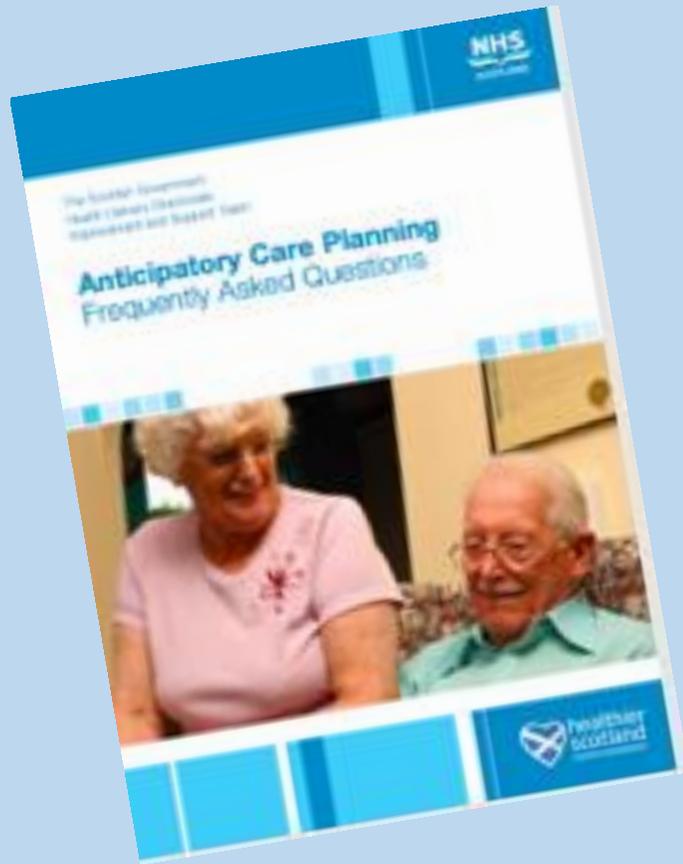
**What are your thoughts
about what kind of medical
treatment you would want to
receive, or NOT receive,
towards the end of your life?**

- **why it is so important right now in this time of Covid-19 to have asked yourself these questions**
- **how do you actually get clear about this**
- **what exactly you need to have in place, if for any reason you cannot speak for yourself.**



*Jane Duncan Rogers
TedX: How To Do A Good Death*





Advance Care Planning

Advance Care Plan has 3 parts:

- **Advance Decision/Directive**
- **Advance Statement**
- **DNR or DNACPR**
 - **(Do Not Resuscitate, or Do Not Attempt Cardiopulmonary Resuscitation)**

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**63% say they want to die
at home, but only 21%
actually do**

(Source: MarieCurie.org)

- **82% do not wish to be maintained long-term in a vegetative state**
- **57% only want 'comfort care' at the end of life**
- **Only 4% have written an Advance Directive**

“I’ve had a good long life, I don’t want to end it in hospital if at all possible, so if I get the virus, I am quite clear I only want to receive comfort care”



“I’m in really good health for my age, so even though I am deemed high risk, I think because of the precautions I am taking it is unlikely. However if I did get the virus, I would want all possible treatment”



**What has to be thought through in advance
to enable you to make these important
decisions?**

1. What makes life worth living for you?

2. How might illness, disability or age affect your living environment?

3. Do you have religious or spiritual beliefs that might affect your thoughts and feelings if you were seriously ill?

**4. How do you feel about doctors, nurses,
other medics and caregivers attending to
you?**

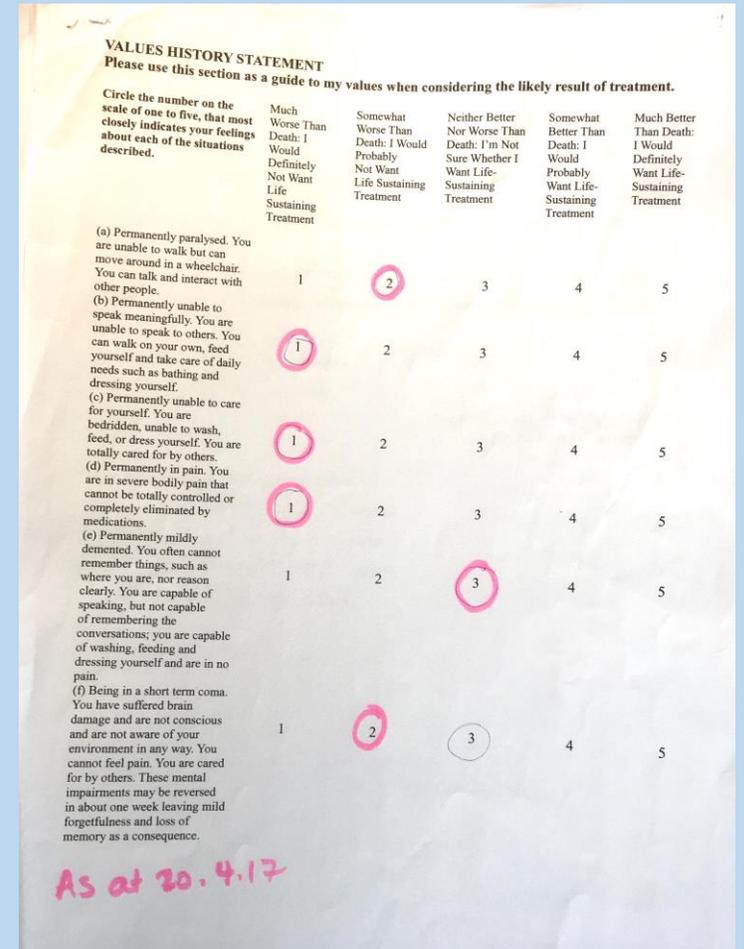
**5. If you were seriously ill with Covid-19,
would you want to be taken to hospital or
cared for at home?**

VALUES HISTORY STATEMENT: HEALTH

Circle the number on the scale of one to five, that most closely indicates your feelings about each of the situations described.

Much Worse Than Death: I Would Definitely Not Want Life Sustaining Treatment	Somewhat Worse Than Death: I Would Probably Not Want Life Sustaining Treatment	Neither Better Nor Worse Than Death: I'm Not Sure Whether I Want Life-Sustaining Treatment	Somewhat Better Than Death: I Would Probably Want Life-Sustaining Treatment	Much Better Than Death: I Would Definitely Want Life-Sustaining Treatment
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(a) Permanently paralysed. You are unable to walk but can move around in a wheelchair. You can talk and interact with other people.	1	2	3	4	5
(b) Permanently unable to speak meaningfully. You are unable to speak to others. You can walk on your own, feed yourself and take care of daily needs such as bathing and dressing yourself.	1	2	3	4	5
(c) Permanently unable to care for yourself. You are bedridden, unable to wash, feed, or dress yourself. You are totally cared for by others.	1	2	3	4	5
(d) Permanently in pain. You are in severe bodily pain that cannot be totally controlled or completely eliminated by medications.	1	2	3	4	5
(e) Permanently mildly demented. You often cannot remember things, such as where you are, nor reason clearly. You are capable of speaking, but not capable of remembering the conversations; you are capable of washing, feeding and dressing yourself and are in no pain.	1	2	3	4	5
(f) Being in a short term coma. You have suffered brain damage and are not conscious and are not aware of your environment in any way. You cannot feel pain. You are cared for by others. These mental impairments may be reversed in about one week leaving mild forgetfulness and loss of memory as a consequence.	1	2	3	4	5



Healthcare Power of Attorney

The document that states who is legally authorized to speak on your behalf if you can't

Healthcare Power of Attorney

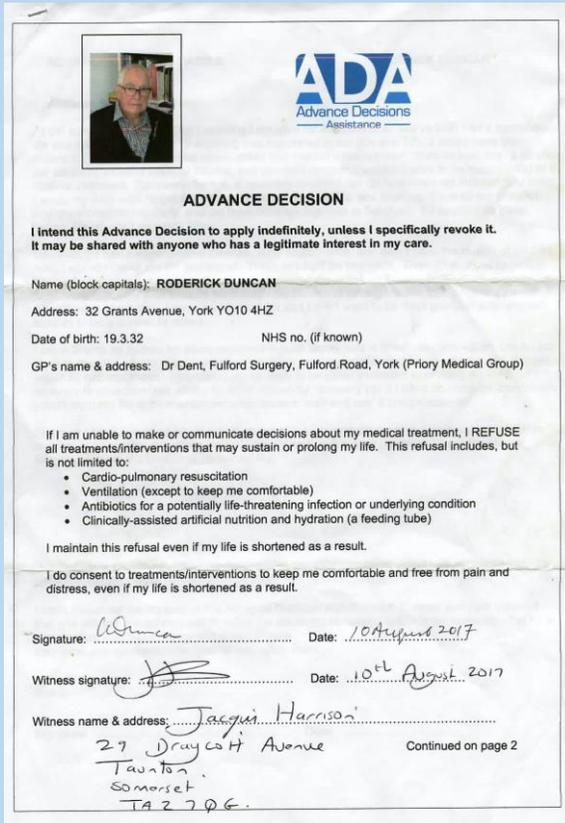
England/Wales: <https://www.gov.uk/power-of-attorney>

Scotland: <https://www.publicguardian-scotland.gov.uk/power-of-attorney>

1. Advance Directive

(for if you cannot speak for yourself)







ADA
Advance Decisions
Assistance

ADVANCE DECISION

I intend this Advance Decision to apply indefinitely, unless I specifically revoke it. It may be shared with anyone who has a legitimate interest in my care.

Name (block capitals): **RODERICK DUNCAN**
Address: 32 Grants Avenue, York YO10 4HZ
Date of birth: 19.3.32 NHS no. (if known)
GP's name & address: Dr Dent, Fulford Surgery, Fulford Road, York (Priory Medical Group)

If I am unable to make or communicate decisions about my medical treatment, I REFUSE all treatments/interventions that may sustain or prolong my life. This refusal includes, but is not limited to:

- Cardio-pulmonary resuscitation
- Ventilation (except to keep me comfortable)
- Antibiotics for a potentially life-threatening infection or underlying condition
- Clinically-assisted artificial nutrition and hydration (a feeding tube)

I maintain this refusal even if my life is shortened as a result.

I do consent to treatments/interventions to keep me comfortable and free from pain and distress, even if my life is shortened as a result.

Signature: *R Duncan* Date: 10 August 2017
Witness signature: *Jacqui Harrison* Date: 10th August 2017
Witness name & address: *Jacqui Harrison*
29 Draycott Avenue
Tawton,
Somerset
TA2 2PE

Continued on page 2





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I do consent to treatments/interventions to keep me comfortable and free from pain and distress, even if my life is shortened as a result.

Signature: *R Duncan* Date: *10 August 2017*

Witness signature: *J Harrison* Date: *10th August 2017*

Witness name & address: *Jacqui Harrison*
29 Draycott Avenue
Taunton,
Somerset
TA2 7QG.

Continued on page 2

AFFIX A PASSPORT PHOTO HERE



ADVANCE DECISION FORM

This Advance Decision is intended to apply indefinitely unless I specifically revoke it. I give permission for anyone legitimately involved in my care to read it.

Your name (block capitals):

Your address:

Your date of birth: Your NHS no. (if known):

Your GP's name & address:

Statement to sign:

If, for any reason, I am unable to make or communicate decisions about my medical treatment, I REFUSE all life-prolonging treatments/interventions, including (but not limited to):

If I experience a medical 'emergency', such as – but not limited to – a heart attack, stroke or traumatic brain injury, I REFUSE resuscitation and any other treatments/interventions which may prolong my life.

I maintain this refusal even if my life is shortened as a result.

However, in any of these circumstances, I do want pain relief and other palliative care as necessary to keep me comfortable and free from distress, even if my life is shortened as a result.

Your signature: Date:

Witness signature: Date:

Witness name & address:

The words my Dad used:

- **Cardio-pulmonary resuscitation (CPR)**
- **Ventilation** (except to keep me comfortable)
- **Antibiotics** for a potentially life-threatening infection of underlying condition
- **Clinically-assisted artificial nutrition and hydration** (a feeding tube)


**AFFIX A
PASSPORT
PHOTO
HERE**



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Your address:

Your date of birth: Your NHS no. (if known):

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I maintain this refusal even if my life is shortened as a result.

However, in any of these circumstances, I do want pain relief and other palliative care as necessary to keep me comfortable and free from distress, even if my life is shortened as a result.

Your signature: Date:

Witness signature: Date:

Witness name & address:

2. Advance Statement

(to explain your thinking
behind why you have made
these decisions)

ADVANCE DECISION - PAGE 2

RODERICK DUNCAN

Advance values statement:

At our age, I don't see the point of being kept alive for the sake of it. We've both had a tremendous life and are now in our 80s. If anything had happened in our 60s and 70s, it would have been different: I'd have wanted to be resuscitated and treated – but not now. Now if I had, say, a sudden car accident, or other medical trauma, and wouldn't recover, I wouldn't want to be resuscitated or to receive treatment. Recovery, for me, is recovery to what I can do now – normal independent living. I enjoy my daily walk to get the paper, reading, watching TV, and cooking. I see all our children and grandchildren regularly, and we have holidays together in Scotland. If I couldn't do these things, life wouldn't be worth living.

Likewise, if I had a degenerative disease, such as dementia, and didn't have the quality of life I do now, I wouldn't want my life prolonged. There wouldn't be any point. Even if I seemed to be happy, I wouldn't want treatment such as a feeding tube or forced feeding to keep me alive. And I don't want to put my wife or children through the burden of seeing me like that, or caring for me. I am adamant about this. I have had a good life and I don't want to be 'kept going' in a diminished state or to be a burden to others.

I am willing to be treated for acute problems – such as my recent chest infection – from which I am likely to recover, and to receive treatment to keep me comfortable and free from pain and distress under all circumstances. However, I do not wish to be given treatment to prolong my life if my recovery is uncertain (see above for what I mean by 'recovery') or if I have an underlying condition. I don't want my life to be maintained while doctors 'wait and see' if I might recover.

Because I have a medical history of episodes of anxiety and depression, I have asked my GP to sign below to confirm that at the time of completing this Advance Decision, I have the mental capacity to make the decisions contained in it.

GP statement:

I have discussed the content of this Advance Decision with Roderick Duncan and I am satisfied that ~~she~~ he has the mental capacity to make the decisions contained in it. He understands what he is signing, has weighed the pros and cons of these decisions, and can remember that he has made them.

Name:

Signature: Date:

3. DNR or DNACPR order

(if you don't
want this to
happen)



**Have a conversation with
someone close to you
about this subject – but
how?**

Say: *I just attended an online class about advance directives. Do you know what they are?*

Or

What are your thoughts about whether you'd want to go into hospital or stay at home if you got the virus seriously?

End-of-Life Planning Made Easy online course – using the Before I Go Method

<https://beforeigosolutions.com/the-big-method-course/>

Includes a fillable PDF copy of my 94-page Before I Go Workbook



8 Components of a Good End of Life Plan

Before I Go Solutions®
creating good end-of-life plans

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LEGALS Are your will and powers of attorney up to date?	LAST DAYS Do you know where you want to die, and have you done anything about it?
HOUSEHOLD How organised are your finances and household?	FUNERAL Do you know what you can have instead of a funeral?
DIGITAL LIFE Would you still have an online presence after you died?	LIVING LEGACY Do you know how you wish to be remembered?
SHARED Who knows what you want towards the end of your life?	IN WRITING Where are your documents located?

How well prepared are you? Take the free quiz at www.beforeigosolutions.com

Join me and other facilitators in the....

**End-of-Life Planning Made Easy online
course – using the Before I Go Method**

<https://beforeigosolutions.com/the-big-method-course/>



A good end of life plan

is a great going away present!