

# Advance Statement of Preferences



*"I wished we had conversations about mum's care preferences before her vascular dementia diagnosis. After mum's diagnosis, discussions about the future were fraught. Towards the end we didn't know what quality of life she considered adequate, to justify medical interventions. In the end, I'm happy with the decisions we made, but advance planning and decisions would have helped.  
Julia, daughter / carer*

## **What is an Advance Statement of Preferences?**

An Advance Statement is a document that sets out what you would like to have happen as you approach the end of your life, if you become unable to communicate or make decisions for yourself.

## **Is an Advance Statement a legal document?**

An Advance Statement is not a legal document but those caring for you will be expected to follow your wishes where practicable.

## **Is this where I can refuse medical treatment?**

No, you can do that with an Advance Decision - see next section. This is more about your beliefs, values and other things that are important to you, plus some practical information.

## **Who can help me with this if necessary?**

We recommend that you have a conversation with a healthcare professional to understand the kind of choices you might wish to make.

## **Can I change my Advance Statement?**

Absolutely. Your wishes and priorities may change over time, some things that seem important now may be less so in the future. We recommend you review this on a regular basis.

## **What should I do with it?**

Discuss it with your family and find a way to ensure it is available when needed - more on this below and in Factsheet on page 57.

## **Other names used**

Advance Statement, Preferred Priorities

There are a variety of forms available to create an Advance Statement and you may already have one prepared. If so, there's no need to create another.

*continues...*

## Advance Statement *contd.*

If you are creating this Advance Statement on behalf of someone else, for example if you hold lasting power of attorney or are a close family relative, take care to reflect what they would have wanted, which is not necessarily the same as what you would like for them.

### **Some questions to help you decide what is important to you:**

- *I do / do not wish to be kept fully informed about my condition.*
- *I do / do not wish to have a say in any decisions regarding my care.*
- *I do / do not want to know how long the doctors think I have left to live.*
- *I do / do not believe that quality of life is more important than quantity.*
- *I do / do not want to be taken to hospital if I have a potentially life-threatening situation.*

See the Factsheet on page 51 for further information on where to receive end-of-life care.



Further reading:

See NHS pages online: <https://www.nhs.uk/conditions/end-of-life-care/advance-statement/>



### **Action List**



- Have a conversation with a healthcare professional.
- Use the template on the following page to create an Advance Statement, or charities such as My Living Will provide an online service: <https://www.mylivingwill.org.uk/>
- Ask your GP to a) keep a copy of your Advance Statement with your medical records and b) refer to it in your Summary Care Record.
- Consider other ways of ensuring your Advance Statement can be accessed and viewed. See the Factsheet on page 57.
- Review your Advance Statement from time to time to ensure it continues to reflect your wishes.

# My Advance Statement of Preferences

My name is: \_\_\_\_\_ My date of birth: \_\_\_\_\_

My address: \_\_\_\_\_

## The person with lasting power of attorney (if I have appointed one) for my health and welfare is:

Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

## Other people (friends / family) involved in my care:

Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

**My first language is:** \_\_\_\_\_  I need an interpreter

### About my eyesight:

Partially sighted  Registered blind  I wear glasses  Contact lenses  Able to read

### About my hearing:

I am hard of hearing  I wear a hearing aid  I use sign language  I lip read  I hear well

### About my mobility:

I use a stick  I use a frame  I use a trolley  I need an arm to hold on to  
 I use a wheel chair  I walk without assistance

### Other general information about my health:

**When and if I require care, I would like to be cared for...**

at home     in a care home     I don't mind

**When I require end of life care, I would like to be cared for...**

at home     in a care home     in hospital     in a hospice     I don't mind

**What my priorities are when I approach my end of life...**

What you might include here (see also the questions on page 30):

- Whether it is important that you live as long as possible, or maximise the quality of life for the time you have left.
- The people you'd like to be with you.
- Any religious faith or cultural practices that you'd like observed, or particular music.
- Anything you'd like in the room: aromatherapy smells, fresh flowers, family pictures.
- Arrangements made regarding, for example, the care of your pet(s).

- I have created a Mycarematters Profile / other form outlining my needs and preferences.
- I have created an Advance Decision to Refuse Treatment (ADRT).
- I have created a Do Not Attempt Resuscitation (DNACPR).

**I have discussed the contents of this Advance Statement with this healthcare professional:**

Name / role: \_\_\_\_\_

**I am happy for the information in this Advance Statement to be shared with all healthcare professionals involved in my care.**

My signature: \_\_\_\_\_ Date: \_\_\_\_\_

**or:**

**I am signing on behalf of the person named at the top of this form.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship / role: \_\_\_\_\_

**I have reviewed / amended this document:**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_