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Appendices

1. Advance Decision / Advance Statement Template

2. Advance Decision / Advance Statement information leaflet
1. **Purpose**

1.1 The Mental Capacity Act 2005 (the Act) provides the legal framework to empower and protect people over the age of 16 who may lack capacity to make some decisions for themselves.

1.2 The Act defines the test for capacity and sets out core principles and methods on making decisions and carrying out actions in relation to personal welfare, healthcare and financial matters on behalf of those who lack capacity. It makes it clear who can take decisions in which situations and how they should go about this. The Act applies to all staff making decisions for or acting on behalf of those who may lack capacity to make particular decisions.

1.3 The Act provides for certain ways that an individual may influence what happens to them should they ever be unable to make a particular decision in the future. For individuals over the age of 18, one of these is to make an Advance Decision to refuse medical treatment. An individual may also choose to make an ‘advance statement’ setting out their wishes and feelings in respect of treatment. As the legal status of Advance Decisions and Advance Statements are different is essential that staff are clear about the differences between the two.

1.4 This document promotes the principle that people in contact with the Trust take an active role in planning their care and work in partnership with health and social care professionals to achieve the desired outcomes.

1.5 This document should be read in conjunction with the Trust policies: Policy for consent to examination or treatment, Do not attempt resuscitation policy, Policy on the use of the Mental Capacity Act 2005, and Section 58 policy.

1.6 Further guidance may be found in the Mental Capacity Act 2005 Code of Practice Chapter 9 and the Mental Health Act 1983 Code of Practice Chapter 17.

2. **Scope**

2.1 This document sets out the principles to be followed by staff when working with and/or caring for people who may wish to make, or who have already made, an Advance Decision or advance statement. It applies mainly to mental health and learning disability services but also to other services that the Trust provides.

2.2 In accordance with the provisions of the MCA, Advance Decisions apply to people aged 18 and over.

2.3 Advance statements may be made by individuals aged 16 and over.
3. Definitions

Advance decision
A decision to refuse specified medical treatment made in advance by a person over the age of 18 who has the mental capacity to do so. There are circumstances when this is legally binding. A person has the right to refuse treatment for reasons which are ‘rational, irrational or for no reason’ and is entitled to refuse treatment irrespective of the wisdom of that decision.

Advance Statement
Expression of preference for future treatment or care. An advance statement does not bind medical and other professional staff to a particular course of action if it conflicts with their professional judgement however it is important to consider an advanced statement when planning care and treatment.

Amanuensis
A person who writes down what another dictates.

CPA
Care Programme Approach.

QERC
Quality, Effectiveness and Risk Committee of the Trust.

4. Duties and Responsibilities

4.1 The Director of Nursing is the Executive Director who has overall responsibility for ensuring that this policy is reviewed and that there are appropriate quality assurance mechanisms in place in relation to the guidance in this policy.

4.2 Assistant Directors/Service Managers have the responsibility for responding to developments and ensuring that teams implement new guidance.

4.3 Each registered healthcare professional is accountable for his/her own practice and must be aware of his/her legal and professional responsibilities relating to their competence and work within the Code of practice of their professional body.

4.4 The Mental Health Legislation Manager is responsible for disseminating new guidance as it arises and giving advice to all staff on mental capacity issues. This manager is also responsible for arranging an annual audit in relation to the MCA.

4.5 Line managers are responsible for ensuring all staff are conversant with this policy and related policies.

4.6 Medical Staff hold a key role in the processes and actions that are required to be taken in relation to assessment of capacity and patient care and the consideration of the content of an Advance Decision / statement.
4.7 **Care Co-ordinator or other mental health professional** is responsible for explaining the policy to the service user and/or carer, providing support and leaflets as required, and signposting the service user and/or carer to appropriate sources of independent advice such as Advocacy Services or the Citizens Advice Bureau.

4.8 **Any member of staff receiving an Advance Decision / Statement** should record in the patient record that an Advance Decision / Statement has been received and file a copy in the record at Divider 15. They must also record the existence of an Advance Decision / statement on the patient electronic record. Staff should assist service users to copy and distribute copies of the Advance Decision / Statement as per 4.11 below if requested.

4.9 **All staff** caring for patients should be familiar with the procedures detailed in this document and other related policies.

4.10 **Quality, Effectiveness and Risk Committee** is responsible for the monitoring and implementation of this policy including review audit/review reports and the progress of any actions plans developed due to non-compliance.

4.11 **Service Users** are responsible for ensuring they inform their care co-ordinator, psychiatrist, or other mental health professional that they have prepared an Advance Decision or statement and provide a copy to be filed in their patient record. Service Users should inform their partner, family, carer, and/or any other person who supports them in healthcare matters, such as a mental health advocate, of the existence of the advance statement. Service Users should also keep a copy of their Advance Decision / statement. It is advisable that the GP is aware of the Advance Decision / statement.

4.12 **Partners, Family and Carers**

It is helpful for partners, family and / or carers to be informed by the service user of the existence of an Advance Decision / Statement (see 4.11 above). Partners, family and carers should bring the existence of this to the attention of professionals where appropriate.

5. **Advance Decisions (Legally Binding)**

5.1 An Advance Decision enables someone aged 18 or over, whilst capable, to refuse specified medical treatment at a time in the future when they may lack capacity to consent to or refuse that treatment.

5.2 Advance decisions can apply to care and treatment in hospital, at home, in a nursing home or other facility.

5.3 Carefully discussed advanced decisions have an important place in the development of a balanced partnership between services users, carers and healthcare professionals. Ideally, advance decisions should be drafted with appropriate discussion with health professionals rather than by patients in isolation. Medical advice can lead to a better informed declaration but it is important for any adviser to help patients clarify their own wishes rather than
influence them. Timely discussion of treatment options is an important part of the duty of care owed by health professionals to those who consult them. Recognising and respecting the individual service user’s values and preferences for the future are fundamental aspects of good practice. The role of the health professional is one of advice, not determining the decision.

5.4 There are no statutory formats for advanced decisions; they can be written, witnessed oral or written statements, printed cards or notes of a discussion recorded in the clinical record. All versions are acceptable but the important element is that the statement is clear and unambiguous. It is important to note that advance decision refusals that involve life-sustaining treatment must be in writing, must be signed and witnessed, and must state clearly that the decision applies even if life is at risk.

5.5 In order to aid individuals, an Advance Decision / Advance Statement template has been developed which is at Appendix 1. This is in two parts – part one is the Advance Decision to refuse treatment and is legally binding if the treatment proposed and the circumstances are met, part two is the Advance Statement which is a statement of wishes and is not legally binding. An alert card is also available for service users to carry where they have made an Advance decision / Statement (Appendix 2). As verbal advance decisions may be made, staff should encourage the individual to complete a written Advance Decision / Statement to ensure their wishes are recorded correctly and are unambiguous. A note must be made on the patient record (Divider 15) by staff that the individual has made a verbal statement and that they have been encouraged to put this in writing.

5.6 Where valid and applicable to current circumstances, advance decisions are legally binding and must be followed. If not followed, the health professional may face criminal prosecution or civil liability.

5.7 If health professionals know or have reasonable grounds to believe that an advance decision exists and time permits they should make further enquiries to locate it and become aware of its content. It is reasonable to check in the clinical record, contact the GP or contact people close to the individual. Emergency treatment must not be delayed in order to look for the advance decision if there is no clear indication that one exists.

5.8 The healthcare professional treating the patient must be assured of the following to ensure that the advance decision is valid and applicable.

5.8.1 The person was competent at the time the decision was made. Health care professionals must be satisfied that the advance decision was made whilst the person was capable, not affected by illness or medication. To make a valid advance decision the person must be judged to be ‘competent’ or to ‘have necessary capacity’.

5.8.2 Free from undue influence. Health professionals must be satisfied that the advance decision was not based on false information or pressure from other people. If there is
reason to suspect that undue influence has occurred, please refer to para. 11 of this document (Disputes).

5.8.3 **Sufficiently informed.**
Health professionals must assure themselves that the person understood the implications of the decision they made at the time and also that the person has acted in a way consistent with the advanced decision remaining his fixed decision.

5.8.4 **Intends the refusal to apply to the circumstances that subsequently arise.**
The person must have envisaged the type of situation the decision applies to. The advance decision can be deemed invalid if it does not apply to a specific treatment or the stated circumstances.

5.8.5 **Has not withdrawn their decision.**

5.8.6 **Has not subsequently conferred the power to make that decision on an attorney.**
See 7 below.

5.9 An advance decision to refuse treatment:

5.9.1 **Must state precisely what treatment is to be refused.**
A statement giving a general desire not to be treated is usually not enough, however, if the individual explains that this has been done based on their religious or personal beliefs then this may be valid and applicable.

5.9.2 Should set out the circumstances when the refusal should apply. It is helpful to include as much detail as possible including the reasons for refusing treatment e.g. particular side effects as this will support the validity of the decision.

5.10 **An advance decision refusing basic care is invalid.** An advance decision may not refuse for example, warmth, shelter, hygiene measures to maintain body cleanliness and the offer of food and water by mouth. Health professionals may provide such care, in the best interests of a person lacking capacity to consent to it. **An advance decision can refuse artificial nutrition and hydration.**

5.11 **All advance decisions are superseded by a clear and competent decision at the time by the person concerned.**
If the person has capacity at the time the decision is to be made, then they may chose to accept or refuse treatment then and there.

5.12 Generally, advance decisions may be overruled where an individual is detained under the Mental Health Act 1983 if the treatment proposed is for their mental disorder and covered by Part 4 of this legislation. Health professionals should consider whether alternative treatment options may be effective before over-riding the advance decision. **An advance decision**
regarding an individual’s physical health that is not covered by the remit of the Mental Health Act must be adhered to if it is valid.

5.13 **Note that there are additional safeguards relating to the administration of electro-convulsive therapy (ECT) and a valid and applicable advance decision refusing this treatment cannot be over-ridden**, even if the patient is detained under the Mental Health Act 1983 (Section 58A). They may however, be given this treatment if they are detained and the provisions of Section 62(1)(a) or (b) apply in the circumstances, i.e., if the treatment is immediately necessary to save the patient’s life, or it is immediately necessary to prevent a serious deterioration of their condition.

5.14 Where there is any dispute over whether treatment should be provided, please refer to para. 11 of this document.

6. **Advance Statements (Preference for Future Care)**

6.1 An advance statement is a way of service users making their views known when they have the capacity and are mentally competent, on how they would like to be treated prior to any situation where they may be unable to make informed choices. This has the advantage of empowering service users, giving them some input into what they feel has helped them if they have been ill in the past and what they think will work best for them should they become ill again.

6.2 An advance statement can improve communication between service users and health professionals by encouraging the service user to think and plan for the future. It can also help inform decision making for health professionals in difficult and often fraught situations (such as when the service user is unwell, distressed or has to be admitted to hospital).

6.3 An advance statement should not be confused with an Advance Decision that can be made in accordance with the provisions of the Mental Capacity Act 2005 (MCA), which relates to the anticipatory refusal of medical treatment and is legally binding (see 5 above).

6.4 An advance statement is an expression of choice ‘in advance’ about what they would like to happen with regard to their **medical, personal and home-life** should they become unwell or lack capacity in the future. An advance statement may be witnessed, but this is not compulsory. Advance Statements should be considered in conjunction with care-planning and can contain:

6.4.1 **Indicators which may show the beginnings of a mental health crisis/deterioration.** Signs/symptoms to look out for which indicate that the service user is relapsing or becoming unwell, e.g., changes in appetite, sleep patterns, behaviour, mood, activity, thought communications and finances. This would allow for early intervention (particularly by health professionals who do not know the service user such as locum GPs) and may help to stop further deterioration into severe illness.
6.4.2 **Treatment preferences.** What types of drugs and therapies the service user would prefer should they become unwell. This could indicate what treatments have worked or have not worked for them in the past. Statements like these can help health professionals to identify how the service user would like to be medically treated without binding them to that course of action if it conflicts with their professional judgement. *Note that a service user can suggest ‘consent to’ or refusal of a treatment but they cannot demand a treatment.*

6.4.3 **Domestic/Financial Preferences.** The service user could nominate a person/representative to look after their home, children, pets or finances whilst they are in hospital or lack capacity. They could nominate someone to act on their behalf and be kept informed of their treatment and progress. They may choose to do this on a more formal footing by naming a Lasting Power of Attorney (LPA). (An LPA can apply to property / financial decisions and/or personal welfare decisions).

6.4.4 **Personal/Cultural and Religious Preferences.** This could include dietary or religious requirements and suggest things which can help to comfort or settle them.

6.5 An Advance Statement is not legally binding on staff caring for a service user however it can help inform decisions as to what is in the service user’s best interests. If a service user wishes to refuse specific treatment should they lose capacity to do so in the future, they should be advised to make an advance decision and independent advice may be sought from Mental Health Advocacy Services, MIND, a solicitor and other sources.

6.6 Where there is any dispute over whether treatment should be provided, please refer to para. 11 of this document.

7. **Lasting Powers of Attorney /Advance Decisions**

7.1 Some service users may have a Lasting Power of Attorney (LPA) in place in addition to an advance decision / advance statement. An attorney does not have the power to give consent to any treatment specifically refused in a valid and applicable advance decision.

7.2 However, if the service user has created the LPA after creating the advance decision, and has given the attorney the specific power to give or refuse treatment to the treatment proposed, the LPA will take precedence, and the advance decision becomes invalid.

8. **Procedure**

8.1 As part of the assessment and care planning process with a service user, the assessor or care co-ordinator must identify whether the service user has an existing advance decision / advance statement and if so, discuss their wishes to ensure they are clear, request a copy of any document and ensure this is recorded with the Trust as per 8 below. Where an advance decision / advance
statement is not in place, the assessor or care co-ordinator must ensure that the service user is aware of, and if appropriate, discuss the process of making an advance decision or advance statement with the individual (and carer if appropriate). An information leaflet (Appendix 3) should be offered to the service user and they can decide if and when they might want to make or update an advance decision / advance statement.

8.2 An advance decision / advance statement does not have to be in the format of the template offered by the Trust. If alternative format are provided by a service user, they should be recorded and filed as per 9 below.

8.3 Multi disciplinary / CPA reviews provide opportunities to discuss and review advance decisions / advance statements. This process should enable the individual to express their wishes, ask questions, and allow family, carers and advocates to voice their understanding of the service user’s needs.

8.4 On occasion where a service user has made an advance decision regarding treatment for a physical condition which is outside the mental health care team’s area of expertise, the most appropriate healthcare professional should be contacted to provide advice on the situation.

8.5 It is the responsibility of the individual making or updating and advance decision / advance statement to ensure that their decision is drawn to the attention of healthcare professionals. Where a service user chooses to complete or update an advance decision / advance statement they will be advised by the assessor or care co-ordinator that they should inform key people and organisations of its existence. They will be advised to retain the revised original copy and provide copies to the Trust, their GP, other healthcare professionals/organisations, and family and carers who may need to know of its existence. Trust staff provided with a copy must ensure that it is recorded and filed as per 9 below.

8.6 An individual can amend their advance decision / advance statement at any time whilst they have capacity.

8.7 An advance decision / advance statement should be reviewed with service users in current contact with the Trust every 6 months through their CPA / multi disciplinary review. If this review results in changes to their advance decision / advance statement, the updated document must be recorded and filed as per 6.5 above and 9 below.

8.8 Where a service user withdraws or cancels their advance decision / advance statement, the assessor / care co-ordinator must ensure that this is recorded as per 9.7 below.

8.9 In the event of a service user being transferred to another hospital / unit / care home, professionals / care co-ordinators involved in the transferred must ensure that the existence of the advance decision / advance statement is brought to the attention of the receiving organisation (following consent from the service user, or if not capable, then if deemed in their best interest to do so).
9. Documentation / Recording

9.1 There is always a presumption of capacity until the contrary is demonstrated. Any assessment of capacity has to be made in relation to a particular treatment proposal and all assessments of capacity must be fully recorded in the patient record following the guidance set out in the Trust Mental Capacity Act Policy (point 21).

9.2 Health professionals must document in the patient record all involvement and discussions regarding advance decisions and advance statements.

9.3 Where an advance decision / advance statement is made or updated, the service user should retain the original copy of their advance decision / advance statement and a copy taken for retention by the Trust.

9.4 Upon receipt of a copy of an advance decision / advance statement, it should be filed in the patient record at Divider 15. Failure to do so may result in the Trust not being aware that the document exists. Where a new patient record volume is created, a copy of the advance decision / advance statement must be brought forward to the new file.

9.5 The existence of an advance decision / advance statement must be flagged on the Lorenzo system by selecting ‘Advance Decision’ in the ‘Patient Alerts’ section.

9.6 This process of identifying the existence of an advance decision / advance statement will facilitate the alerting of health and social care professionals who may not have current involvement with the service user, eg, Crisis Resolution/Home Treatment or other assessment processes.

9.7 Where a service user withdraws or cancels their advance decision / advance statement, the assessor / care co-ordinator must ensure that the document is struck through and marked as withdrawn / cancelled with the date, time and circumstances clearly recorded. The assessor / care co-ordinator must also ensure that an end date is entered onto the service user’s ‘Alert’ electronic Lorenzo record. They should advise the service user to notify any other parties that hold copies and assist in this process if required.

10. Liability

Healthcare professionals are protected from liability if they:

Stop or withhold treatment because they reasonably believe an advance decision exists and that it is valid and applicable;

Treat a person because, having been told that an advance decision exists and having taken all practical and appropriate steps to find out if the person has made an advance decision to refuse treatment, they do not know or are not satisfied that a valid and applicable advance decision exists.
11. **Disputes**

11.1 It is ultimately the responsibility of the healthcare professional who is in charge of the service user's care to decide where an advance decision is valid and applicable in the circumstances. In the event of a disagreement between healthcare professionals, or healthcare professionals and partners, family members or carers, the issue will be referred to the Trust Medical Director who will consider all available evidence and consult relevant colleagues and others to confirm its applicability. Details of these discussions and consideration of the applicability must be recorded in the patient record.

11.2 Particular concerns about capacity may arise in relation to advance decisions made by people who have suicidal tendencies or a history of suicide attempts. This does not necessarily mean that the individual lacks capacity to make the decision but it may raise questions about their capacity to make an advance decision at the time they made it.

11.3 The Court of Protection can make a decision where there is a genuine doubt or disagreement about an advance decision's existence, validity or applicability, however, the court does not have the power to overturn a valid and applicable advance decision.

11.4 Healthcare professionals can provide life-sustaining treatment or treatment to prevent a serious deterioration in an individual's condition whilst a court decides about the validity of an advance decision. The court has emergency procedures which operate 24 hours a day to deal with urgent cases quickly (MCA Code of Practice chapter 8).

11.5 Healthcare professionals should contact the Trust’s Medical Director or nominated deputy if they consider access to the court is required.

## 12. Process for monitoring compliance and effectiveness

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13. References

Mental Capacity Act 2005

Mental Capacity Act 2005 Code of Practice.

Mental Health Act 1983 Code of Practice (Chapter 17)

Advance decisions to refuse treatment – The National Council for Palliative Care 2008

Treatment and care towards the end of life – General Medical Council 2010
Advance Decision

Advance Statement

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This document is in 2 parts:
Part 1 contains the Advance Decision to refuse treatment;

(Only complete the sections that you wish to complete)

For official use only  NHS Number
Part 1

ADVANCE DECISION

This Advance Decision allows you to set out what treatment or procedures you wish to refuse should you lose the capacity to make decisions about your treatment in the future. You are strongly advised to discuss this Advance Decision with the health professionals involved in your care, your GP, and those closest to you so that they are fully aware of your wishes.

This document should be used in the event of loss of capacity of the individual below:

I (full name) …………………………………………………………………………………………………………

of (address) ………………………………………………………………………………………………………..

………………………………………………………………………………………………………

date of birth ………………………………………………………………………………………………………

have the capacity to make the decisions set out in this document and having carefully considered how I wish to be treated should I lose the capacity to consent to medical treatment in the future, hereby set out my wishes as follows:

I understand that should I become unwell and require detention under the Mental Health Act 1983, there may be occasions where the treatment provisions of the Act over-ride my wishes in respect of treatment for my mental disorder. I understand that in the case of this occurring, the health professionals involved in my care will take into account my stated wishes when planning my care and treatment but may over-ride my wishes if they consider the particular care and treatment necessary and the provisions of the Mental Health Act 1983 provide for this.

Refusal of Treatment

I confirm that the following refusals of treatment are to apply, even if my life is at risk or may be shortened as a result of this refusal (for this statement to be valid you or you amanuensis* must copy out this sentence in your own writing and you must sign in the box below)

………………………………………………………………………………………………………
I refuse the following specific treatment or investigations:

……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………

This refusal will apply in the following circumstances:

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Refusal of artificial life sustaining / prolonging treatment:

I confirm that the following refusals of treatment are to apply, even if my life is at risk or may be shortened as a result of this refusal (for this statement to be valid you or your amanuensis must copy out this sentence in your own writing and you must sign in the box below):

……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………

Signed
Name in full
Date

* amanuensis – someone who writes for you

I refuse all medical treatment and procedures or interventions aimed at prolonging or artificially sustaining my life in the event of any or all of the following circumstances (please delete 1-7 below as appropriate by crossing through the whole statement for any that you do not wish to apply):
1. I have an imminently life-threatening physical illness from which there is little or no prospect of recovery (in the opinion of 2 appropriately qualified medical practitioners);

2. I suffer serious impairment of the mind or brain with no prospect of recovery, together with a physical need for life sustaining treatment / interventions (in the opinion of 2 appropriately qualified medical practitioners);

3. I am persistently unconscious and have been so for at least …… (please insert number of) weeks and there is little or no prospect of recovery (in the opinion of 2 appropriately qualified doctors);

4. In addition I wish to refuse the following specific life sustaining / prolonging treatments in the following circumstances:

   ………………………………………………………………………………………………
   ………………………………………………………………………………………………
   ………………………………………………………………………………………………
   ………………………………………………………………………………………………

5. In addition I wish to refuse all life sustaining / prolonging treatments in the following circumstances:

   ………………………………………………………………………………………………
   ………………………………………………………………………………………………
   ………………………………………………………………………………………………
   ………………………………………………………………………………………………

I understand that my comfort and personal hygiene will continue to be cared for.

I do consent to the following treatment (I note that this consent so places no legally binding obligation on those treating me to provide such treatment):

6. Any medical treatment to alleviate pain and distress aimed at my comfort. I maintain this request even though it may shorten my life. (for this statement to be valid you or you amanuensis must copy out this sentence in your own writing and you must sign in the box below)

   ………………………………………………………………………………………………
   ………………………………………………………………………………………………
7. I wish to specifically consent to life sustaining / prolonging treatment in the following circumstances:

……………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………

I have discussed the matters contained in this document with:

……………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………
……………………………………………………………………………………………

**NB** – Both witnesses should be over the age of 18.

**Witness 1**

Name ................................................. Relationship .................................................

Address ........................................................................................................

Signed .................................................. Date.........................................................

**Witness 2**

Name ................................................. Relationship .................................................

Address ........................................................................................................

Signed .................................................. Date.........................................................
I have given copies of this Advance Decision to:

...........................................................................................................................................
...........................................................................................................................................
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...........................................................................................................................................

Review Dates
You should review and reaffirm your Advance Decision on a regular basis. You may sign and date below to confirm that the content continues to be your wishes.

I have reviewed my Advance Decision and hereby reaffirm that the wishes stated in this document remain my intent.

Signed .............................................. Date .........................................................

Signed .............................................. Date .........................................................

Signed .............................................. Date .........................................................
Part 2

ADVANCE STATEMENT

This Advance Statement allows you to set out your preferences in the care and treatment you receive should you lose the capacity to make decisions about your treatment in the future. You are strongly advised to discuss this Advance Statement with the health professionals involved in your care, your GP, and those closest to you so that they are fully aware of your wishes. Please note that though professionals do have a duty to take your wishes into consideration when planning and delivering your care and treatment, this Advance Statement is not legally binding upon them. If you wish to refuse specific treatments in advance you should complete the Advance Decision at Part 1 of this document or appointing an attorney under a Lasting Power of Attorney in accordance with the provisions of the Mental Capacity Act 2005.

This document should be used in the event of loss of capacity of the individual below:

I (full name) …………………………………………………………………………………………………………………………………………………

of (address) …………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………………

date of birth …………………………………………………………………………………………………………………………………………………

have the capacity to make the decisions set out in this document and having carefully considered how I wish to be treated should I lose the capacity to consent to medical treatment in the future, hereby set out my wishes as follows:
Care and Treatment

I declare that my wishes regarding medical care and / or treatment are as follows:

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...................................................................................................................................................

The reasons being:

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When I have received care and treatment in the past the following worked well for me:

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Things that have not worked well for me in the past are:

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Information

If I have to be admitted to hospital, I would like the following people to be informed immediately:

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Other people to contact to tell I am not at home:

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I would like the following people **not** to be informed:

*I understand that if I have to be detained under the Mental Health Act 1983 the Approved Mental Health Professional has a legal obligation to notify and consult with my nearest relative concerning my detention unless this is likely to cause me undue distress.*

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Children or Dependents

I would like the following person / people to care for my children or dependents:

*I understand that in certain circumstances it may be necessary for Social Services to be contacted regarding the care of my children / dependents and that my wishes may not be complied with.*

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When someone explains where I am to my children, I would like them to be told the following:

I understand that health and Social Services professionals are not obliged to give out information that is misleading or untrue.

Values / Needs that are important to me

(Religion / faith / beliefs / diet / physical health)

I would like those caring for me to know about and take into account the following:

Representatives

If I require admission to hospital for my mental health I wish the following Advocacy Service / Advocate to be informed:

If I am detained under the Mental Health Act 1983 and appeal / review proceedings are commenced, my choice of mental health legal representative / firm is:
I have discussed the matters contained in this document with:

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To support the validation of your advance statement, although not compulsory, you may wish to include the signature of two independent witnesses.

*NB – Both witnesses should be over the age of 18.*

**Witness 1**

Name ........................................... Relationship ...............................................

Address ....................................................................................................................

Signed .................................................. Date.......................................................

**Witness 2**

Name ........................................... Relationship ...............................................

Address ....................................................................................................................

Signed .................................................. Date.......................................................

I have given copied of this Advance Statement to:

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Review Dates
You should review and reaffirm your Advance Statement on a regular basis. You may sign and date below to confirm that the content continues to be your wishes.

I have reviewed my Advance Statement and hereby reaffirm that the wishes stated in this document remain my intent.

Signed ........................................... Date ......................................................

Signed ........................................... Date ......................................................

Signed ........................................... Date ......................................................

Signed ........................................... Date ......................................................

Signed ........................................... Date ......................................................
Alert card to be developed
Advance Decisions

Advance Statements
Introduction

During a crisis, you may be too unwell to make a decision or express your preferences in respect of your care and treatment. Advance Decisions and Advance Statements are a way of informing those caring for you what you do or don't want to happen, before that situation occurs.

What is an Advance Decision?

An Advance Decision is a decision that you make if you want to refuse a specific treatment should you lack the capacity to do so at some point in the future. You can make an Advance Decision when you are capable of understanding the implications of refusing the specific treatment. You will need to be over the age of 18 to make an Advance Decision.

Your Advance Decision can be made verbally or in writing. It should clearly state the future treatment that you are refusing, why you are refusing it and the circumstances in which you are refusing the treatment. If you wish to make an Advance Decision, you are encouraged to do so in writing as this is a clearer way in which your wishes can be made known. If your refusal relates to life sustaining treatment, then your Advance Decision must be made in writing and be signed and witnessed and needs to state that your decision to refuse treatment applies even if your life is at risk. In order to help you set out your wishes, the Trust has produced a template you may use. Copies of this template are available from Trust inpatient and community sites. You may also request one from your care co-ordinator or from the Mental Health Legislation Department on 01743 492290 or 01785 221507.

There are some occasions when your wishes may be over-ridden though professionals will always give serious consideration to your preferences. If you become unwell after making your Advance Decision and do not or cannot consent to treatment for your mental health at the time any treatment is offered to you, in certain circumstances you may be treated under the provisions of the Mental Health Act, contrary to the refusal of treatment that you have expressed in your Advance Decision.

What is an Advance Statement?

An Advance Statement is a statement you make regarding the way you would like to be cared for and treated should you become unwell in the future and lack capacity at that time to make a decision about your care. Many mental health service users find that this may help reduce the worry about becoming unwell again in the future and the effect this might have on themselves and their family. An advance statement can also be of great help to carers and health professionals, particularly if they are not familiar with you or have not been involved in your care before. It may enable them to give you support and intervention at an early stage which may then help to stop you from becoming more unwell.
Anyone over the age of 16 who has capacity to make a decision may make an Advance Statement.

Things you might wish to include in an advance statement may be:

**Health matters** -
- signs and symptoms which may show when you are becoming unwell
- medications and treatments that you feel have worked for you / have not worked for you and why
- other interventions that you feel help when you are unwell
- any physical conditions and treatments

**Domestic matters** -
- who you would like to be kept informed about your treatment and progress.
- who will take care of your children *(this may require a more formal arrangement, your care-coordinator will be able to advise)*
- who will take care of your pets
- who will ensure that your house/flat is secure and post etc taken care of

**Financial matters** -
- you can nominate a person who has agreed to look after your home and finances whilst you are in hospital or lack capacity (Banks will require you to give a ‘Power of Attorney’ to another person in order for them to take care of your money)

**Other matters** -
- cultural or religious preferences
- dietary requirements
- visiting arrangements for friends and family
- things that comfort or upset you

Your Advance Statement can be made verbally or in writing though you are encouraged to do so in writing as this is a clearer way in which your wishes can be made known. In order to help you set out your wishes, the Trust has produced a template you may use. Copies of this template are available from Trust inpatient and community sites. You may also request one from your care co-ordinator or from the Mental Health Legislation Department on 01743 492290 or 01785 221507.

An advance statement is an expression of your preferences for care and treatment but health professionals are not legally obliged to follow them though they will consider them carefully whilst planning your care and treatment.

If you have a nominated person to do a particular task in your Advance Statement, remember to inform them fully of your wishes and get their specific agreement that they have the time and ability to carry these out when necessary.
What happens to my Advance Decision / Advance Statement once it is completed?

You need to send or give a copy of your Advance Decision / Advance Statement to health professionals such as your Psychiatrist, Care Co-ordinator and GP. You can give a copy of your statement to any person you think would benefit from knowing your wishes. Remember to keep a copy for yourself.

If you give a copy of your Advance Decision / Advance Statement to a member of South Staffordshire and Shropshire Healthcare NHS Foundation Trust staff, they will put it in your health records. A record of this will also be kept on the Trusts’ computerised patient records system. This system will enable staff involved in your care to be aware of the existence of your Advance Decision / Advance Statement.

Can I change or withdraw my Advance Decision / Advance Statement?

You can change your Advance Decision / Advance Statement at any time whilst you still have capacity to make decisions about your care.

Try to review your Advance Statement at regular intervals (perhaps every 6 months) and if any changes are made, send new copies to the people who already hold your Advance Decision / Advance Statement and ask them to ensure your old one is marked as invalid.

If you have an Advance Decision / Advance Statement it will be reviewed every 6 months with you as part of your CPA review.

If you require any further information or would like support in completing an Advance Decision / Advance Statement please speak to your care-coordinator or a member of staff from the Trust.

If you have faced any problems with your Advance Decision / Advance Statement being implemented you can contact the Patient Advice and Liaison Service on the following number 01785 221469 between 9.00 am – 5.00 pm Monday to Friday or email the service at pals@sssst.nhs.uk

Advice and support is also available from sources outside this Trust such as mental health and other advocates, advice and law centres, solicitors and legal advisers.