

PREPARING FOR YOUR FUTURE CARE

My Wishes

How do you wish to be cared for?

What is important to you?

Who should you tell?



At certain points in life we find time to reflect on what we would wish for, should our health deteriorate.

This booklet is here to help you think through what is important to you, and how to start making a record of your wishes for family, friends and health professionals involved in your future care.

If you lost the ability to communicate, those around you would know what you would have wanted and can work to make this possible.

These thoughts may change over time, but recording your wishes early can help those around you put **you** at the centre of your care later on.



Advance care planning: Putting you at the centre of your care



MY WISHES

What I would want



When my health deteriorates, I want to be in my own home, with my daughter's family and my dogs around me. I want music to be played and life to go on. I want to be part of it all right up to the end. I told the palliative care team and carers, I told my family and had my wishes written down.

I want my son to be involved in my care as he knows me best. I like it here at the care home, and if I get more unwell I want to stay here around familiar faces and friends. They know what I like; a quiet room, classical music and showers...I have never liked baths!



What I would want

Where would you want to be if your health deteriorated? Home, hospital, a care home or hospice?

What would you like or not like as part of that care?

Would you want these wishes written down for others to follow? This can be done by making an Advance Statement or a Personal Care Plan.

Useful links:

Advance statement:

w www.nhs.uk/conditions/end-of-life-care/advance-statement

Personal Care Plan:

w www.advancecareplan.org.uk **t** 020 7520 8200

Advance Care Plans:

w www.sueryder.org **t** 0808 164 4572

MY WISHES

Involving those important to me



My partner knows me best. I want him involved in my care. I want my family to visit but not be asked to make big decisions for me. I have given my partner Power of Attorney, so he has a legal say in making decisions for me.



Joe has known me for as long as I can remember. I want him to be involved in decisions about my care. He knows I would not want the doctors doing too much. Just give me a whiskey in the evening, and a garden facing window, that will do for me.

Involving those important to me

Who would you want involved in your future care decisions?

Are there people you would not want involved?

Would you want this informally documented on your medical records, or made legally binding?

Making someone your Power of Attorney gives them a legal right to be involved in either your medical care or your financial care.

Useful links:

Lasting Power of Attorney:

w www.gov.uk/power-of-attorney **t** 0300 456 0300

About Power of Attorney:

w www.ageuk.org.uk **t** 0800 055 6112

MY WISHES

Specifically not this

I know my condition will progress and I could lose the ability to swallow. At this time doctors will recommend I have help with my feeding using tubes into my nose and stomach, but this is not what I want. I have made an Advance Decision so they know this. They have said I can change my mind at any point, but I know what is right for me and want this recorded.



If my heart were to stop, I do not want to be resuscitated. I want to go peacefully and with dignity. I would want to go into hospital if it would help me, but home is where I would prefer to be. I spoke to my doctor and a special form was made to record this. I have a copy with me at home.

Specifically not this

Is there any medical care you would not want?

Do you have any beliefs or preferences that health care professionals need to know about?

Would you want this recorded in a legal document such as an Advance Decision?

Have you talked to your doctor about resuscitation and recording your wishes?

Useful links:

Advance Decisions:

 www.compassionindying.org.uk  0800 999 2434

Resuscitation:

 www.resus.org.uk/respect

MY WISHES

Having the conversations

My greatest worry was telling my daughter. I got support from the palliative care team on how to do this. We found a quiet space, found out what she knew and what she wanted to know. We explained what was happening and what was going to happen. We gave her time and answered her questions. We are on this journey together now.



I wanted to tell my friends what was going on but just didn't know how. My mate Mo spoke to the rest of my friends for me which made conversations easier. Now they know we can focus on living.

Having the conversations

Who would you want to talk over your wishes with? How would you want to? In a group, individually, online, with a professional or through a trusted friend?

What would you like them to know?

What support is available for them?

Useful links:

Supporting talking with friends and family:

w www.mariecurie.org.uk/help/support/diagnosed

t 0800 090 2309

Starting the conversation:

w www.dyingmatters.org/page/TalkingAboutDeathDying

t 08000 21 44 66

MY WISHES

Entrusting others

I spoke to Blue Cross about rehoming my dog Bella if I should become more unwell. I made them an information pack about what she likes and eats. This was a huge weight off my mind.



I spoke with my local funeral director and they helped me finalise my funeral plans. I knew this would make it easier for my family and I could get my favourite music played!

Entrusting others

Who would you want caring for your pets or supporting your loved ones?

Who would you want making your financial decisions?

Who would you entrust your important documents to? What about your personal data online?

Would you want certain funeral arrangements made?

Useful links:

Pet rehoming: Blue cross  0300 790 9903

Dogs Trust  020 7837 006

National Animal Welfare Trust  020 8950 0177

The Cinnamon Trust  01736 757 900

Funeral plans support:

 www.dyingmatters.org/page/my-funeral-wishes

Online personal data protection:

 www.digitallegacyassociation.org/for-the-public

MY WISHES

Sharing your decisions

I spoke to my solicitor and she helped me make a will, so I could make sure my family were provided for. We went through it step by step. I feel much happier now knowing everything is in order.



I spoke to my GP about what I wanted for my future care and treatment. She recorded my wishes on my medical record and we talked about making an Advance Statement. That way it is written down where I would prefer my care to be even if I could no longer communicate this.



Sharing your decisions

It is important for health professionals to know your wishes and have these wishes recorded.

Have you spoken to your doctor or a health professional about recording these wishes?

Do you have any Advance Statements or Advance Decisions they need to know about?

Useful links:

Making a will:

 www.gov.uk/make-will

Making decisions and planning your care:

 compassionindying.org.uk  0800 999 2434

Definitions:

Advance Care Planning: a process that helps you make plans about your future care and support, should the ability to communicate this be lost or impaired.

Advance Statement: A written record of your preferences, wishes, beliefs and values regarding future care. It is not legally binding but helps others tailor future care based on your wishes.

Advance Decision: Also known as a 'living will' or Advance Directive. It is a legally binding document that allows refusal of specific treatments or input.

Lasting Power of Attorney: Is a legal document which lets you appoint one or more people to help make future decisions should you be unable to make these decisions yourself. The first type allows them to make decisions in health and welfare, the second in property and financial affairs.

Resuscitation form: Is a form signed by a doctor which is used to communicate with other healthcare professionals in an emergency. It records whether a person is for, or not for, cardiopulmonary resuscitation (CPR) – a treatment used to try to restart a person's heart. Having this form only refuses CRP, individuals will still be given other types of treatment and support to help them be comfortable and pain free. There are many names for these forms including TEP, DNR, and ReSPECT forms.

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Dr Pippa Wright

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