

ADVANCE CARE DIRECTIVE

FOR THE ELDERLY OR EARLY DEMENTIA PATIENT

This form details my treatment choices if and when I am too sick to make my own choices and I hope my doctors, nurses and family are able to abide by them. *It keeps me in control of my life and may relieve my family and carers of having to make difficult decisions on my behalf.*

At the time of writing I am of sound mind and understand the implications of this document. If I have declined a treatment, I am fully aware that it may shorten my life and I choose these options because I have led a fruitful life and do not want it to be prolonged by medical intervention.

If my choices cause me pain or distress I request strong painkillers, sedatives and similar palliative treatment to help relieve my symptoms.

EXAMPLE: To say "NO" to a treatment: To say "YES" to a treatment:	YES or NO NO YES	Full Name: Address: Date: Date of Birth: Your signature:
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SUPPORT FROM FAMILY, CARERS OR ENDURING GUARDIAN:

Please try to discuss this document with your closest family, carer or enduring guardian. It will be much easier for your doctor and nurses to respect all your wishes if your family are aware of your choices and are willing to support them. In particular, if you want to cease any tablets, refuse resuscitation (CPR) or do not want to be spoon-fed if you are in a vegetative state.

This is a legal document; it can be changed by you at anytime and *only comes into force when you lose your mental capacity to make decisions*. It cannot be overruled by your family, enduring guardian or anyone else

Names of relatives/carers who you have discussed this with:	<u>Ask them to sign here to witness document:</u> _____ _____ _____
Name of "person responsible" or Enduring Guardian & their Telephone no:	

SEVERE DEMENTIA:

If, through Alzheimer's disease, stroke, cancer or any other cause my mental state had seriously deteriorated to the extent that I no longer live at home and I am in a nursing home, hostel or hospital and *all* the following were true: **1>** I could no longer follow a simple conversation. **2>** I could not shower myself without instruction.

3> I could not describe what a toilet was used for. I may still be able to walk. If it was felt there was little chance of recovery then I would make the following treatment choices:

TREATMENTS	YES or NO
Any treatment that may prolong my life.	
Antibiotics for life threatening illness (pneumonia/septicaemia etc).	
Resuscitation (CPR) or life support (artificial ventilation) to save my life.	
Blood pressure, Cholesterol and Blood thinning tablets (aspirin/warfarin etc).	
Operation for fractured hip	
Other operations requiring general or spinal anaesthetic.	
If I said "NO" to operations but my pain management cannot be adequately controlled with strong analgesia after 3 days, <i>I would then consent to an operation.</i>	
Intravenous drip for fluids or drugs.	
Immunisations for flu/pneumonia.	
Nutritional supplements to counter weight loss and make you live longer.	

IMPORTANT POINTS TO CONSIDER

If you are admitted to a nursing hostel with severe dementia your physical and mental condition gradually deteriorates. After one to three years you would normally have to be transferred to another wing for 24 hour care. Often at this stage you will have become increasingly bedbound either through muscle weakness or through falls and fractured hips.

Heart attacks and strokes are common causes of death in the elderly. Tablets for blood pressure, cholesterol and blood thinning prevent these and may make you live longer. If you have severe dementia you may not want to have these. *However* you may survive the heart attack or stroke and become more disabled. Immunisations prevent flu and pneumonia, which are common causes of death in the elderly. If you refuse these you have to accept the risks of falling sick with these illnesses.

BEDRIDDEN AND UNABLE TO COMMUNICATE:

If, in the future, I have become so severely mentally and physically disabled that: **1>** I am completely bedridden. **2>** I am unable to express or articulate most of my needs. **3>** I am doubly incontinent. **4>** I cannot even feed myself and have to be spoon-fed. If it was felt there was little chance of recovery then I would make the following treatment choices:

TREATMENTS	YES or NO
Any treatment that may prolong my life.	
I want to be spoon-fed. If I say no to this, I realise I will die within weeks.	
Antibiotics for life threatening illness (pneumonia/septicaemia etc).	
Antibiotics for any other infection unless it is necessary for public hygiene.	
Operation requiring general or spinal anaesthetic.	

IMPORTANT POINTS TO CONSIDER

If you have deteriorated to this condition you would be completely dependent on 24 hour nursing care for all your bodily functions. Normally you might live like this between 12 months and three years, sometimes longer.

It can be very difficult for doctors, nurses and close relatives to decide how much treatment you should be given at this stage, particularly if stopping treatment or feeding may lead to early death. If these issues are discussed with your family in advance there can be little question as to your intentions.

IF I AM ADMITTED TO A NURSING HOME OR HOSTEL

If at any time I am too mentally confused to make decisions, then these are my choices:

	YES or NO
If I ever become seriously ill whilst I am in a Nursing Home, I would prefer to be treated in the Nursing Home rather than being transferred to Hospital, if that is possible.	
If I am dying, I prefer to have my palliative care in the Nursing Home rather than Hospital.	

IN MY PRESENT HEALTH

In my present state of health and sound mind, and I am admitted to hospital through ill health and I cannot express my needs then my treatment choices in three very different scenarios are:

TREATMENTS	YES or NO
Resuscitation (CPR) or life support (artificial ventilation) to save my life <u>only if it looks as if I will make a good recovery.</u>	
Resuscitation (CPR) or life support (artificial ventilation) to save my life <u>whatever the circumstances.</u>	
If I suffer a severe stroke (or similar) and after two weeks I cannot communicate my needs and cannot swallow then I want to be fed by stomach, nasal or intravenous tube (PEG, Nasogastric or IV).	

IMPORTANT POINTS TO CONSIDER

In this situation, you would probably only say "NO" to resuscitation (CPR) if you had already decided that you would be happy to die peacefully at this point in your life.

If you said "NO" to artificial feeding you would die within a short time, but this may be your intention as the chances of recovery may be poor.

GP or Specialist TO FILL IN THIS SECTION:

<p>I, Dr. _____ CONFIRM THAT _____ (patient's name) understands the implications of this document. In particular: <i>(please tick)</i></p> <p>1. They have filled in the form correctly, completely and signed/dated. <input type="checkbox"/></p> <p>2. They may shorten their life by answering NO to any treatment. <input type="checkbox"/></p> <p>3. By refusing treatment or operations for life-threatening illness or refusing to be spoon-fed they may dramatically shorten their lives but this may be their intention. <input type="checkbox"/></p> <p>4. By saying YES they may prolong their lives. <input type="checkbox"/></p>	<p>DRS SIGNATURE & STAMP:</p> <p>Date:</p> <p>Photocopy for Patient + Doctor or Nursing Home</p>
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