Advance Decision to Refuse Treatment

This Advance Decision to Refuse Treatment sets out the situations in which I want to refuse medical treatment should I lack capacity to make or communicate that decision in the future. I have carefully considered these decisions and I confirm that I have capacity to make them. I understand that decisions about my diagnosis and prognosis will be made by the doctor in charge of my care.

Need help filling this in?

If you have any questions, you can contact Compassion in Dying's Information Line on:

T 0800 999 2434

E info@compassionindying.org.uk

1. About me

Name: _____

Address: _____

Date of birth: _____ NHS number: _____

Distinguishing features: _____

2. GP details

Name: _____ Surgery: _____

Address: _____

Phone number: _____

3. I have discussed this Advance Decision with:

4. My refusals of treatment

I confirm that the following refusal(s) of treatment are to apply even if my life is at risk or may be shortened as a result.

I refuse all life-sustaining treatment if:

- I have been diagnosed with any of the conditions I have included in (A) to (D) below, and
- I can no longer make or communicate decisions about my medical treatment, and
- I am unlikely to regain the ability to make these decisions.

I understand life-sustaining treatment includes but is not limited to CPR, clinically assisted nutrition and hydration, artificial or mechanical ventilation and antibiotics for life-threatening infections.

(A) Any type of dementia

Include ☐ Do not include ☐

(B) Brain injury

I understand that brain injury includes but is not limited to stroke, vegetative and minimally conscious states.

Include ☐ Do not include ☐

(C) Diseases of the central nervous system

I understand that a disease of the central nervous system includes but is not limited to motor neurone disease, Parkinson's Disease and Huntington's Disease.

Include ☐ Do not include ☐

(D) Terminal illness

Include ☐ Do not include ☐

(E) Refusing treatment in other situations

I have included additional pages and have attached them to this form ☐

5. To avoid doubt (tick all that apply)

Pain relief

I wish to be given all medical treatment intended to alleviate pain or distress, or aimed at ensuring my comfort.

Include ☐ Do not include ☐

Pregnancy

If I am pregnant, I wish to receive medical treatment or procedures leading to the safe delivery of my child. Once my child is safely delivered I wish to reinstate my wishes as set out in this form.

Include ☐ Do not include ☐

Organ donation

I am on the Organ Donor Register

Include ☐ Do not include ☐

6. Advance Statement

This statement explains what is important to me in relation to my health, care, and quality of life.

I have included additional pages and have attached them to this form ☐

7. I would like the following people to be involved in my care:

Name: _____

Email: _____

Phone number: _____

Relationship: _____

Name: _____

Email: _____

Phone number: _____

Relationship: _____

8. I have also made a Lasting Power of Attorney for Health and Welfare

The details of my attorney(s) are:

Name: _____

Email: _____

Phone number: _____

Name: _____

Email: _____

Phone number: _____

9. Signature

I confirm that I have carefully considered my wishes as set out in this form and that all the information and decisions within it are my own.

Signature: _____

Name: _____

Date: _____

10. Witness

I confirm that this Advance Decision was signed in my presence.

Signature: _____

Name: _____

Date: _____

Address: _____

Relationship: _____

11. Review dates

I have reviewed this Advance Decision and confirm that what is written reflects my current wishes.

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

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COMPASSION IN DYING.
SUPPORTING YOUR CHOICES

The information on this page is here to help you fill in your Advance Decision.

It includes instructions for each section. When you have finished you can tear this page off. This form comes with a booklet called 'Guidance Notes' where you can find more information about making your Advance Decision, refusing treatment and what to do when you have finished filling it in.

MORE INFORMATION IN GUIDANCE NOTES

1. About me

Your personal details and any distinguishing features that would help people identify you in an emergency, like a birthmark or scar.

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2. GP details

Who your GP is and how to contact them.

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3. I have discussed this Advance Decision with:

Here you can write details of anyone you have discussed your Advance Decision with, like your GP or a family member. This will help your healthcare team to understand who they should speak to if your wishes are not clear or if your capacity to make the Advance Decision is questioned.

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4. My refusals of treatment

You can refuse life-sustaining treatment in any, all or none of the four scenarios described in this form. These are dementia, brain injury, diseases of the central nervous system and terminal illness.

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These four scenarios are a refusal of all life-sustaining treatment.

To include any of these four scenarios in your form you should tick the 'include' box next to it. If you do not want to include the scenario tick 'do not include'.

If you do not want to refuse 'all life-sustaining treatment', or if you would like to refuse treatment in other situations, then you can write your own refusal in section (E).

5. To avoid doubt

Tick each box if you feel it is relevant to you. You do not have to tick anything here if you do not want to.

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6. Advance Statement

Here you can include anything that is important to your health and wellbeing. You could write about why you are making this Advance Decision, or the things that are important to your quality of life, values or beliefs. The things you write here are not legally binding, but are important because they must be considered if someone is making a decision for you.

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7. I would like the following people to be involved in decisions about my care

Details of who you would like your healthcare team to talk to if you are unable to make a decision. The people you list here will not have any legal decision-making power, but their views should be taken into account when a decision is being made on your behalf.

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8. I have also made a Lasting Power of Attorney for Health and Welfare

Complete this section if you have already made and registered a Lasting Power of Attorney for Health and Welfare with the Office of the Public Guardian. If you have more than two attorneys you can write their details in the Advance Statement (section 6).

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9. Signature

If your Advance Decision contains a refusal of life-sustaining treatment then you must sign it in the presence of a witness for it to be valid. If you are unable to sign the form, you can ask someone else to sign it on your behalf in your presence.

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10. Witness

Your witness should watch you sign your Advance Decision. They should then add their own signature and write their name, address and relationship to you in the space provided.

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11. Review dates

It is a good idea to review your Advance Decision regularly. This will help a healthcare professional to be confident that what you have said in your Advance Decision is still what you want.

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There is a checklist on Page 22 of the Guidance Notes to help make sure your Advance Decision will be followed.