

Advance Directive Procedure

Aim and Scope of Procedure

To provide instructions on the management of Advance directives regarding care and treatment at the Phyllis Tuckwell Hospice. Adhering to the Reference Guide to Consent for Examination and Treatment¹ and the BMA Code of Practice for Advance Statements about Medical Treatment².

Definitions

Advance Directive

A declaration (written or oral) whereby a competent person makes known their views on what should happen to them medically if they lose the capacity to make decisions for themselves³. This only comes into force after the onset of mental incapacity. Advance Directives are legally binding¹.

Patients Best Interests

Best interests should take into account the patient's wishes and beliefs when competent, their current wishes, their general well-being and their spiritual and religious welfare as well as their best medical interests ¹.

Staff Responsibilities

Person Responsible	Areas of Responsibility
Registered Person (Director of Nursing)	Responsible for ensuring that Clinical staff act in accordance with this procedure
Medical Director	Responsible for ensuring that medical staff act in accordance with this procedure.
Practice Development Nurse	Audit of the procedure
Clinical Staff	To act in accordance with this procedure and complete all necessary documentation

Method

If the patient has an Advance Directive this will be documented on the front sheet of the patient's medical and nursing notes, and a copy of the document held in the main health notes. The implications of the Advance Directive will be discussed with the patient, and the discussion recorded in the notes. It is the patient's responsibility to tell us if their wishes change and the Directive is no longer valid. If changes are made to the Directive they should be signed by a witness, (not a member of Hospice staff). All members of the clinical team will be informed as appropriate of the existence of an Advance Directive.

When acting on an Advance Directive clinical staff must:

- Assess that current circumstances are valid and applicable. Any refusal of treatment made when the patient was competent must be respected if the advance statement is clearly applicable to the present circumstances⁴.
- Exercise judgement regarding the best interests of the patient, if the directive is not applicable.
- Document any discussion or action in the medical notes.

Any advance statement (written or oral) is superseded by a clear and competent current decision by the individual concerned² (written or oral).

If the patient wishes to make an Advance Directive a senior member of clinical staff will discuss the issues with them and provide them with the Hospice information leaflet on Living Wills (Appendix 1) and a specimen form (Appendix 2) if they wish to use it. Hospice staff cannot act as a witness.

Writing An Advance Statement

There are no specific legal requirements regarding format for advance statements². The minimum

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requirements are that the individual is competent and therefore aware of the implications of the decision they are making and the relevance of the decision to the circumstances which may arise². Patients may choose not to make a legalistic document but to talk to a doctor or nurse about their wishes and have this documented in their notes. Patients should be encouraged to check and sign what has been documented to ensure they agree with it².

Restrictions on Advance Statements

- Advance directives which demand certain treatments (e.g. resuscitation) are not legally binding. Doctors cannot be compelled to carry out treatments which are contrary to their clinical judgment³.
- Euthanasia clearly cannot be requested¹.
- The Law Commission has stated that advance directives cannot refuse basic care, which includes maintenance of cleanliness, oral feeding³, and management of distressing symptoms such as pain, breathlessness and vomiting².
- If a patient has an advance directive which states they do not want to be resuscitated, and they are being transferred by ambulance, the doctor should still write a letter stating that they are not for resuscitation.

Monitoring, Review and Compliance

Annually following an audit trail of a random selection of instances when advance directives have been in place to ensure adherence with the principles above.

Related Policy

Consent Policy (including Incapacity and Advance Directives)
Resuscitation Policy

Procedure Creation, Approval and Review

	Name	Job Title
Created by	Louise Dallain	Practice Development Nurse
Consulted for comments	Clodagh Sowton	Director of Nursing
	Dr Carey Morris	Medical Director
	Dr Maggie Guy	Assistant Medical Director
	Kim Archer	Chief Executive
	Rebecca Callanan	Nurse Manager
	Policy Group	A Multi-professional Group
	Allan Smith	Trustee
Approved by	Clodagh Sowton	Director of Nursing
	Dr Carey Morris	Medical Director

Numbering, Approval & Review	
Procedure and Version Number	C#6/Version 1
Approval Date	September 03
Review Date	September 06
Individual responsible for Procedure Review	Practice Development Nurse
Individuals responsible for Audit of Procedure	Practice Development Nurse

References

1. Department of Health (2001) Reference Guide to Consent for Examination and Treatment, March
2. BMA (1995) Advance Statements About Medical Treatment: Code of Practice, April
3. BMA (1995) Capacity to Consent to and Refuse Medical Treatment, Chapter 10, Assessment of Mental Capacity, December
4. GMC (1998) Seeking Patients' Consent: The Ethical Considerations, November

All references are kept in the Policy & Procedure File Supporting Evidence in the library.

Appendix 1

Living Wills (Advance Directives) Patient Information Leaflet

Answering some of your questions

What is a living will?

It is a documented statement made by a patient about what medical care they would chose to refuse in certain circumstances. This becomes valid when a person is unable to make a decision, for themselves. The statement is made in advance of the situation. A living will is also known as an **advance directive** or **statement of refusal**.

Is a living will about euthanasia?

No. Euthanasia is illegal in the UK. A living will is about you being involved in making decisions about your care.

Do I have to have a living will?

No, it is entirely your choice.

When can I make a living will?

Living wills are usually made when someone is well, informed and able to make clear decisions. It is important to talk to your doctor about a living will as they can explain what certain treatments can mean and what is available.

Are living wills only valid if they are written?

No, it can be your verbal instructions as long as they are clear and have been documented in your medical notes. A special form is not needed, but may be helpful for you to describe your wishes. A form is available should you wish to see it.

In what sort of circumstances would people refuse treatment?

- People who have a long-term illness may refuse artificial feeding if they think that this will prolong the end of their life.
- Some people may prefer no treatment following a very severe illness. They may prefer nature to take its course and may not want a limited life.
- Some people may refuse resuscitation.

These choices and decisions are personal to each of us and are best made in consultation with medical and nursing staff, family and friends.

What sorts of treatment can someone refuse?

- Artificial feeding i.e. being fed by a tube.
- Antibiotics.
- Resuscitation.

You cannot refuse 'reasonable nursing care' which is defined by the law and includes food and drink by mouth and being kept clean and comfortable.

Can I demand that a certain treatment is used?

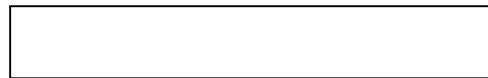
No, you cannot demand to have a certain treatment in a living will. Clinical treatments are provided on clinical need.

Can I change my mind?

Yes, you can change your mind again as long as you are clear and ensure that your doctor and staff involved in your care are all aware of any change in your wishes.

Who should I talk to about my living will?

You are strongly advised to discuss your thoughts and feelings about these decisions with your close family and friends. You may find this difficult. However, if you can explain your feelings and decisions



in advance with the people who care about you, even though they may not understand, they will be aware of your wishes and it will help prepare them should you be unable to make a decision for yourself. It is equally important to talk to your GP or the doctor and nurses who are looking after you.

What rights do my family or friends have over my living will?

None. It expresses your choices and is legally binding.

How does the doctor or nurse know that I have a living will?

You need to tell them.

Give your GP and Hospice Community Nurse Specialist a copy for your medical notes and make sure if you are going into hospital that you have a copy for the hospital staff. Also please give them a new copy if you update it.

What happens in an emergency?

If you are admitted to the Hospice as an emergency it is important that if we do not already know that you have a living will the document is produced so that we can verify it with you and act according to your wishes.

If you are taken into hospital in an emergency, the medical and nursing staff in the A&E department will not be able to verify your living will and so will give all forms of emergency treatment. If you do not want this to happen you need to explain this to your family and GP so that they can take the appropriate action in an emergency.

How can I make a living will?

You can make a living will by writing down your requests. The more precise these are the better. You need to sign this and date it and it is useful if you have a witness to sign this too.

You do not need to take this to a lawyer, but you may wish to.

Living wills should be updated at least every six months or more often if your situation changes. If you do not want to change it in any way this may simply be done by resigning the document in front of a witness who also adds their signature

These organisations can give you more information about living wills**The Patients Association**

PO Box 935
Harrow
Middlesex
HA1 3YJ
Tel 0845 6084455
www.patients-association.com

Age Concern England

Astral House
1268 London Road
London
SW16 4ER
Tel: 0208 679 8000
www.ageconcern.org.uk

The Terrance Higgins Trust

52-54 Gray's Inn Road
London
WC1X 8JU
Tel. 0207 831 0330
www.tht.org.uk

Appendix 2

Advance Directives About Future Medical Treatment

To my family, my medical practitioners and other health care professionals, and all other persons concerned.

I, (Name)of (Address).....

.....

make this advance statement of my wishes about future medical treatment in case I become unable to communicate these wishes by virtue of physical or mental incapacity. I am of sound mind and have arrived at the following decisions after careful consideration.

In respect of medical treatment in general:

If I have a serious physical illness from which there is no reasonable expectation of recovery, and my life is sustainable only by medical treatment and artificial means, I do not wish to be subjected to medical treatment which is solely to prolong my life.

If I suffer from severe and permanent mental impairment, and my physical condition is such that medical treatment is required to keep me alive, I do not wish to receive that treatment.

If I become permanently unconscious with no likelihood of regaining consciousness, I do not wish to be kept alive by artificial means

If I suffer a cardio-respiratory arrest I do not wish resuscitation to be attempted

I nevertheless expect, in the circumstances described, any distressing symptoms to be actively treated.

In respect of specific illnesses or treatments:

I have been diagnosed as suffering from:

.....

I have the following wishes about medical treatment or investigations:

.....

.....

.....

I have asked the following person to take part in decisions about my medical care on my behalf, if I am unable to speak for myself. I have discussed my views about future medical treatment with him/her, and given him/her a copy of this document. I wish him/her to be consulted about these decisions, and I ask those caring for me to respect the views he/she expresses on my behalf:

NameAddress

.....Telephone number

I, the undersigned, agree to act as the nominated representative of.....

Signature Date

I have sought advice from the following health professionals (put NA if not applicable).....

.....

The name and address of my GP is.....

This document remains effective until I make it clear that my wishes have changed.

Signature of person making the advance statement

Date

Witness: I testify that the above-named signed this statement in my presence and made it clear to me that he/she fully understands what it meant.

Full NameAddress.....

..... Signature Date