Public – To be published on the Trust external website

Advance decisions and statements

Ref: CLIN-0011-v7.2

Status: Approved
Document type: Procedure
Overarching policy: Mental Capacity Act Policy

Contents

1 Introduction

The Mental Capacity Act (2005) outlines the legal position that anyone over the age of 18 who has capacity is able to make an advance decision to refuse certain treatments. This document provides direction and guidance about:

- Advance decisions to refuse treatment
- Advance statements of preference

Our Journey to Change sets out that we want people to lead their best possible lives. Ensuring that we use the process and principles set out in in this policy will be a key enabler to this.

Our first Strategic Goal 'To co create a great experience for our patient, carers and families' is central to what we do. For people that use our services, their carers and families, we want to ensure that through this procedure we recognise and promote individual choice.

2 Purpose

Following this policy will help the Trust to meet its obligations to:

- Guide practitioners in providing care to patients who have made an advance decision.
- Guide practitioners in providing care to patients who currently lack the capacity to make a specific decision for themselves and have made an advance statement of preference.
- Ensure the Mental Capacity Act 2005 (MCA) is used lawfully.

3 Who this procedure applies to

Anyone who is over the age of 18 has the ability to make an advance decision to refuse certain treatments. This procedure gives guidance on this, and the ability to make advance statements of preference. It is important that the wishes of patients are respected and we continue to treat patients with compassion.

4 Related documents

The MCA Policy outlines what you must read, understand and be trained in before carrying out the procedures described in this document.

This procedure also refers to:-

- Mental Capacity Act 2005
- Mental Capacity Act 2005 Code of Practice, TSO, 2007

- TEWV Mental Capacity Act Policy
- Advance decisions and proxy decision making in medical treatment and research. BMA, 2007
- Advance decisions to refuse treatment: a guide for health and social care professionals, Department of Health, 2013
- Deciding Right, an integrated approach to making care decisions in advance with children, young people and adults, NHS North East, 2012
- BMA Mental Capacity Toolkit
- NHS Choices – Advance decision to refuse treatment
- NHS Choices – Advance statement about your wishes

5 Important information

An advance decision is a refusal of specific medical treatment made in advance. It lets a person inform their family, carers and health professionals know that the person wants to refuse specific treatments in the future. This means that a person's wishes will be respected if they are unable to make or communicate those decisions themselves.

An advance statement sets out a person's preferences, wishes, beliefs and values regarding their future care. The aim is to provide a guide to anyone who might have to make decisions in a person's best interests if they have lost the ability to make a particular decision.

6 Important principles

- Adults with capacity have a right to consent to or refuse treatment
- Adults have the right to say, in advance, that they want to refuse treatment if they lose capacity in the future – even if this results in their death
- A valid and applicable advance decision to refuse treatment has the same status in law as a contemporaneous decision
- Healthcare professionals must follow an advance decision to refuse treatment if it is valid and applies to current circumstances **unless** it is a refusal of medical treatment for mental disorder **and** the criteria for use of the Mental Health Act 1983 are met
- A person can make an advance decision to refuse treatment if they:
  - are aged 18 or over
  - **and** have the capacity to make the decision
- A person must be specific about what treatment they want to refuse.
- An Advance decision can only refuse treatment. No one has the legal right to demand specific treatment, either at the time or in advance
- A person can cancel their decision, or any part of it, at any time

- When making an advance decision to refuse treatment the person is presumed to have capacity to make that decision
- A suicide note is not an advance decision to refuse treatment.

7 Advance decisions and statements and the Mental Health Act 1983

An advance decision to refuse treatment for mental disorder may not apply where the person who made the advance decision is subject to the MHA and where Part 4 of the MHA means that the person can be treated for mental disorder without their consent.

Even so, healthcare staff must treat a valid and applicable advance decision as they would a decision made by a person with capacity at the time they are asked to consent to treatment. For example, they should consider whether they could use a different type of treatment which the person has not refused in advance.

Chapter 9 of the MHA Code of Practice gives information about wishes expressed in advance.

Chapter 23-25 of the MHA Code of Practice give information about treatment under the MHA.

Even if a patient is being treated under Part 4 of the MHA, an advance decision to refuse other forms of treatment is still valid.

8 Advance decisions to refuse treatment

An advance decision that is valid and applicable has the same force as a contemporaneous decision made by a person with capacity.
This means that healtcare professionals must follow an Advance decision if it is valid and applies to the current circumstances.

See the checklist at appendix 2

8.1 Validity of an advance decision

An Advance decision will not be valid if the person who made it:

- Lacked the capacity to make the decision at the time they made it;
- Has done anything that clearly goes against their advance decision;
- Has subsequently given the power to make that decision to an attorney; or
- Would have changed their decision, if they had known more about the current circumstances.

8.2 Applicability of an advance decision

An advance decision will not be applicable if the circumstances envisaged by the person when they made their advance decision do not apply.

- For example, a person who has recently been diagnosed with Motor Neurone Disease makes an advance decision refusing resuscitation as part of end of life care planning. Shortly afterwards they are involved in a car crash and require resuscitation in A&E. Although they have made an advance decision refusing resuscitation, this is applicable if they are at the end stage of Motor Neurone Disease and is not applicable in the current circumstances.
- An advance decision will not be applicable if there are reasonable grounds to suspect that circumstances now exist which did not exist at the time the advance decision was made, for example a new treatment with radically different outcomes is now available.

8.3 When an advance decision is not valid or not applicable

If an advance decision is not followed, the reasons for doing so must be recorded in the person's care record.

An advance decision that is not valid or applicable may be an expression of the person's wishes and feelings. If so, it must be taken into consideration when establishing the person's best interests.

8.4 Written advance decisions

There are no particular requirements about the format of an advance decision. It can be written or verbal unless it deals with life-sustaining treatment, in which case it must be in writing and special rules apply.

An advance decision may take the form of a written document. Written advance decisions should be expressed as clearly and unambiguously as possible to avoid potential confusion or misinterpretation.

TEWV recommends using the advance decision standard form (see Appendix 1) which has been adopted by NHS services throughout the North East of England and is widely recognised by staff.

A written Advance Statement may be made usign other widely available forms, such as those published by the Alzheimer's Society or Jehovah's Witnesses. A written advance decision may be made by writing or typing a statement without using any form at all.

If a service user wishes assistance, the Care Coordinator or Lead Professional will:

- Help develop an advance decision at the request of a service user and ensure it is reviewed regularly
- Offer confidential help in writing an advance decision to those individuals who have sensory impairments or other difficulty completing written forms
- Offer interpretation services if required
- Make the Multi-Disciplinary Team (MDT) and 24 hour services aware of the advance decision and / or statement by recording the existence of the advance decision or statement in the electronic patient records.
- File the original document in the paper case file

An advance decision that refuses life sustaining treatment must:

- Be in writing (it can be written by someone else, for example an entry in the progress notes made by a Doctor or Nurse)
- Be signed by the person to whom it applies
- Be countersigned by a witness to the signature
- State clearly that the decision applies, even if life is at risk

8.5 Content of an advance decision to refuse treatment

An advance decision to refuse treatment:

- Must state precisely what treatment is to be refused.
- Does not have to be expressed in "correct" medical language or terminology, but the meaning must be clear
- May set out the circumstances in which the refusal should apply
- Will only apply at a time when the person lacks the capacity to consent to or refuse the specific treatment

If a person wishes to make an advance decision about refusing medical treatment for mental disorder:

- They should be offered the opportunity to discuss this with a Consultant Psychiatrist
- They should be offered the opportunity to consult with a clinical pharmacist if the advance decision relates to the refusal of medication for mental disorder

8.6 Verbal advance decisions

If a service user wishes to make an advance decision the Care Coordinator or Lead Professional should encourage the service user to make a written document as described in 6.3 above.

If the service user does not wish or is unable to make a written advance decision, the Care Coordinator or Lead Professional will make an entry in the electronic patient records describing the decision made.

A verbal advance decision has the same status in law as a written one.

8.7 Concerns about capacity when making an advance decision

For most people there will be no doubt about their capacity to make an Advance Decision.

The Mental Capacity Act requires that capacity to make a decision is presumed unless there are reasonable grounds to doubt whether a person has the capacity to make a particular decision.

In some cases (for example where there is the possibility that the advance decision may be challenged in the future) it may be advisable for a person making an advance decision to get evidence of their capacity to make that decision.

This could be done by discussing the decision with their doctor and requesting that an entry be made in the clinical record.

8.8 Identifying when an advance decision exists

The person making an advance decision is responsible for making sure that health professionals know about their refusal of treatment.

If a person lacks the capacity to make a major healthcare or treatment decision, the decision maker should find out if an advance decision or Statement exists. This will include:

- Making enquiries with the person's GP
- Checking the person's paper care record, electronic patient records, medical notes and any other electronic records
- Asking relatives and friends

The lack of a record of an advance decision or Statement on electronic patient records does not mean that one does not exist.

8.9 Reviewing and updating advance decisions

A person can change their advance decision or statement at any time but it should be reviewed at least every six months.

Time since last review	Action required
Less than 6 months	• No action required unless the person has requested a change
More than 6 months but less than 12 months	• Review advance decision/Statement via CPA or care review mechanism. Record in the Capacity/advance decisions section of the Comprehensive Assessment or Review in the Care Documents section of the electronic patient records. • Include all those involved in the individual's care in the review • Update advance decision/Statement with any changes • Make sure old copies of advance decision/Statement are removed from the record or clearly identified as no longer current.

More than 12 months	• Care Co-ordinator or Lead Professional convenes an MDT review with the individual to decide:
	  ○ what, if any, steps should be taken about the advance decision and/or Statement;
	  ○ the next review date.
	• The outcome must be documented.

8.10 Withdrawing an advance decision

A person has the right to withdraw or modify their advance decision or statement at any time.

There is no set process for withdrawing an advance decision or statement, it can be done either verbally or in writing.

A verbal cancellation must be recorded in the patient record immediately so that there is a written record for future reference.
If there is a form or letter recording the advance decision in the record it must be crossed out, signed and dated to prevent confusion in the future.

9 Advance statements

An advance statement can cover any aspect of a person's future health or social care. This could include:

- Any religious or spiritual beliefs that they wish to be reflected in their care;
- Where they would like to be cared for, e.g. at home or in a hospital, care home or hospice
- How they like to do things, e.g. if they prefer a shower to a bath, or like to sleep with the light on
- Concerns about practical issues, e.g. who should look after their pet if they become ill.

Advance statements can be written or verbal and do not have to be in any particular form.

A standard pro-forma which may be used is included as appendix 2.

10 Unlawful treatment including assisted suicide

An advance decision cannot authorise any treatment which is unlawful.
Assisting suicide or euthanasia are criminal acts in the UK.

An advance decision may not refuse 'basic care.' Basic care for these purposes includes the provision of:

- Warmth
- Shelter
- Hygiene measures to maintain bodily cleanliness
- The **offer** of food and water by mouth

11 Disagreements and concerns

Any disagreement must be recorded in the care record, particularly where an advance decision or statmetn cannot be complied with.

Event	Action
A person feels that their advance decision or statement has not been taken into account or it has been overridden	• Raise concerns with the individual health or social care professional(s)
An acceptable solution has not been reached	• Follow the Trust's and partner local authority agency's complaints procedures

Any query or irreconcilable difference	• Contact PALS for advice and information

12 Definitions

Term	Definition
Advance decision	An advance decision (sometimes known as an advance decision to refuse treatment, and ADRT, or a living will) is a decision made by a person to refuse a specific type of treatment at some time in the future. Advance decisions are legally binding, but can be overruled by the Mental Health Act 1983.
Advance statement	An advance statement is a written statement that sets down a person's preferences, wishes, beliefs and values regarding their future care. The aim of an advance statement is to provide a guide to anyone who might have to make a decision in a person's best interest if they have lost capacity to make a particular decision. Advance statements are not legally binding.
Capacity	The Mental Capacity Act 2005 is built around an assumption of capacity. It should be assumed that an adult (aged 16 or over) has full capacity to make decisions for themselves unless it can be shown that they lack capacity to make a decision at the time the decision needs to be made.
Best interests	Any decisions made, or anything done for a person who lacks capacity to make specific decisions, must be in the person's best interests. There are standard minimum steps to follow when working out someone's best interests.

13 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.

13.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training

All clinical staff	MCA e-learning	3 hours	Every 2 years

14 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Presence of advance decisions to refuse treatment	Lead professional and team manager should be aware of advance decisions and monitor reviews	Any issues to be escalated through appropriate governance group

15 References

- Mental Capacity Act 2005
- Mental Capacity Act 2005 Code of Practice, TSO, 2007
- TEWV Mental Capacity Act Policy

16 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	31 August 2023
Next review date	29 November 2024
This document replaces	CLIN-0011-v7.1 Advance decisions and statements
This document was approved by	MHLC
This document was approved	31 August 2023
This document was ratified by	n/a
This document was ratified	n/a
An equality analysis was completed on this policy on	December 2021
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
7	28 Feb 2018	Full revision	withdrawn
7	Feb 2021	Review date extended to 26 August 2021	withdrawn
7.1	December 2021	Three year review. Updated to new template to include Our Journey for Change.	Published
7.1	23 June 2022	Document control only amended – no content changed. This updated ratification by MHLC from “Pending (Jan 2022)” to “17 February 2022” to reflect delayed meeting.	Published
7.2	31 Aug 2023	Minor wording change In sections 8.4, 8.6, 8.8 and 8.9, changed “Paris” to “Electronic Patient Records” In section 8.4, “Case Notes” changed to “Progress Notes”	Published

		(to be published when CITO system is live – published 07 Feb 2024)	

Appendix 1 - Equality Analysis Screening Form

Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Mental Health Legislation					
Policy (document/service) name	Advance Decisions and statements					
Is the area being assessed a…	Policy/Strategy		Service/Business plan		Project	
	Procedure/Guidance			X	Code of practice	
	Other – Please state					
Geographical area covered	Trust wide					
Aims and objectives	The purpose of this policy is to: • Guide practitioners in providing care to patients who have made an advance decision. • Guide practitioners in providing care to patients who currently lack the capacity to make a specific decision for themselves and have made an advance statement of preference. • Ensure the Mental Capacity Act 2005 (MCA) is used lawfully.					
Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)	June 2021					
End date of Equality Analysis Screening	**August 2021**					

(This is when you have completed the equality analysis and it is ready to go to EMT to be approved)	

You must contact the EDHR team if you identify a negative impact.

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?					
Any person who has made an advance decision to refuse treatment, or who wishes to express preferences as to their future care should they lose the capacity to do so.					
2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?					
Race (including Gypsy and Traveller)	No	**Disability** (includes physical, learning, mental health, sensory and medical disabilities)	No	**Sex** (Men, women and gender neutral etc.)	No
Gender reassignment (Transgender and gender identity)	No	**Sexual Orientation** (Lesbian, Gay, Bisexual and Heterosexual etc.)	No	**Age** (includes, young people, older people – people of all ages)	No
Religion or Belief (includes faith groups, atheism and philosophical belief's)	No	**Pregnancy and Maternity** (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	**Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners)	No

Yes – Please describe anticipated negative impact/s
No – Please describe any positive impacts/s

3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? **If 'No', why not?**	**Yes**	**X**	**No**	

Sources of Information may include: • Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. • Investigation findings • Trust Strategic Direction • Data collection/analysis • National Guidance/Reports	• Staff grievances • Media • Community Consultation/Consultation Groups • Internal Consultation • Research • Other (Please state below)

4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Sex, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership

Yes – Please describe the engagement and involvement that has taken place

The Mental Capacity Act was subject to extensive Equality Impact Assessment.

No – Please describe future plans that you may have to engage and involve people from different groups

5. As part of this equality analysis have any training needs/service needs been identified?					
No	Please describe the identified training needs/service needs below				
A training need has been identified for;					
Trust staff	Yes	Service users	No	Contractors or other outside agencies	No
Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so					

If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please contact the team.

Appendix 2 – Approval checklist (for Advance decisions)

Reproduced from 'Advance decisions to refuse treatment: a guide for health and social care professionals', National End of Life Care Programme, 2013.

It may be helpful to use this check list to assess whether an advance decision to refuse treatment is legally binding.

If you conclude that an apparent advance decision is not legally binding, it should not be ignored. You should still take it into account as evidence of the person's wishes when assessing their best interests, if they are unable to make the decision for themselves. If you have any doubt about whether to answer yes or no to any of the questions below seek advice from your clinical lead/service manager. If necessary, seek legal advice.

Before using this check list, make sure that you have identified the treatment for which a decision is required.

Question		Answer Yes/No
1	Does the person have capacity to give consent to or refuse treatment him or herself, with appropriate support where necessary	YES: The person has capacity to make the decision him or herself. The advance decision is not applicable. Ask what s/he wants to do. NO: Continue with check list
IS THE ADVANCE DECISION VALID?		
2	Has the person withdrawn the advance decision? (This can be done verbally or in writing)	YES: This is not a valid advance decision. Make sure that you have identified and recorded the evidence that the person withdrew the advance decision. NO: Continue with check list
3	Since making the advance decision, has the person created a lasting power of attorney (LPA) giving anybody else the authority to refuse or consent to the treatment in question?	YES: This is not a valid advance decision. The donee(s) of the LPA must give consent to or refuse the treatment. The LPA decision must be in the person's best interests. NO: Continue with check list
4	Has the person done anything that is clearly inconsistent with the advance decision remaining his/her fixed decision?	YES: This is not a valid advance decision. It is important to identify what the person has done, discuss this with anybody close to the person, explain why this is inconsistent with the advance decision remaining his/her fixed decision, and record your reasons. NO: The advance decision is valid. Continue with the checklist.
IS THE ADVANCE DECISION APPLICABLE?		
5	(a) Does the advance decision specify which treatment the person wishes to refuse?* (b) Is the treatment in question that specified in the advance decision?	YES: to both (a) and (b): Continue with the checklist. NO: This is not an applicable advance decision

* NB it is possible to use layman's language to specify both treatment and circumstances

6	If the advance decision has specified circumstances in which it is to apply, do *all* of those circumstances exist at the time that the decision whether to refuse treatment needs to be made?	YES: Continue with the checklist. NO: This is not an applicable advance decision
7	Are there reasonable grounds for believing that the circumstances exist which the person did not anticipate at the time of making the advance decision and which would have affected his/her decision had s/he anticipated them?	YES: If such reasonable grounds exist, this will not be an applicable advance decisions. It is important to identify the grounds, discuss this with anybody close to the person, and identify why they would have affected his/her decision had s/he anticipated them, and record your reasoning. NO: Continue with the checklist
LIFE SUSTAINING TREATMENT		
8	Is the decision both valid and applicable according to the criteria set out above?	YES: Continue with the checklist. NO: This is not a binding advance decision to refuse the specified life sustaining treatment
9	In your opinion is the treatment in question necessary to sustain the person's life?	YES: Continue with the checklist NO: This is a binding decision to refuse the specified non-life-sustaining treatment. It must be respected and followed.
10	Does the advance decision contain a statement that it is to apply even if the person's life is at risk?	YES: Continue with the checklist NO: This is not a binding advance decision to refuse the specified life-sustaining treatment.
11	Is the advance decision: • In writing AND • Signed by the person making it or by somebody else on his behalf and at his direction AND • Signed by a witness responsible for witnessing the signature, not the decision.	YES TO ALL: This is a binding advance decision to refuse the specified life-sustaining treatment. It must be respected and followed. NO TO ANY: This is not a binding advance decision to refuse the specified life-sustaining treatment.

Appendix 3 - Advance Decision to refuse treatment form

Advance Decision to Refuse Treatment (ADRT)

My Name	**If I became unconscious, these are distinguishing features that could identify me:**
Address	**Date of Birth**
	Telephone Number(s)

What is this document for?

This advance decision to refuse treatment has been written by me to specify **in advance** which treatments I don't want in the future.

These are my decisions about my healthcare, **in the event that I have lost mental capacity and cannot consent to or refuse treatment.**

This advance decision replaces any previous decision I have made.

Advice to the carer reading this document:

Please check

- **Please do not assume that I have lost mental capacity before any actions are taken.** I might need help and time to communicate when the time comes to need to make a decision.
- If I have lost mental capacity for a particular decision **check that my advance decision is valid, and applicable to the circumstances that exist at the time.**
- If the professionals are satisfied that this advance decision is valid and applicable this decision **becomes legally binding and must be followed, including checking that it has not been varied or revoked by me either verbally or in writing since it was made.** Please share this information with people who are involved in my treatment and need to know about it.
- Please also check if I have made an advance statement about my preferences, wishes, beliefs, values and feelings that might be relevant to this advance decision.

This advance decision does not refuse the offer or provision of basic care, support and comfort

Important note to the person making this advance decision:

If you wish to refuse a treatment that is (or may be) life-sustaining you must state in the boxes ***"I am refusing this treatment even if my life is at risk as a result."***

Any advance decision that states that you are refusing life-sustaining treatment **must be signed and witnessed on page 3.**

My Name	

My advance decision to refuse treatment

I wish to refuse the following specific treatments:	**In these circumstances:**

My Signature (or nominated person)	Date of signature

Witness – required for refusals of life sustaining treatment	
Witness **Signature**	**Name** **of witness**
Address **of witness**	**Telephone** **of witness** **Date**

Person to be contacted to discuss my wishes:	
Name	**Relationship**
Address	**Telephone**

I have discussed this with (eg name of Healthcare Professional):	
Profession/Job title:	**Date:**
Contact details:	

I give permission for this document to be discussed with my relatives/carers		
Yes	**No**	**(Please circle one)**

My general practitioner is:	
Name:	**Telephone:**

Address:

Review	
Comment	**Date/time:**
Signature of person named on page 1:	**Care Co-ordinator/Lead Professional signature:** **Witness signature (life sustaining treatment):**

The following list identifies which people have a copy and have been told about this Advance Decision to Refuse Treatment (ADRT)

Name	Relationship	Telephone Number

Further information (optional)

I have written the following information that is important to me.

It describes my hopes, fears and expectations of life and any potential health and social care problems.

It does not directly affect my Advance Decision to Refuse Treatment, but the reader may find it useful, for example to inform any clinical assessment if it becomes necessary to decide what is in my best interests.

Appendix 4 – Advance statement template

Advance Statement

First Name:		**Last Name:**	
Date of Birth:		**Telephone:**	
Address:			

I have made this advance statement to make my wishes, thoughts and feelings known about

I have given a copy to, and / or discussed this statement with:

Name:	Relationship:	Contact:

In the event of a crisis, I would like this statement to be shared with (please tick):

Crisis Team		**CPN**		**Admission Ward**	
Carer		**GP**		**Consultant**	
Nearest Relative					

Other people I would like this statement to be shared with:

Your Advance Statement may contain as much or as little information as you choose.

These are some examples of the sort of information that could be included in your Advance Statement but it is not an exhaustive list.

How I can be helped to remain well • My warning signs are • What I can do to help myself • What others can do to help me • What does not help • Who to contact and when	**My wishes about medical treatment:** • Medication • Other forms of treatment • Who can give advice on what I consider to be in my best interests if I am unable to make my own choices
My wishes about my care: • Observation • Communicating with staff • Daily routine • What helps and what does not if I become distressed • What helps and what does not if my behaviour gives cause for concern	**My wishes about visitors if I am admitted to hospital** • Who should and should not be informed of my progress • Who to inform of my admission • Who should and should not visit me
My wishes about my home and domestic arrangements if I am admitted to hospital • Care of children • Care of pets • Responsibility for my finances • Who has access to my home • What information to share with my employer	**Things I like to happen during the day** • The way I like to dress • What I like to drink • My preferred foods • TV programmes I like • Other things I enjoy doing
My wishes regarding where I should be cared for if I need constant care • My wishes regarding medical intervention if I become ill • Medication if I am distressed • Treatment of life threatening illness	**Who to consult over my finances and property** • Partner • Family • Friend • Solicitor • Advocate
Who to consult over my care • Partner • Family	**Who to contact if I become very ill** • Partner • Family

• Friend • Solicitor • Advocate	• Friends • Religious support / Leader • Advocate
What my wishes are if I should die • Who to inform • Religious considerations • Who is aware of my wishes regarding funeral arrangements	

Appendix 5 – Approval checklist (for production of this procedure)

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
1.	**Title**		
	Is the title clear and unambiguous?	Y	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2.	**Rationale**		
	Are reasons for development of the document stated?	Y	
3.	**Development Process**		
	Are people involved in the development identified?	Y	
	Has relevant expertise has been sought/used?	Y	
	Is there evidence of consultation with stakeholders and users?	Y	
	Have any related documents or documents that are impacted by this change been identified and updated?	Y	
4.	**Content**		
	Is the objective of the document clear?	Y	
	Is the target population clear and unambiguous?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Y	
	Are key references cited?	Y	
	Are supporting documents referenced?	Y	
6.	**Training**		
	Have training needs been considered?	Y	
	Are training needs included in the document?	Y	

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
7.	**Implementation and monitoring**		
	Does the document identify how it will be implemented and monitored?	Y	
8.	**Equality analysis**		
	Has an equality analysis been completed for the document?	Y	
	Have Equality and Diversity reviewed and approved the equality analysis?	Y	
9.	**Approval**		
	Does the document identify which committee/group will approve it?	Y	
10.	**Publication**		
	Has the document been reviewed for harm?	Y	
	Does the document identify whether it is private or public?	Y	
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	NA	