

# Planning for the future

A guide to support advance care plan discussions



This information leaflet is a guide to support planning ahead discussions. It can help you to think about your wishes and preferences for the future, and complete an advance care plan should you choose. If your wishes are known and communicated with those looking after you, they are more likely to happen.

**'We all deserve the opportunity to communicate what matters to us...'**

## **Who is this leaflet for?**

In life we plan for many things, birth, education, marriage and retirement. We may also wish to prepare for a time of failing health.

There may come a time when we lose our capacity to make decisions, and would want people to know what our wishes are, and what matters to us. It can be difficult to discuss these issues, but for some people this might be very important. By doing as much as possible to plan ahead, this can give us the freedom to get on with life.

Thinking about the future can feel daunting. At the hospital there are senior nurses and doctors who can help you to start the conversation. You could also talk to your GP, or community specialist nurse or matron.

Discussing your wishes with someone who could speak for you if needed and writing down your preferences in an advance care plan can help those around you to understand what matters to you.

## **Conversations that may be helpful to you**

- You may want to have a better understanding of any illness or condition and how this may affect you in the future.
- It is often difficult to predict the course of an illness. You may discuss this uncertainty with your clinical team.
- You may want to talk about treatments, or future hospital care.

## Understanding and planning for future care

Ahead of time it may help to talk about what you would want should you become less physically able. This may include:

- care that may be available to help you stay at home
- care provided by nursing or residential homes
- who you would like to be involved in your care?
- where you would like to be cared for at the end of your life?

## Personal wishes and preferences

These are the things which are personal to you as an individual. They may include anything that you feel is important to you and your family.

### You might want to think about:

- What is it that you value, that gives you pleasure or brings you comfort?
- Are there daily habits which are important?
- Do you have particular religious, spiritual or cultural beliefs?
- Are there goals you have, perhaps a special trip, a birthday or anniversary?
- Are there things that you really don't like, or that you wouldn't want to happen to you?
- If you were to appoint someone to represent your views, who knows you well and that you can rely upon to do this?



## Things to remember

Having these discussions is entirely voluntary. The only legally binding decision some people wish to make is an Advanced Decision to Refuse Treatment. This can be part of, or separate to, your Advance Care Plan.

Your health can change over time and this can influence your choices in the future. Any decisions you make can be changed at any time.

## Useful terms to discuss and understand

- **Advance Care Planning (ACP)** – process of thinking ahead and deciding what plans you want to record for the future.
- **Advance Decision to Refuse Treatment (ADRT)** – a legally binding, witnessed and documented statement relating to the refusal of specific medical treatments.
- **Lasting Power of Attorney for Health and Welfare (LPA)** – an appointed individual with the authority to speak on your behalf on specific issues should you lose the capacity to do so.
- **Treatment Escalation Plan (TEP)** – an individualised plan initiated by your medical team in discussion with you. The TEP focuses on which treatments may or may not be helpful or effective ie resuscitation.
- **Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)**.

## Further information and support

There are many documents that can tell you more about advance care planning, or in which you can write your own plan. **If you would like a copy of the document offered by the hospital, or if you want to discuss advance care planning further, please speak to a senior member of the nursing or medical team involved in your care.** Alternatively speak to your GP or community specialist nurse who will also be able to help you.

For more information please visit our Advance care planning webpage at <https://royalcornwallhospitals.nhs.uk/services/advance-care-planning/>



If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690



Cover image: Dr Aaron Kay

RCHT1766  
© RCHT Design & Publications 2019  
Revised 06/2023 V2 Review due 06/2062