

For Now and For The Future

An Advance Care Planning Policy For Adults In
Northern Ireland



Department of
Health

An Roinn Sláinte
Mánnystrie O Poustie

What is Advance Care Planning and why is it important?

Advance Care Planning helps you to think about

- What is important to you and,
- How to plan for your future.

You don't have to do it. But it can help you to let other people know what you want in the future and why.

It gives you a chance to talk about your wishes, feelings, beliefs and values and this can help people to support you better.

It lets you have more choice and control over your future. This is really important if you become unable to make decisions and communicate them.

It creates less upset for you and people important to you when hard decisions have to be made.





How does Advance Care Planning work?

Advance Care Planning is something that you do throughout your life, because as you change, your plans may change.

Planning happens through you talking with:

- People important to you, and;
- People who give you care, support or treatment;

about what you want and why.

Advance Care Planning talks about end of life care but it also looks at what you want if your health becomes bad or you have a health emergency.

What you say when you talk with people about Advance Care Planning can be written down and shared if you say you are happy for this to happen.

You can come back to your plans at any time and make changes.

Your Advance Care Plan can be used in the future if you are no longer able to make decisions for yourself.

Benefits of Advance Care Planning

1. Better Quality of Life

When you have the chance to talk about what matters to you it can help you make good choices now for your future. These choices will be in line with your wishes, feelings, beliefs and values.

This means a better quality of life for you in the future if you can no longer make decisions for yourself.

2. Peace of Mind for you

When you know that you have a plan for the future it can give you peace of mind.

3. Clear decisions

Making clear decisions lets people who are important to you know what you do and do not want.

4. Peace of mind for those important to you

When people important to you are clear about what matters to you, they can feel more confident in saying what you want should you no longer be able to make decisions for yourself.

The four parts of Advance Care Planning

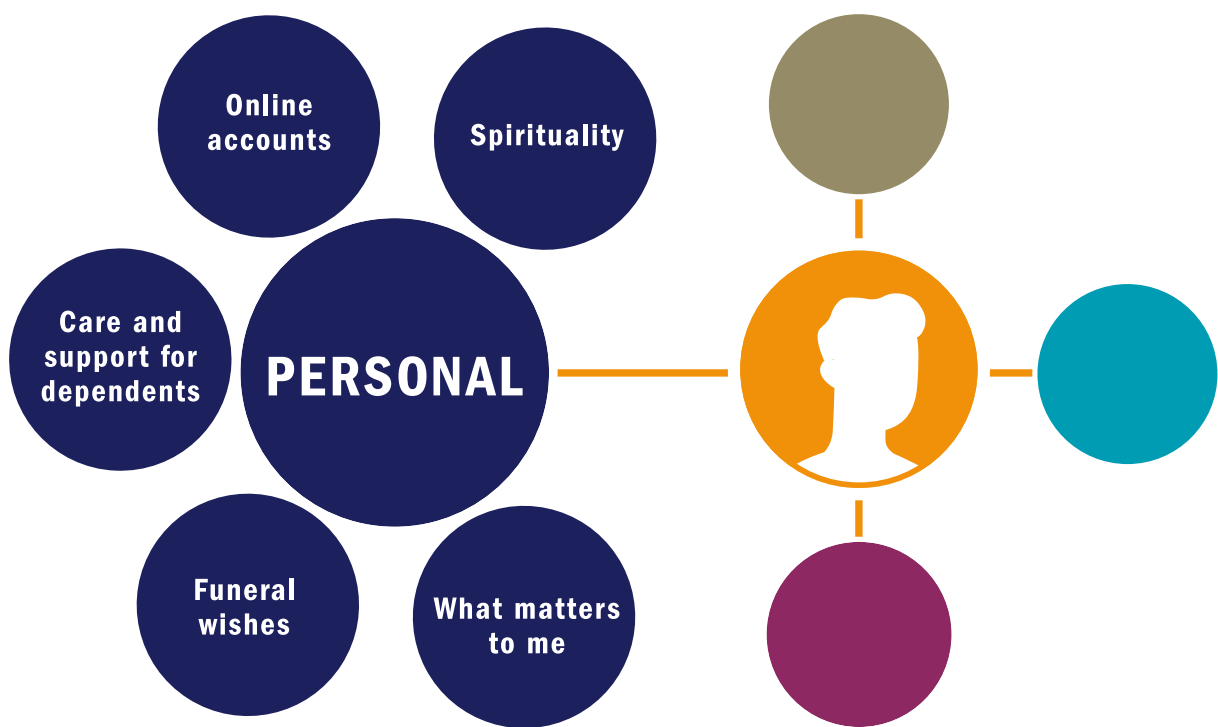
There are four parts to Advance Care Planning.

They are:

- Personal
- Clinical
- Legal
- Financial



Personal Advance Care Planning



Personal Advance Care Planning

Advance Care Planning has different parts – Personal, Legal, Clinical and Financial.

In this part we will look at the personal part of Advance Care Planning.

This includes:

- What matters to you
- Care and support for dependants
- Spirituality
- Funeral wishes and online accounts.



wishes



feelings



beliefs



values

What matters to you

This part of Advance Care Planning is about those very personal things that give meaning to your life.

For example: People, Places, Spirituality.

Advance Care Planning lets you say what is important to you when you are well and what is important to you if you can no longer make decisions about your life.

Each person will be different.

It is important for anyone involved in your care, to know what matters to you.

- It can help them make good decisions when you are not able to.
- It can help them tell others about what you want.

My online accounts

My spirituality

Care and support for my dependants

My funeral wishes



Spirituality

Advance Care Planning conversations may include you talking about

- What gives meaning and purpose to your life.
- Your beliefs and values.
- What guides how you behave and treat others.
- What gives you comfort, support and strength.

We call this spirituality.

Spirituality can be even more important to a person as they grow older or if they are very ill.

Spirituality is different things for different people.

- Some people may talk about their spirituality through their faith and religion.
- Others may talk about it through music, arts, or nature.

Care and Support for Dependants

Anyone that relies on you is called a dependant. For example this could be a family member or a pet. Advance Care Planning can give you peace of mind that your dependants will be cared for and supported.

Funeral Wishes

Thinking about and talking about your own funeral can be emotional. Having these conversations is important.

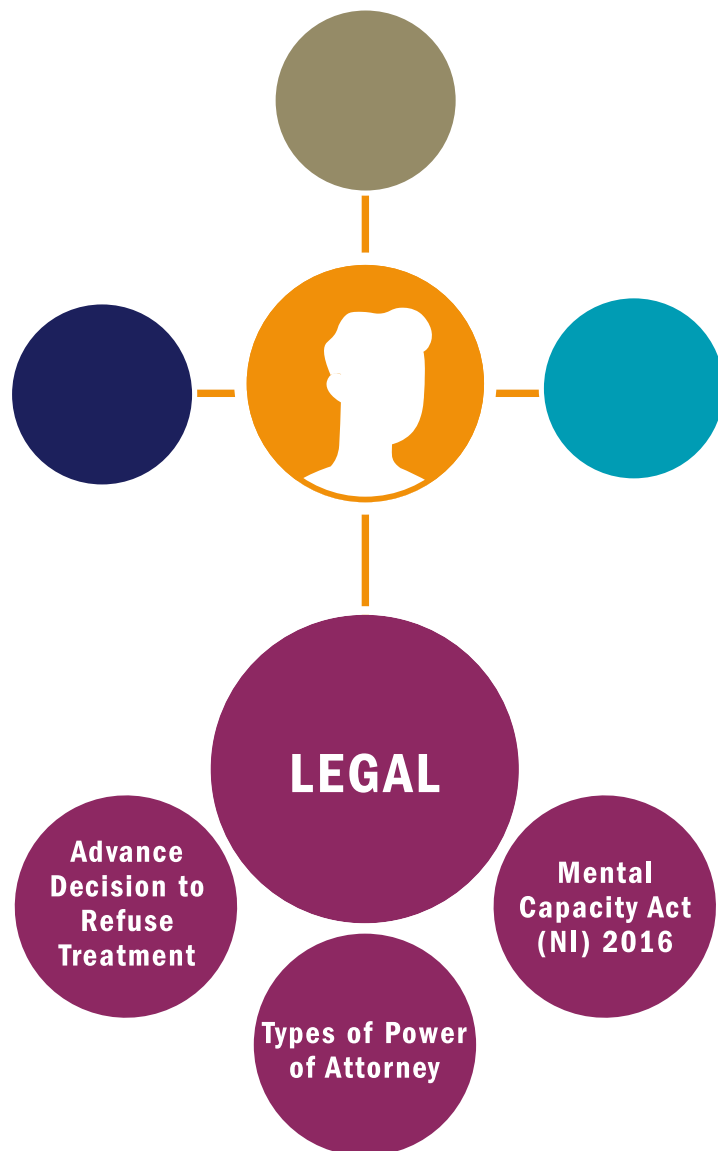
- It helps people to know what you would like at your funeral.
- It can be good for you and others to know what you want.

Online Accounts

It is important to think about what will happen to your online accounts after you die. For example, what would you like to happen to:

- Photos.
- Videos.
- Emails.
- Social media accounts or,
- other information stored about you online.

Legal Advance Care Planning



Legal Advance Care Planning

Advance Care Planning has different parts – Personal, Legal, Clinical and Financial.

In this part of we will look at the legal part of Advance Care Planning.

Mental Capacity

Having mental capacity means being able to make and communicate your own decisions. In Northern Ireland we have a law called the Mental Capacity Act (NI) 2016.

This law says

- To treat a person as if they can make and communicate their own decisions, unless it has been shown that they can't.
- A person may be able to make some decisions at one time but not another.
- Being able to make and communicate decisions depends on both what the decision is and how the person is at the time of making the decision.

Even if a person cannot make and communicate decisions:

- Their wishes, feelings, beliefs and values still need to be thought about and,
- The person still needs to be as involved as possible.

What you say in your Advance Care Planning can be useful if you cannot make decisions for yourself.

It can help guide people caring, supporting or treating you to make decisions in line with your wishes, feelings, beliefs and values.

What does
Mental Capacity
mean?

Can I refuse
certain treatments
in advance?

Who should
manage my money
and property?

LEGAL

Power of Attorney

There are three different types of 'Power of Attorney'.

1. Power of Attorney

- Power of Attorney is a legal document.
- You can use it to give someone else the power to do things for you and make decisions for you.
- While you have mental capacity it lets someone else (called an attorney) deal with your property and finances.

For example, if you can't physically go to the bank your attorney can go for you. A Power of Attorney stops if you lose your mental capacity.

2. Enduring Power of Attorney

- An Enduring Power of Attorney (EPA) is a legal document.
- You can use it to give someone the power to make decisions for you about your property and finances if you lose your mental capacity.
- It lets you plan for if you lose your mental capacity.

3. Lasting Power of Attorney

- Lasting Power of Attorney is not used in Northern Ireland at the moment but will be in the future.
- A Lasting Power of Attorney is a legal document.
- You can use it to give someone else the power to make decisions for you. This includes your property and finance and also health and social care decisions such as treatment and end of life care.
- A Lasting Power of Attorney is made when you have mental capacity. It gives the attorney full decision-making power only if you lose your mental capacity.
- A decision by your attorney is the same as your making the decision if you had mental capacity.
- When Lasting Power of Attorney is made legal in NI then it will make sure you can choose who will make decisions for you if you ever lack mental capacity.

At the moment no one can consent to treatment on behalf of another person in Northern Ireland. When an adult has not got the mental capacity to make a specific decision themselves, a 'best interests' decision is made.

Advance Decisions to Refuse Treatment (ADRT)

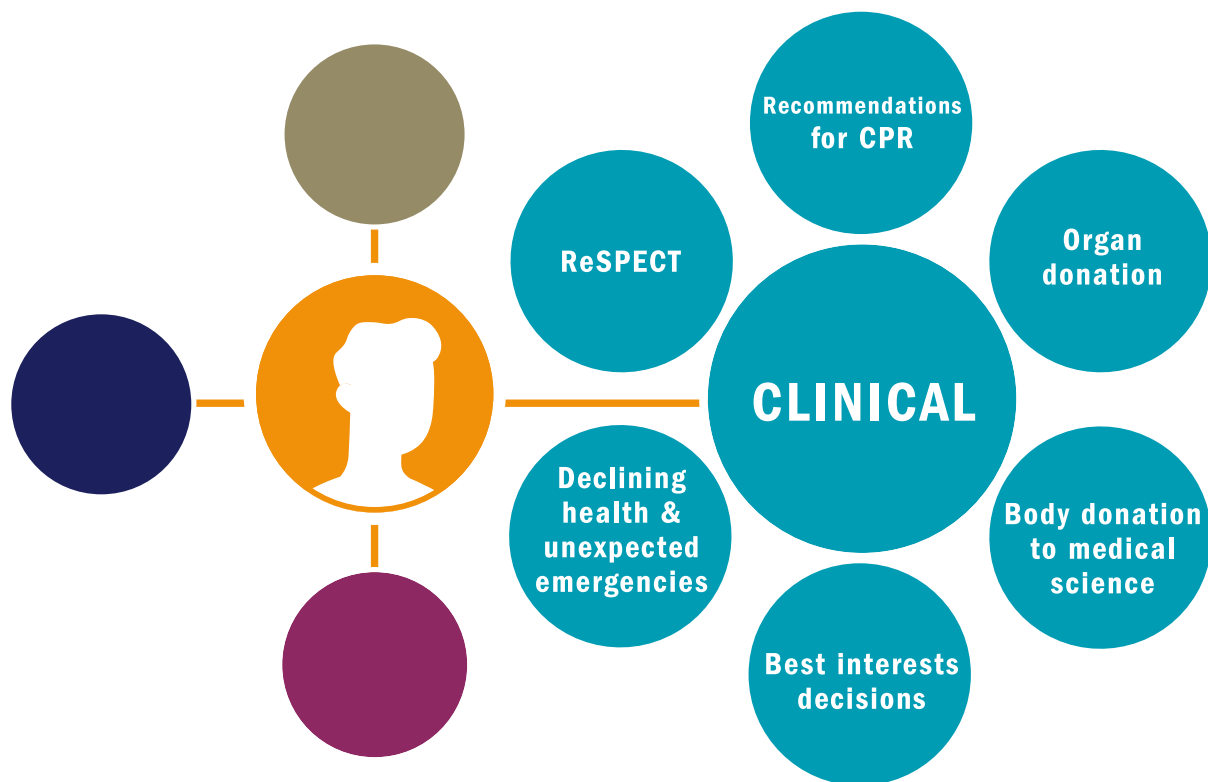
An Advance Decision to Refuse Treatment is a set of instructions from you to the people giving you treatment.

- It says when you would not want some treatments or would want a particular treatment to be stopped.
- In Northern Ireland, an Advance Decision to Refuse Treatment is legally binding if it is confirmed and applicable.

This means people giving you care, support or treatment must follow it if they know about it.

- It is recorded while a person is able to communicate and make their own decisions.
- It will only be followed if you lose your mental capacity.

Clinical Advance Care Planning



Clinical Advance Care Planning

Advance Care Planning has different parts – Personal, Legal, Clinical and Financial.

In this part we will look at the clinical part of Advance Care Planning – how patients are treated.

Bad Health

During your life, your health might slowly get worse or it might suddenly become bad because of an emergency such as an accident, heart attack or mental health crisis.

It is really important for everyone to think about and plan for bad health. Advance Care Planning can include talking about your wishes for future care if your health becomes bad.

These conversations help to provide a shared understanding of what matters to the person.

They help to inform the clinical recommendations and/or decisions about what is realistic in terms of your future care and treatment if your health becomes bad. This can cover specific treatments such as resuscitation, ventilation or artificial nutrition/hydration.



Best Interest

If you do not have:

- The mental capacity to make a decision about your treatment
- An Advance Decision to Refuse Treatment (ADRT) form.

Then the person providing treating will make a 'best interests' decision.

Advance Care Planning makes sure your wishes, feelings, beliefs and values known.

- This will help people making 'best interests' decisions.
- People important to should be included in these 'best interests' discussions.

You must be placed at the heart of the decision-making process and supported to be as involved as possible.

The person treating you should make their best interests decision on their experience and understanding of your situation. Your Advance Care Planning conversations should help with this.

Recommended Summary Plan for Emergency Care and Treatment (ReSPECT)

Conversations and recommendations for future care and treatment will be recorded on a ReSPECT form.

- The ReSPECT form sets out information that will help guide and inform those providing care, support or treatment at a time when the person is unable to.
- The ReSPECT form includes recommendations and/or decisions about specific interventions that may, or may not be wanted or be clinically appropriate.
- The ReSPECT form will be signed by the clinician providing clinical recommendations but will be held by the person.

The ReSPECT form is not a legally binding document.

The ReSPECT form includes:

- What matters to the person about their care and treatment e.g. wishes, feelings, beliefs and values.
- Existing care planning documents e.g. if the person has made an Advance Decision to Refuse Treatment (ADRT).
- Clinical recommendations for emergency care and treatment e.g. resuscitation recommendations.
- Recording mental capacity for involvement in the recommendations made.

Information recorded on a ReSPECT form should be kept under review and updated as appropriate.

Cardiopulmonary Resuscitation (CPR)

Advance Care Planning can include talking about and making decisions about what to do if a person's heart stops.

Cardiopulmonary resuscitation can help save a person's life by helping pump blood around a person's body when their heart cannot.

There comes a time for everyone when trying to restart the heart would either

- Not work, or
- The risks of CPR are more than the benefits.

Knowing what matters to a person helps those people giving them treatment decide what to recommend in different situations.

- This includes whether CPR would be a good thing to do if their heart stops.
- It helps them make a recommendation in the person's best interests. This means their wishes, feelings, beliefs and values have been thought about.





Organ Donation

A person can choose to give their organs (for example heart, kidney, liver and lungs) to someone who needs them to stay alive. This is called organ donation.

There are two different types of organ donation.

- One is where you give someone an organ while you are alive. For example, giving someone your kidney.
- The second is where you give your organs once you are dead.

From 2023 the law on organ donation in Northern Ireland will change.

After this, if you do not want to become an organ donor after you die, it will be necessary to 'opt out' on the NHS Organ Donor Register.

Many people do not realise that a discussion between those important to them and healthcare staff will always be necessary for organ donation to go ahead.

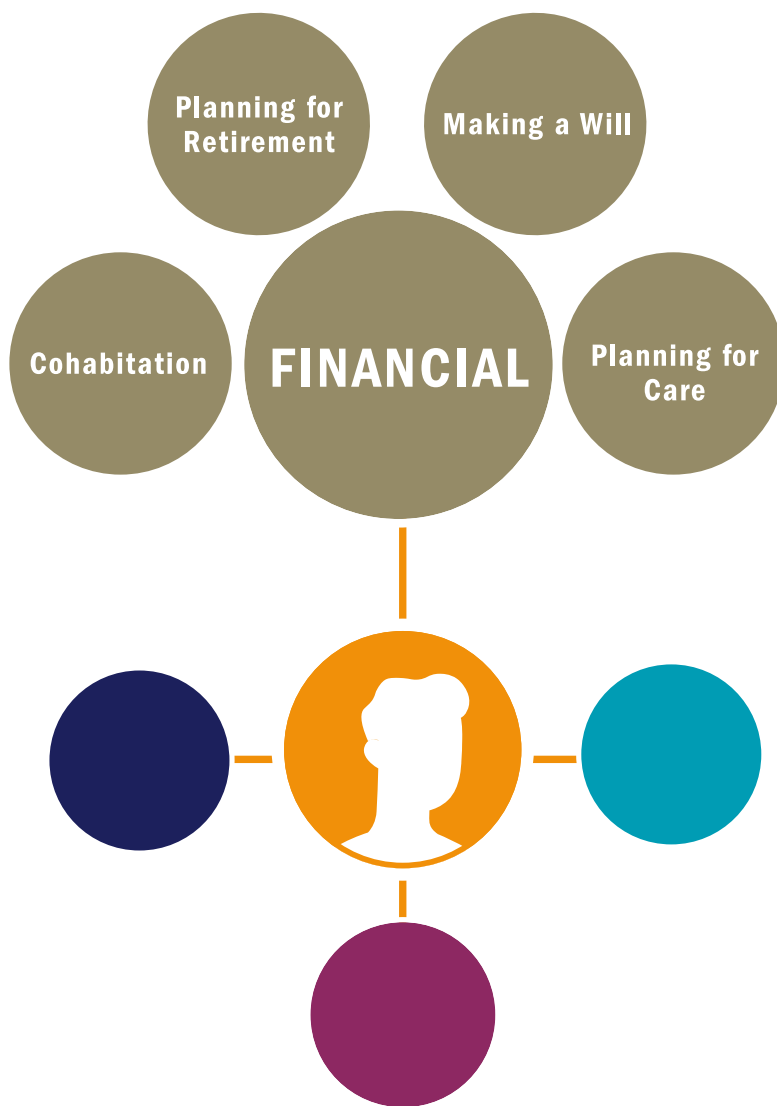
Knowing a person's decision in relation to organ donation helps those important to them at this difficult time.

Body Donation

You may want to give your body to medical science.

It is important for you to talk about this with people important to you and those providing care, support or treatment.

Financial Advance Care Planning



Financial Advance Care Planning

Advance Care Planning has different parts – Personal, Legal, Clinical and Financial.

In this part we will look at the financial part of Advance Care Planning.

So it's time to talk about Wills.

What is a will?

A will is a legal document. It gives clear instructions about what you want to happen after you die.

For example:

- Who will look after your children or anyone that depends on you (this can include your pets!)
- What happens to your money, house and belongings.

Why make a will?

1. It makes it easier to organise what happens to all of your things after you die.
2. It lets you decide who gets what.

If a person does not have a will, the law will say who gets what.



How to make a will

- You can write a will by yourself.
- However, it is a good idea to use a solicitor.
- An executor makes sure that what you say you want in your will actually happens.
- You can say who you want your executor to be.
- The courts can also decide who the executor will be.

Once you make a will you must keep it in a safe place and tell your executor, close friend or relative where it is.

If a solicitor makes the will, they will normally keep the original and send you a copy.

Updating your will

You should look at your will and decide if you need to make any changes.

This is important if big things have changed in your life.

For example

- Getting separated, married or divorced
- Having a child, or
- Moving house.

You can make changes by adding a note to your will or making a new will.

Cohabitation

Cohabitation is when you live with a romantic partner but are not married or in a civil partnership.

A civil partnership is like being married. It is seen as a relationship by the law.

If you live with your partner, you do not have the same rights as married couples or civil partners. This can cause problems if you split up and your relationship ends, or you or your partner dies.

For example

- If your relationship ends, then how will you know who owns what?

For example

- your house
- your money
- and your belongings.

If you die, then your partner will not get any of your money or property unless your will says so. You might want to think about things you can do to look after your money and property and look after your partner. A solicitor can help you with this.

Planning for Retirement

Retirement is when you stop working and stop getting money for working.

If you retire you need to make sure you will have enough money to live on.

It is good to have a plan.

For example,

- Do you have a pension?
- Do you have savings?

There are people who can help, they are called a financial adviser.

Planning for Care

You might want to think about what care and support you would like in the future.

Could you afford the care and support you would like?

You can get advice about this from a financial adviser or a solicitor.



Summary

This Advance Care Planning policy is for

- Everyone
- People important to them
- and anyone giving care, support or treatment.

Advance Care Planning is for all adults and at any time of their life.

We hope Advance Care Planning becomes something that everyone does. Talking about your wishes, feelings, beliefs and values is important to make sure you get the care, support or treatment that you want in the future.

Advance Care Planning helps people

- think
- talk about
- write down
- and share what matters to them.

There are different parts in Advance Care Planning. You can choose to think about and plan for these different parts at any time. You can make changes to your plan at any time.

Advance Care Planning can give you peace of mind both now and in the future.

This policy will be put into action through

Public Messaging

This means telling everyone about it, how to do it and how important it is.

Operational Frameworks

This means giving advice and information to support people to do Advance Care Planning.

Advice will be given to everyone giving care, support or treatment in all parts of Northern Ireland.

Training and Education

This means training and educating people, so they have the knowledge and skills to support Advance Care Planning.

Evaluation and Outcomes

This means measuring how well we are doing at supporting people to Advance Care Plan for their future.

Notes

[illegible]

Advance Care Planning

Where are you starting?



For more information visit:

<https://www.health-ni.gov.uk/what-advance-care-planning>

Produced by:

Department of Health, Castle Buildings Belfast, BT4 3SQ

This document has been produced in partnership with Tell It Like It Is (TILII)

<https://arcuk.org.uk/northernireland/telling-it-like-it-is/>

Published: *October 2022*

This document will be reviewed by the Department of Health as policy and legislation develops and/or in the light of evolving changes in practice. The most up-to-date version of this policy document will be available on <https://www.health-ni.gov.uk/what-advance-care-planning>