

My Wishes



What is Important to me...

A Guide to Planning Your Future Care.

Part 1: This Plan Belongs to

What is this plan for?

There may be times in your life when you think about the consequences of becoming seriously ill or disabled. This personal plan is your opportunity to think ahead and write down what is important to you about your future care. This will help those who are important to you, and care for you, to know about you and what you would want to happen.

Do I have to make a Plan?

No. This is a voluntary process and not everyone will choose to do it. You may wish to talk about your wishes with family or health professionals instead. You may choose to complete all or only part of this document.

Should I talk to others about my Plan?

You may find it helpful to talk about your future care with your family and friends or LPOA (Lasting Power of Attorney). You may also talk to your healthcare professionals such as your Consultant, Nurse or GP. Sometimes this can be difficult because it might be emotional, or people may not agree.

Often just having this discussion is very useful and makes it easier to bring difficult issues out into the open. It may be helpful to talk about any particular needs your family, friends or carers may have.

Can I change my Plan?

Yes. It is recommended that you do review your plan periodically. You may find that your wishes about your care change over time. This is entirely normal and simply reflects that different things become more or less important at different times. If you do change your plan, then remember to record the review date on page 6 and share the changes with anyone who may have a copy of your Plan (such as family, GP, nurse, and hospital).

Will my wishes and preferences be met?

What you have written here in your Care Plan represents your wishes and preferences and must be taken into account if you become unable to express your wishes at some point in the future. However, it is not legally binding.

Can I make formal decisions to refuse treatment?

Yes. An *Advance Directive/Living Will* is a formal legally binding document which allows you to refuse certain treatments. It cannot be used to request active ending of life and it cannot be used to request medical treatments. If you would like to complete an Advance Directive/Living Will then you should discuss this with an appropriate health care professional such as you GP, Consultant or Nurse. You will need to seek legal advice. An information leaflet can be provided to you about Living Wills (Advance Directive) on request.

People Important to Me



The following people are very important to me – please try to include them in discussions about my care:

Name	Relationship	Contact Details

Lasting Power of Attorney (LPOA)
I have a LPOA for Health & Welfare

YES

NO

Name	Relationship	Contact Details

I have a LPOA for Finance

YES

NO

Name	Relationship	Contact Details

A copy of My Wishes plan has been provided to the following:

- NOK: Yes No
- GP/ District Nurse: Yes No
- Hospital: Yes No
- Elderly Residential Services: Yes No
- Ambulance Services: Yes No
- Other: Yes No

Date:

Print Name:

Signature:

Things that are Important to Me



If I can no longer tell you myself, I want those who care for me to know that:

This is what is important to me - this might include hopes, fears, family concerns and practical matters (e.g. I like a light on at night, I like to listen to music).

Things that make my life meaningful

This might include values, people, pets, religious or spiritual needs, or anything that is important to you

I would like my family and friends to know and remember the following:

Respect My Wishes

Use the following plan to help respect my wishes if I am unable to inform you directly

When I am dying, the following things are important to me (tick those that matter to you)

- Let my family and friends be with me
- Keep me comfortable (freedom from pain, anxiety, shortness of breath, etc.)
- Offer me things to eat and drink when I'm able to
- Believing that my family are prepared for my death
- Discontinue investigations and interventions that are not adding to my comfort
- Stop medications that do not add to my comfort
- Attend to my spiritual needs
- Other Important things:

The place I die is important to me (tick which is appropriate for you) Yes No

When I am dying, I would like to be cared for:

- At home, which for me is: _____
- In Hospital
- Other:

I have had Advanced Care Planning discussions with my care team Yes No

I have the following agreed documents in place :

- Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)
- Treatment Escalation Plan
- Other:

Changes to My Wishes - Reviews

You should review your plan regularly & document any changes you wish to make. You can change your plan as often as you wish. It is your plan. Use the boxes below to document these. Remember to make sure your family, GP, hospital team and any other relevant people are informed of any changes.

Changes to My Wishes Plan:

Date:

Print Name:

Signature:

Changes to My Wishes Plan:

Date:

Print Name:

Signature:

Changes to My Wishes Plan:

Date:

Print Name:

Signature:

Notes

Use this page to record anything that you may wish to say about yourself or to those who are important to you (about yourself or to someone else)

Me:

My Family:

My Carers:

Others:

Planning My Future Care – “Thinking Ahead”

Doctors will only provide treatment that might be medically beneficial. Irrespective of any decisions made by you or your doctor about CPR (Cardiopulmonary Resuscitation) and life prolong treatment, you will always continue to be cared for with respect and dignity and this will include care to relieve pain and alleviate any suffering. ***CPR information leaflets will be provided upon request.***

My Health

In relation to my health – this is what has been happening to me (including current health problems)

Cardiopulmonary Resuscitation (CPR) Tick which is appropriate for you

- I do NOT wish to discuss CPR*** at this current time.
- It has been explained to me by _____ that I would not benefit from attempted CPR and I understand and accept this.
- I would like CPR*** attempted if it might be medically beneficial.
- I do NOT want CPR*** even if the doctors think it could be beneficial.
- I would like CPR*** attempted even if medical staff think it might not be medically beneficial.

Life Prolonging Treatments (Tick which is appropriate for you)

Life Prolonging Treatments can include breathing machine (ventilator), kidney machine (dialysis), feeding tube and/or surgery.

- I would like*** life prolonging treatment in order to prolong my life as long as possible
- OR**
- I would like*** life prolonging treatments only if the doctors expect a reasonable outcome. To me, a reasonable outcome means _____
- OR**
- I do NOT want*** life prolonging treatments at all. If life prolonging treatment has been commenced, I request that it be discontinued
- OR**
- I choose to delegate*** decisions regarding CPR and life prolonging treatments to my LPOA for Health & Welfare

Part 2: After my Death – My Wishes

Organ Donation

I would like to donate my organs and/or tissues for transplantation: Yes No

Specific Instructions (*if any*):

My Funeral Plan

I would like to be: Buried Cremated Other _____

I would like to be dressed in the following clothes (if possible):

My end of life ceremony or funeral will be:

- A celebration of my life
- A reflection of the way I lived
- Modest and respectful
- Simple and basic
- A grand send-off
- Something else: _____

My funeral will take place at:

My funeral will follow a theme: (e.g. My favourite film/musical/book, an interest or hobby, the decade I was born in, or something else that means a lot to me)

My funeral will include the following favourite songs, hymns, poems, readings:

I want those attending to wear:

I would like the following people to attend:

I would like the following people to speak:

After My Funeral

I would like to be buried at the following location:

I would like to be cremated at the following location:

My ashes should then be:

Scattered at the following location

Or

Buried at the following location

My funeral will support the following charity/charities:

My funeral will be funded by:

Savings

My estate

A funeral plan (*Provider*) _____ *Plan Number* _____

Next of kin/family

Other Insurance policy or Local Government benefit _____

My Last Will and Testament

I have made a Will Yes No

My Will executor is:

Name:

Relationship:

Contact Details:

My Digital Assets & Legacy – I have a Social Media Will Yes No

I wish for all my social media accounts to be memorialized after my death

I wish for all my social media accounts to be deactivated after my death

I wish for all my social media accounts to be closed after my death

I wish for only some of my social media accounts to be memorialized, deactivated or closed after my death (*list your preferences*)

-
-
-
-
-

My digital passwords have been shared with:

Name:

Relationship:

Contact Details:

For more information on how to manage your digital assets and legacy visit www.digitallegacyassociation.org

Signature:

1. This document is a record of my preferences to guide those who are important to me, and my healthcare team, in providing appropriate care for me.
2. I understand that it will only be used when I am unable to make decisions for myself.
3. I understand that medically futile and/or inappropriate treatments will not be administered even if this is my expressed preference.
4. I acknowledge that this record may be held or copied in an electronic form and may be made available to other health care providers caring for me.

Print First Name: _____

Print Surname: _____

Signed: _____

Date: _____

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Primary Care
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Cancer Relief Services
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Resuscitation Officer

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