

ADVANCE DECISION (adult patients)

Brighton and Sussex
University Hospitals
NHS Trust



Stick Patient identifier/label here
Or insert
Patient's surname/family name.....
Patient's first names
Date of birth
Trust ID / NHS Number

An Advance Decision [AD] enables an adult, while still capable, to refuse specified medical treatment for a time in the future when they may lack the capacity to consent to, or refuse, that treatment. If a patient lacks capacity and has previously made an AD which remains valid, the AD has the same effect as a decision made by a person with capacity. However, if a Personal Welfare Lasting Power of Attorney exists, this Attorney may supersede any AD at a time when the patient lacks capacity.

A. I (first & surname)
refuse to receive the following treatment (specify in detail what treatment is refused).....
.....
.....

in the following circumstances: (if no entry is made about what is wanted if circumstances change, then healthcare professionals may decide that the Advance Decision is not applicable if particular different circumstances arise)
.....
.....

My reasons for this decision are:
.....
.....
until the following date (insert date) OR indefinitely (tick box)

B. Life-Saving Treatment

i) I want this decision to be respected even if my life is at risk and I may die as a result of someone respecting the decision I have taken.

Signed Date
Witnessed by (signature) Date
Full name of witness (print)
Relationship of witness to patient, or post held (print)

OR

ii) I DO NOT want this decision to be respected if my life is at risk, or if I may die as a result of someone respecting the decision I have taken.

Signed Date
Witnessed by (signature) Date
Full name of witness (print)
Relationship of witness to patient, or post held (print)

Complete in confirmation that this decision still stands, if more than 12 months, or significant change in clinical circumstances, since previous signature:

Signed Date
Witnessed by (signature) Date
Full name of witness (print)
Relationship of witness to patient, or post held (print)

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C For completion by health care professional (delete either 1a or 1b and any other items not applicable)

1. a) I have discussed with the patient the possible consequences of this decision for them, including the following:
- or
- b) I offered to discuss with the patient the possible consequences of this decision; this has been refused
2. On the balance of probabilities, I believe that this patient has the capacity to reach a decision at this time. (S)he appears to understand the nature and consequences of the decisions (s)he is making, appears to be aware of and can remember the relevant issues, and has used these to arrive at his/her decision
3. The patient has said they do not have a Personal Welfare Lasting Power of Attorney
4. I have asked the patient to inform their family/friends & their GP of the existence of this decision
5. I have explained to the patient that a copy of this Advance Decision will be placed in the medical records held in Brighton and Sussex University Hospitals NHS Trust
6. I have emphasised to the patient the importance of informing the Trust in writing if their decision changes

Signature:..... Date .. Time

Name (PRINT) Job title (PRINT)

Guidance to patients: While an Advance Decision [AD] can be used to refuse one or more specified treatments, under English law it cannot be used to demand any specific treatment. The more detailed information you give about this decision, & the circumstances in which you intend it to apply, the easier it will be for Trust staff to use this at some time in the future (if you then can't decide for yourself) to ensure your views are respected. The Trust strongly recommends that you inform your GP and your family/close friends of this AD. It is also **VITAL** that you keep the Trust, GP and family/friends informed if you wish to amend or withdraw this AD.

Guidance to health professionals: If the patient lacks capacity at any time, the decision-maker has to decide whether this AD is "valid and applicable". The Mental Capacity Act Code of Practice says that to do this, the health care professional must try to find out if the person

- A) has done or decided anything since signing this AD, at a time when they had capacity, that clearly goes against this AD
- B) has withdrawn their decision
- C) has subsequently conferred the power to make this decision on a Personal Welfare Lasting Power of Attorney, **or**
- D) would have changed their decision if they had known more about the current circumstances.

If the healthcare professional concludes that the document is not a valid and applicable advance decision, it must then be considered as an expression of previous wishes which must be taken into account when working out a person's best interests.

Form to be retained in front of current volume of patient's records. Existence of form to be recorded on PAS and A&E computer – send copies to Health Records and to A&E for this to be done.

Copy given to patient Copy sent to A&E Copy sent to Health Records

by (print name) (post) on (date)