

Danetre Medical Practice

Advance Directives Protocol

Introduction

The term Advance Directive (AD) (sometimes known as a “Living Will”) means a statement explaining what medical treatment an individual would not want in the future, should that individual 'lack Capacity' as defined by the Mental Capacity Act 2005.

The term 'Living Will', whilst helping people to understand the concept, is somewhat misleading in that, unlike a will, it does not deal with money or property. Moreover, it can relate to all future treatment, not just that which may be immediately life-saving.

An advance directive is legally binding and does not have to be written down (although the vast majority are), except in the case where the individual decides to refuse life-saving treatment.

Whilst the patient has 'Capacity', their word overrides anything contained in their advance directive or anything their legal representative may say.

If doctors have doubts about the validity of an AD they should consult early with their indemnity organisation and they may be able to apply to the Court of Protection to overrule it.

This document details the procedure that the Practice will follow when a Patient submits their AD to the Practice. Whenever this situation occurs, the Practice will also obtain advice from appropriate professional bodies (e.g. Indemnity Organisation).

Policy

- The Practice will only accept Advance Directives in writing.
- The Practice will carefully consider all Advance Directives it receives.
- Any approach by a patient asking for advice relating to ADs will be treated with full consideration by the GP and appropriate advice will be offered (see below)
- When conditions which require treatment that is clearly within the content of the AD, then this will be regarded as being the categorical wishes of the patient.
- The Practice and its Clinicians will carefully assess the possibility that the Patient may have changed their mind since the date the AD was signed by considering any suggestion or likelihood that this has occurred.
- In circumstances when it is necessary to implement the requirements of an AD, the GP involved will consult with both another GP and with the Practice's professional indemnity insurers.

Limitations

- The AD has no binding on acts which are deemed to be illegal.
- An AD cannot compel a GP to carry out a particular treatment
- An AD which specifies refusal of treatment does not prevent the provision of basic care e.g. pain relief, cleanliness etc.

Content of Advance Directives

ADs are to be written in clear and unambiguous language, signed by the Patient and witnessed by at least 1 other person. They may contain:

- General statements about the Patient's views on care, which may help a doctor to make decisions on courses of treatment without restricting them to specified courses of action;
- A statement which identifies third parties who are to be consulted in the event that the planned circumstances arise;
- A clear directive regarding specified or generalised treatments which may be legally binding;
- A statement made to support religious or other similar beliefs;
- A combination of the above elements which may very well have legal force.

Advance Directives - Acceptance, Recording and Medical Records

The Practice will take the following action when presented with an AD:

- The Patient will be advised that the Practice recommends an annual re-authorisation of the AD, although the Practice itself will not issue any reminders.
- The Patient will be unequivocally identified, with the use of appropriate identification if necessary (e.g. Passport; Driving Licence, Bank Card etc.).
- The Original AD (and identification if obtained) will be scanned to the patient's record.
- An alert message that an Advance Directive is held on file will be put on the Clinical System to draw attention to its existence, prior to commencement of appropriate treatments.
- The patient's own GP will study the AD and if this has not already been discussed in a consultation, the GP will decide if a consultation is necessary based on their opinion of
 - The Patient's Capacity to give consent or refusal.
 - The possibility of existence of any form of duress or undue influence being applied by third parties.
 - The validity and acceptability of the AD when viewed on an individual case by case basis.
 - The options and treatments available, taking into account their current anxieties, and presented in such a way which will enable them to make an informed choice.
 - The desirability of making a decision at this particular time (e.g. is the patient depressed) and is it appropriate to review the decision after a further period of time?
- Where an appointment offer is refused, the Patient will be advised that their GP will seek permission to inform their family and close friends that an AD exists and explain its contents to them.
- As part of the normal consultation process, a GP will remind the Patient that they should review their AD after each 12 month period has passed but that the practice will issue no reminder.
- GPs will provide details of the AD (or a copy of it) to other healthcare professionals at appropriate times, e.g. on referrals or in emergency situations.
- In an emergency situation, treatment should not normally be delayed in order to search for an AD. In all cases, in an emergency situation, clinical judgement must be made.

Danetre Medical Practice Advance Directive (Living Will) – Sample Form

The Practice wishes to assure you and your carers that under all circumstances it will strive to provide what is considered to be the best treatment for you.

This Form is designed for you to record aspects of treatment that you do not wish to have under specified circumstances. If you choose not to tick any of the boxes in Section 2, your doctor will continue to provide you with any active treatment s/he feels reasonable in the specified circumstances, in consultation with your next of kin or the proxy you have nominated.

PLEASE NOTE: This Living Will is about medical treatment only. You cannot use it to say what is to happen after your death, or to make funeral arrangements, or to dispose of property after your death.

1. Statement of Beliefs

If you wish to do so, please record a statement of your beliefs and values below - there is no legal requirement to complete this Section.

2. General Medical Treatment

There are three possible health conditions described below. Within each of the three you can tick the box provided to indicate your advance refusal of treatment in these circumstances.

Please ensure you treat each condition separately, and it is important to note that you do not have to make the same choice for one.

I (Insert your name)
DECLARE that my medical treatment wishes are as follows:

Life Threatening Condition:

If I have a physical illness from which there is no likelihood of recovery **AND** it is so serious that my life is nearing its end:

I do not wish to be kept alive by medical treatment. I wish medical treatment to be limited to keeping me comfortable and free from pain, and I refuse all other medical treatment.

Permanent Mental Impairment:

If my mental functions become permanently impaired with no likelihood of improvement;
The impairment is so severe that I do not understand what is happening to me;
My physical condition means that medical treatment would be needed to keep me alive:

I do not wish to be kept alive by medical treatment. I wish medical treatment to be limited to keeping me comfortable and free from pain and, I refuse all other medical treatment.

Persistent Unconsciousness:

If I become persistently unconscious with no likelihood of regaining consciousness:

I do not wish to be kept alive by medical treatment. I wish medical treatment to be limited to keeping me comfortable and free from pain, and I refuse all other medical treatment.

3. Particular treatments or investigations

If you have any wishes about a particular medical treatment or test, you can record them here. If you wish to refuse a particular treatment or investigation, you should say so clearly. You should consult a doctor before writing anything in the space provided.

I have the following wishes about particular medical treatment or tests:

4. Presence of Relative or Friend

You can complete this section if you would like a particular person to be with you if your life is in danger. Please note, however, that it may not be possible to contact the person you name, or for him/her to arrive in time.

If my life is in danger I wish the following person to be contacted to give him/her the chance to be with me before I die.

Name:	
Address:	
Contact Phone Number(s):	

Tick this box if you would like those caring for you to do their best to keep you alive for as long as is reasonable, in order to give the person you have named above a chance to see you.

This instruction might mean that the doctors would need to temporarily disregard your choices in Section 2 of this form and also any refusal of particular treatment or test.

Health Care Proxy

I appoint the following person as my Health Care Proxy:

Name:	(Mr / Mrs / Miss)
Address:	
Contact Phone Number(s):	

Statement by Proxy:

I (Name).....
agree to act as health care proxy for

(Name)
if s/he becomes unable to make their own wishes known.

- I understand that I will be consulted, as far as possible, when decisions about tests or treatments need to be made.
- I understand that my role as proxy is to inform the health care team of what I know of’s beliefs or wishes about their future care, so that these beliefs and wishes can be taken into account when the health care team make their decisions about him/her.
- I understand that I cannot insist on any treatment which the health care team do not feel would be in’s best interests.

Signed: Date:

Living Will (Advance Refusal of Treatment)

Declaration

This is an important document.

The Danetre Medical Practice recommends that you discuss your Living Will with a doctor, but you do not have to.

Personal Details

I (Name):

Of (Address):

.....

Make this Living Will to state my wishes in case I become unable to communicate, and cannot take part in decisions about my medical care.

If you consult a doctor about this Living Will, please complete this section.

I have discussed this Living Will with the following doctor.

Doctor's Name:

Contact Address:

.....

Contact Telephone Number:

SIGNATURES

My Signature:	Date:
The witness must sign after you have signed and should then print his/her name and address in the space provided. IN THE PRESENCE OF:	
Signature Of Witness:	Date:

Name Of Witness:
Address:

This document remains effective until I make clear that my wishes have changed

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Advance Directives
(Living Wills)

Information
&
Guide
for Patients

Advance Directives (sometimes called Living Wills)

These are generally instructions provided by a patient relating to a condition which may arise in the future.

This Guide explains how the Practice deals with an Advance Directive and what the Patient responsibilities are.

It is not a legal guide, nor is the information provided necessarily complete or binding in all circumstances.

Practice Policy

- The Practice abides by the British Medical Association (BMA) and other legal guidelines for advance directives.
- Each request from a Patient will be considered by that patient's own GP.
- Appropriate advice will be offered relating to the consequences of the request.
- The Practice generally supports the principle of patient choice in the provision of treatment and will take the Directive into account in its provision of treatment.

How to register an Advance Directive with the Practice

- Bring the original document and identification containing a signature (e.g. Passport or Driving Licence).
- Make an appointment at least 3 days in advance with your GP, advising the Receptionist that an Advance Directive is to be discussed.

What the Practice will do

- We will make copies of your documents and return the originals to you.
- Your GP will study the content of your documents to prepare for the consultation.
- At the consultation, your GP will discuss with you the clinical implications of your decision and take into account your health situation to ensure that you fully understand the nature of your request.
- If you confirm that you Your GP may ask you about your Advance Directive again in the future if you come for a consultation.

Our medical records will be updated with an image of your documents and an alert placed on your record which will be seen each time your record is opened.

We will provide details to other health professionals involved with your treatment as needed, e.g. where a hospital or other referral is necessary.

Patient Responsibilities

- Maintain and securely retain your original Advance Directive document
- Regularly re-affirm in writing that the Advance Directive document is still valid – it is recommended that this is done every 12 months.
- Ensure that your family and close friends are aware of your Advance Directive document and where it is kept.

What the Practice Will Not Do

- Remind you to review or update your directive.
- Monitor your treatment elsewhere (other than supply a copy of your directive)
- Express views on the acceptability or legality of the directive in the wide variety of potential future clinical circumstances, or treatments which may be needed.
- Be responsible for the provision of Advance Directive information to other health providers where the Practice has not been involved in the care process (e.g. private clinics, temporary registration elsewhere etc.)