

# Advance decisions and advance statements

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If you have been diagnosed with dementia, it is likely that there will come a time when you aren't able to make some decisions for yourself. You can make some choices now (for example, about future care and treatment), in case you are not able to make decisions later on. There are a number of ways you can do this, often called 'advance care planning' or planning ahead.

Advance decisions and advance statements are just two of the ways you can plan ahead. They each do different things. This factsheet explains the differences and looks at what each can and cannot do. It also provides practical advice to help you to draft an advance decision, and there is a template advance decision form to help you. You may want to take your time to go through this information, or come back to it in future.

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# Advance decisions and advance statements

If you have been diagnosed with dementia, it is likely that there will come a time when you aren't able to make some decisions for yourself. The ability to make a specific decision is called having 'mental capacity' to make that decision. There are a number of ways that you can plan for how you are cared for or treated in the future, when you may not be able to make those decisions yourself.

Advance decisions and advance statements are two of these ways. They work differently and are designed to do different things.

An **advance decision** allows you to refuse a specific medical treatment in particular circumstances. It only applies when you lack mental capacity to make that decision. It can make sure that you are not given treatment in the future that you do not wish to receive. If made correctly, your advance decision is legally binding and must be respected by those treating you. It is the same as you making a specific decision with mental capacity at the time.

An **advance statement** is an expression of your wishes for the future. It can cover a much broader range of topics than an advance decision, including requests and refusals for certain types of treatment and care. It can help people understand your personal values and beliefs. It is not legally binding, but it must be used to guide doctors, family members or anyone else who has to make a decision on your behalf, because you can't make it yourself. Although it is not legally binding, your advance statement must be considered when other people decide what is in your best interests.

There are legal rules about how an advance decision must be made, which is not the case for an advance statement.

If your advance decision is not made properly it might not be followed. For more information see ‘Will medical professionals have to follow your advance decision?’ on page 6. If it is not followed, the things that you say in your advance decision should still be taken into account by someone making a decision on your behalf (if you can’t decide for yourself). In this case, your advance decision is treated in the same way that an advance statement would be.

You can make both an advance decision and an advance statement, and you don’t have to make either. Doing both will give others the fullest picture of your wishes.

This factsheet is for people living in England and Wales. In Northern Ireland the law about advance decisions and advance statements is similar. For more information about this in Northern Ireland see factsheet NI467, **Financial and legal tips**.

Advance decisions and advance statements are just one part of planning ahead. You might also want to give someone Lasting power of attorney (LPA) (or Enduring power of attorney, as it is known in Northern Ireland), so they can make decisions on your behalf. You can put your finances in order and make or update a will. In England and Wales (but not Northern Ireland) you can appoint someone as your attorney to make decisions about your health and welfare as well as about your property and finances. See ‘Advance decisions and Lasting power of attorney (LPA) for health and welfare’ on page 15.

For more information see booklet 1510, **Planning ahead** and factsheet 472, **Lasting power of attorney**. For Northern Ireland see factsheet NI472, **Enduring power of attorney and controllership**. For more on mental capacity and the ability to make decisions in England and Wales see factsheet 460, **Mental Capacity Act 2005**.

## What is an advance decision?

You have the right to refuse to have medical treatments that you don't want to have, except in some cases under the Mental Health Act 1983 (see 'What an advance decision cannot do' on page 8). By allowing you to make an advance decision, the Mental Capacity Act 2005 gives you that same right when you don't have mental capacity to refuse the treatment. Some people call an advance decision a 'living will' or 'advance directive', but 'advance decision' and 'advance decision to refuse treatment' are the terms used in the Act.

Advance decisions only apply when you don't have mental capacity to make the treatment decision for yourself. They act as your own 'voice' at that time and, as long as they are correctly made, your treatment refusal cannot be challenged or changed by doctors or others. They will not be able to challenge the advance decision on the basis that the decision you have made is not in your best interests. This means that your decision must be followed.

Treatments that you can refuse include life-sustaining treatment. For example, some people may make an advance decision to refuse a blood transfusion for religious reasons. Other examples of treatments that can be refused are cardiopulmonary resuscitation (CPR), artificial feeding or hydration (being fed food or water through a tube), and antibiotics. You can do this even if your refusal of the treatment leads to a natural deterioration in your health, or even your death.

The circumstances in which you say that you want to refuse particular treatments are very personal to you. Everyone will say different things. For example, a person might say they want to refuse artificial feeding and hydration if they have severe and permanent swallowing difficulty. Another example might be to refuse CPR if they have a heart attack, or refuse intravenous antibiotics if they have pneumonia.

You can refuse a particular treatment in all circumstances, for example if you object to having the treatment for religious or spiritual reasons. You would need to make it clear when you make your advance decision that you are refusing the treatment in all circumstances.

Advance decisions are legally binding, as long as they meet certain requirements. This factsheet explains these requirements. Making a successful advance decision that can't be challenged is hard, because it's difficult to predict every situation and treatment that might happen, and to cover all of them in an advance decision. This is why you may want to also write an advance statement of wishes. When used together, they may give others making decisions on your behalf a better sense of what you would want.

### **Why should you make an advance decision?**

There are a number of reasons why you might make an advance decision:

- If you have strong views about treatments that you don't want, it can be reassuring to know that you have done what you can to make sure that you will not be given those treatments in the future.
- If you would prefer not to leave certain decisions about treatments you receive to healthcare professionals or to your attorney(s), if you have made a Lasting power of attorney.
- It can prompt conversations about your future care with doctors and nurses that you may not have otherwise.
- It may also prompt discussions with friends and family about what you want to happen in the future.
- It can take difficult decisions away from those close to you, who otherwise may be asked by doctors for information about what you would want to happen.

### **Will medical professionals have to follow your advance decision?**

Advance decisions, when they meet certain requirements, are legally binding. This means all medical professionals, including doctors, have to follow them if they are aware of them. This is only true when your advance decision is both 'valid' and 'applicable to the treatment':

To be valid, your advance decision must not have been withdrawn by you at any time when you had mental capacity to do so, and:

- you mustn't have done anything clearly inconsistent with it which suggests you have changed your mind. For example, if you have agreed to a blood transfusion, after making an advance decision saying you would want to refuse one in all circumstances
- the advance decision has been made after you have made an LPA for health and welfare. If you make an advance decision after appointing an attorney for health and welfare, and the two documents cover the same decision, then your attorney must follow the advance decision. See 'Advance decisions and Lasting power of attorney (LPA) for health and welfare' on page 15.

Your advance decision will not be applicable to the treatment, if:

- you have not specifically mentioned the treatment in your advance decision, or
- the circumstances you have specified do not exist. If you specify more than one circumstance under which you would refuse a specific treatment, all the circumstances you have specified must be happening at the time. Or
- there are reasonable grounds for believing that something has happened that you didn't anticipate when you made the advance decision, and that would have affected your decision. For example, if there have been medical developments since you made the decision that would have affected your decision if you had known about them at the time. Or
- you have mental capacity to agree to or refuse the treatment at the time.

This means that you have to choose what you say carefully. The wording of an advance decision cannot be vague, and must be specific about treatments and the circumstances.



The advance decision must also:

- have been made when you were aged 18 or over
- have been made when you had mental capacity to make it
- not have been made under pressure from other people
- if it relates to refusing life-saving treatment, be written down, be signed and witnessed and include a statement that it applies even if your life is at risk.

If your advance decision is not made correctly, medical professionals will not have to (or be able to) follow it.

### What an advance decision cannot do

There are some limits to the kinds of treatments and situations an advance decision can cover. It cannot be used to:

- refuse treatment if you still have the capacity to give or refuse consent
- refuse basic care that is essential to keep you comfortable, such as washing or bathing
- refuse food or drink by mouth, although it can be used to refuse being fed or hydrated through a tube (artificial feeding or hydration)
- refuse things that are designed solely to keep you comfortable – for example, painkillers (which relieve pain but do not treat the underlying condition)
- demand specific treatment
- refuse treatment for a mental disorder in the event that you are detained under the Mental Health Act 1983 (with the exception of electro-convulsive therapy (ECT) which you can use an advance decision to refuse). Your rights are no different than if you had capacity to refuse medical treatment. Under the Mental Health Act 1983 you can, in some circumstances, be treated against your will. For more information see factsheet 459, **Mental Health Act 1983**



- request something that is against the law, such as euthanasia or assisting you in taking your own life
- refuse a particular place of care, such as a care home – it is only about treatments.

### **Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders**

It is easy to confuse advance decisions with ‘Do Not Attempt Cardiopulmonary Resuscitation’ (DNACPR) orders, because resuscitation is something that can be refused in particular circumstances in an advance decision. However they are different things.

A DNACPR order is made by medical professionals, and an advance decision is made by you. Medical professionals must talk to you, unless this is inappropriate or not possible. They must talk to anyone close to you if you request this, or do not have the capacity to be consulted on this before putting a DNACPR order on your medical file. You can discuss DNACPRs with your doctor if you wish.

There is no standard way that DNACPR orders are made and recorded nationally, so the process may be different in different areas.

### **How to make an advance decision**

You can make an advance decision yourself, in your own words. Unless you want your advance decision to cover the refusal of life-sustaining treatment, you can make it verbally – you can say what you want to happen and don’t have to write it down yourself. A medical professional can write it down for you and put it on your medical records. You need to specify the treatment you are refusing and the circumstances in which the treatment is not to be given.

It is always better to make your advance decision in writing, even if it does not relate to refusing life-sustaining treatment. This greatly improves the chance that medical professionals will be aware of your decision and that it is correctly understood.

**If your advance decision relates to the refusal of life-sustaining treatment it must always be in writing, and include a statement that it is to apply to the treatment even if your life is at risk. The advance decision also needs to be signed by you (or another person in your presence and by your direction) in front of a witness, who must also sign as a witness.**

### Who should you talk to?

You can talk to your doctor, a solicitor, friends and family, and your insurer about your advance decision. This is so that you can fully understand the consequences of making your advance decision to refuse treatment. These conversations may also help them to understand your decisions.

### Your doctor

You should discuss an advance decision with your GP or hospital doctor before writing it. Ask them to explain:

- how your condition is likely to affect you as it progresses
- what treatment you may need
- the advantages and disadvantages of refusing treatment in advance
- some of the problems that may happen if your statement is unclear.

If you have dementia as well as another condition or conditions, a medical professional can help you to understand the relationship between the conditions and any treatments for them.

It is not necessary for your doctor to sign your advance decision, but it is useful. If there is any confusion, or if your advance decision is challenged, they can explain why you made the decision. The doctor can confirm that you had mental capacity at the time you made it. Ask your doctor to check your advance statement. They may be able to point out the consequences of your statement that a non-healthcare professional (such as a solicitor) may not recognise.

### A solicitor

You don't need to talk to a solicitor to make an advance decision, but it can be a good idea. If you are uncertain about what you want to include or how to say it, a qualified solicitor can help make sure that your views are clearly expressed. The more clearly the decision is worded the more likely it is to be applicable.

A solicitor will not be able to advise you on how your condition or conditions might progress and the treatments that may be available. For this you should talk to your doctor.

### Friends and family

You don't have to talk to those close to you about making an advance decision, but it might help you to clarify your own thoughts if you do. It may also make it easier for your friends and family to understand what you want for the future, so that they are prepared when the time comes.

### Your insurer

If you want to make an advance decision to refuse life-sustaining treatment, and have a life insurance policy, check with the insurance company that your policy will not be affected.

### What information should you include?

If you choose to write your own advance decision, include the following information:

- your full name
- your address
- your date of birth
- any distinguishing features (for example, tattoos or birthmarks so you can be identified in an emergency)
- the name, address and telephone number of your GP
- your NHS number if you know it
- an explanation of the circumstances in which you want your advance decision to apply

- the specific treatments that you want to refuse
- a statement that says your advance decision was written without pressure from other people
- if the advance decision applies to refusing life-sustaining treatment, a very clear statement that the advance decision applies to the treatment in question, even if your life is at risk
- the date you made the advance decision
- your signature (or, if you can't sign, the signature of someone else who signs in your presence and under your direction. The person needs to record that they are signing on your behalf)
- the signature, and the date of the signature of at least one witness aged 18 or over. A witness is someone who is physically present when you sign and watches you (or someone on your behalf) sign. Ideally this should not be a partner, spouse (your husband or wife), relative, anyone who stands to benefit in your will, or your attorney under a Lasting power of attorney. It's a good idea to say what their relationship to you is. You could ask a friend or neighbour. If someone is signing on your behalf, they should not be the same person as the witness.

**It's a good idea to include an explanation about why you are making the advance decision and what you are trying to achieve. This might involve explaining what is important to you. For example, you might want to explain that you want to live as long as possible. Or, you might say that quality of life and freedom from pain or prolonged discomfort are more important to you than how long you live. This can make it easier for your family or friends to accept your decision and can also help doctors to understand it.**

There is a template advance decision form at the end of this document. It can be filled out, or you can use the form as a guide to write your own if you need more space.

## Making sure people know about your advance decision

Making an advance decision will be of no use if no one else knows about it. You should keep the original signed document somewhere safe. You should also make several copies and give them to the following people:

- your GP or doctor, to keep with your medical records
- your hospital team, to place in your case notes. Ask for a copy to be added to your Summary care record (SCR) as additional information. You will have a SCR if you agreed for the NHS to create one from your GP record. You could ask your GP to create one if you don't have one. Staff in A&E departments can securely access your SCR if you arrive there unable to speak to them
- a close relative or friend; more than one is best if possible
- your attorney under a Lasting power of attorney for health and welfare, if you have one.

If there is an emergency and you need care from a paramedic or in an ambulance, or in A&E, there may not be time to find your documents. To increase the chance of your advance decision being followed by medical professionals, you could carry a card, or wear a bracelet that lets them know that you have made an advance decision and where it is. There are various suppliers who will personalise a brightly coloured plastic wristband for you, or you could get a local jeweller or engraver to personalise a bracelet for you.

MedicAlert® provide identity jewellery that links your membership number to your medical information (which can include any advance decision you have made). This charity operates throughout the UK. There is a fee for their services. For more information see 'Other useful organisations' on page 20.

There are some schemes such as ‘Message in a bottle’, which might also help. This scheme is operated throughout the UK by Lions Clubs and is free. If you join the scheme you will get a bottle, inside which you can store important medical information (this could include your advance decision). You then put the bottle in your fridge. You’ll also get a sticker to put on the fridge and on your front door, which will alert emergency services to the existence of the bottle. Ask your GP or pharmacist about similar schemes, or you can contact your local Lions Club directly. For contact details see ‘Other useful organisations’ on page 20.

## What if you change your mind?

When making an advance decision, you should think about the possibility that you might change your mind in the future. You must have mental capacity to make any changes to your decision. It’s possible that you could change your mind about a treatment, but if you don’t amend your decision before you lose capacity, your original decision will apply.

It is also possible that you refuse treatment in an advance decision that you would actually have accepted if you had mental capacity to decide about it at the time. It can be hard to predict what you will want in a future situation until it happens. These are not easy decisions to make, which is why it is important that you discuss them with professionals and those close to you.

## Reviewing and making changes

It’s a good idea to review your advance decision regularly to make sure that it still reflects what you want. You can make changes as long as you have mental capacity to do so. To do this, you can start a new advance decision, and complete a new form. Or you can make changes to your existing document, making sure you sign and date it again to confirm the changes.

Whether you make changes to the original document or fill out a new one, you must make sure that a witness also signs and dates the new version. Make sure you give copies of the new version to everyone who held a copy of the old version. Even if you review the decision and don’t make any changes it is a good idea to sign it and date it to show that you have reviewed it.

If you do review your advance decision regularly (particularly if your condition changes or if the available treatments change) it is less likely to be challenged. This is because it will be considered more likely that you have taken on board these changes since you made the original decision.

Think about reviewing your advance decision if you are going into hospital for major treatment or surgery, to make sure it is up to date.

## **Advance decisions and Lasting power of attorney (LPA) for health and welfare**

As well as making an advance decision, you might have made or be thinking about making a Lasting power of attorney for health and welfare.

A Lasting power of attorney (LPA) is a legal document that you can use to appoint someone you trust to make decisions on your behalf, if you become unable to make them yourself. The person you appoint is known as an 'attorney'. There are two different types of LPA:

- a property and affairs LPA
- a health and welfare LPA.

There is a form to fill out for each. You can give your health and welfare attorney(s) the power to refuse life-sustaining treatment on your behalf by choosing a particular option on the LPA for health and welfare form. Your LPA will then need to be registered with the Office of the Public Guardian for it to be valid.

It's important to think about how your advance decision and LPA for health and welfare work together if you have both.

If you make a valid and applicable advance decision after making an LPA, this will stop your appointed attorney from agreeing to that treatment. If you make an LPA after making an advance decision, the LPA will override your advance decision. This is only if it gives your attorney(s) the power to deal with the same decision about treatment.



There is space to write about your advance decision on the LPA for health and welfare form. The guidance notes for the form say that if you have an advance decision that you want your attorney(s) to take into account, you should mention it when completing the form. You must include a copy of the advance decision when you send your LPA to the Office of the Public Guardian to be registered.

You might need to take legal advice if you are concerned about any confusion between the two documents.

Attorneys have to act in your best interests when making any decision on your behalf. For example, you could feel very strongly that you want to refuse certain treatments in certain circumstances. You may be certain that you do not want that decision to be challenged on the basis it is not in your best interests. In that situation, making a valid and applicable advance decision would achieve this. In this case you should not give your attorney(s) power to refuse the same treatment.

## What is an advance statement?

Advance statements are similar to advance decisions, but are not the same thing. They are not legally binding, and, unlike advance decisions, they do not operate as your own decision if you lack capacity to make decisions about medical treatment in the future. Instead they help other people make decisions for you if you can't make them yourself.

Advance statements should be taken into account by anyone making a decision on your behalf in the future. If a decision maker goes against your wishes, they must record their reasons for going against it (if the advance statement is made in writing). They must be able to justify going against your wishes, if they are challenged. The Mental Capacity Act 2005 says that if you lack mental capacity to make a decision, then someone acting on your behalf must do so in your best interests. According to the Act, to do that, they must consider your past and present:

- wishes
- feelings
- beliefs and values.

An advance statement gives you the option to record your wishes, feelings, beliefs and values. In the future, this statement can be used by a person to make decisions on your behalf. Advance statements can be called different things, for example ‘statements of wishes and care preferences’.

### **Why should you make an advance statement?**

You might make an advance statement for one or more of the following reasons:

- It can be reassuring to know that you have given guidance about your wishes, feelings, beliefs and values. An advance statement will help others to make decisions in the future that you are not able to make.
- It can prompt conversations about your future care with doctors and nurses that you may not have otherwise.
- It may help to clarify your own thoughts.
- It may prompt discussions with friends and family about what you want to happen in the future.
- It can help those close to you to know what you would want to happen if they have to decide or help others decide that in the future.

### **Will medical professionals have to follow your advance statement?**

An advance statement – unlike an advance decision – is not legally binding. This means doctors and medical professionals do not have to follow it. However, anyone connected with your care and treatment must take an advance statement into account when making decisions about these. This includes doctors, nurses, all other health and social care professionals, family and friends, and if you have one, your attorney under a Lasting power of attorney. This means they should try to follow the advance statement where possible, and if they don't, it must be because they have a good reason. If it's a written advance statement, any decision maker should record their reasons for going against your wishes, and explain why if challenged.

## How to make an advance statement

An advance statement can be made verbally, for example you could explain your wishes and preferences to a family member or a friend. However, it's a good idea to create a permanent record. Some people have made audio or video recordings of themselves explaining their wishes. The Mental Capacity Act 2005 says that particular consideration should be given to written statements, so if you can it's a good idea to write your statement down.

### What information should you include?

You can use an advance statement to express your wishes on future care options, such as where you wish to live, or the type of care and support you wish to receive. You could also use it to express other wishes and preferences not directly related to care, such as the food you would like, your moral or political views, what activities you enjoy and what is important to you.

You can also cover more difficult topics if you wish. For example, whether you'd prefer to die at home or in a hospital. It can be very useful to explain how you would balance quality of life against length of life. For example, some people wish to live for as long as possible regardless of the quality of their life. For others the quality of their life is the most important factor.

### What if you change your mind?

You can make or change any advance statement that you make at any time. If you have made a written advance statement you must make sure that all copies have been updated.

For more information on planning for the future and a sample template for an advance statement, see booklet 1510, **Planning ahead**.

## Making sure people know about your advance statement

Making an advance statement will be of no use if no one else knows about it. If you have put it in writing, saved it electronically or made some other record of it, you should keep it somewhere safe. You should also make several copies and give them to the following people:

- your GP, to keep with your medical records
- your hospital team, to place in your case notes. Ask for a copy to be added to your Summary care record (SCR) as additional information. You have a SCR if you agreed for the NHS to create one from your GP record. You could ask your GP to create one if you don't have one. Staff in A&E departments can securely access your SCR if you arrive there unable to speak to them
- a close relative or friend. More than one is best if possible
- your attorney under a Lasting power of attorney for health and welfare, if you have one.

## What happens if you haven't made an advance decision or advance statement?

Many people prefer not to make an advance decision or an advance statement. Instead, they rely on professionals to make treatment decisions in their best interests.

If you don't make either an advance decision or an advance statement you can still make a Lasting power of attorney (LPA) for health and welfare. This would allow your attorney(s) to make decisions about your care and treatment on your behalf, acting in your best interests. Those decisions could include the refusal of life-sustaining treatment if you say so on the LPA form. It is always helpful to talk openly and honestly about your wishes with your attorney(s). They can then be as sure as possible that they will make the right decision for you, if you cannot make it yourself.

If you don't make an LPA, anyone (such as a doctor) making a decision about your care or treatment on your behalf must still do what they can to take into account your past and present wishes, feelings, beliefs and values. They should ask those close to you about what those might be. They should also do what they can to help you make the decision yourself if that is possible and should only make the decision on your behalf if it is not.

## Other useful organisations

### Lions Clubs International, British Isles

Message in a Bottle Scheme

0121 441 4544

[www.lionsclubs.co.public](http://www.lionsclubs.co.public)

Search online for 'Lions Club message in a bottle'

Lions Clubs Message in a Bottle is a simple but effective way for people to keep their basic personal and medical details where they can be found in an emergency on a standard form and in a common location – the fridge.

### MedicAlert®

01908 95 1045

[www.medicalert.org.uk](http://www.medicalert.org.uk)

MedicAlert® is a non-profit, membership organisation that offers medical identification services.

### Office of the Public Guardian (OPG)

0300 456 0300

[customerservices@publicguardian.gov.uk](mailto:customerservices@publicguardian.gov.uk)

[www.gov.uk/office-of-public-guardian](http://www.gov.uk/office-of-public-guardian)

The OPG supports and promotes decision-making for those who lack capacity to make particular decisions for themselves or would like to plan for their future, within the framework of the Mental Capacity Act 2005. It provides information about Lasting powers of attorney.

### **Solicitors for the Elderly**

0844 567 6173

[admin@sfe.legal](mailto:admin@sfe.legal)

[www.sfe.legal](http://www.sfe.legal)

Solicitors for the Elderly is a national organisation of lawyers, such as solicitors, barristers and legal executives, who provide legal advice for older people, their families and carers.

# Advance decision to refuse treatment



You can use this form to write down any specific treatments that you would not want to be given in the future, if you do not have mental capacity to refuse those treatments yourself at the time. It is helpful to include as much detail as you can, so it is better to write down the circumstances in which you would not want to receive the treatment.

This form will only be used if you do not have mental capacity to decide about having the specified treatment. It cannot be used to refuse basic care, comfort and support.

If you are refusing treatment which is, or could be, life-sustaining, you must state specifically that you are refusing it even if your life is at risk as a result.

First name, middle name(s), surname \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Please state any distinguishing physical marks (to identify me in an emergency):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ NHS number (if known) \_\_\_\_\_



## My values

You can explain why you are making this advance decision and what you value in life. This section is optional. You can set out any principles that are important to you, and that relate to how you are treated and cared for.

If you are refusing life-sustaining treatment you can explain how you want to be looked after at the end of your life. You could include any religious faith, spiritual beliefs or values that you have.

This information may be helpful for medical professionals, and may also help your family and friends to understand the decision you have made.

[illegible]

## Refusal of treatment

I do not want to receive the specific treatment below in the circumstances specified next to each treatment.

**If you are refusing a treatment that is or may be life-sustaining** (such as artificial feeding or hydration, cardiopulmonary resuscitation or antibiotics) you must state in the box where you have described the treatment ‘I am refusing this treatment even if my life is at risk as a result.’

For example, if you have written that you refuse artificial feeding or hydration you should write 'I refuse artificial feeding or hydration, even if my life is at risk as a result'.

I refuse the following specific treatments:

In these circumstances:

[illegible]

# Signature

An advance decision to refuse life-sustaining treatment must be signed by you, or by another person in your presence and by your direction.

It **must also be witnessed** by someone else. The witness **must be physically present** when you (or the person you have directed to sign) sign and **must watch the signing** happen. Even if you are not refusing life-sustaining treatment it is a good idea to sign this form and have it witnessed.

I make this decision to refuse treatment voluntarily and I have mental capacity to do so.

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My signature  
(or signature in my presence of the person directed by me to sign)

---

Date of signature

---

Witness name

---

Relationship of witness to you

---

Witness address

---

Postcode

I confirm that this advance decision refusing treatment was signed by the person making it, voluntarily, in my presence.

---

Witness signature

---

Date of witness signature

**Details of healthcare professionals (optional)**

I have discussed this decision with:

\_\_\_\_\_  
(name of healthcare professional, this may or may not be your GP)

\_\_\_\_\_  
Job title

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Address of their workplace

Do they have a copy of this decision? (circle one)      Yes      No

If different from the above, my GP is:

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Address of their workplace

\_\_\_\_\_  
Postcode

Does your GP have a copy of this decision? (circle one)      Yes      No

Details of people who know about this decision (optional)

Name	Phone number
------	--------------

Relationship to you
---------------------

Name	Phone number
------	--------------

Relationship to you
---------------------

Name	Phone number
------	--------------

Relationship to you
---------------------

Name	Phone number
------	--------------

Relationship to you
---------------------

Name	Phone number
------	--------------

Relationship to you
---------------------

**Details of anyone you have appointed as your attorney under a Lasting power of attorney for health and welfare**

Name	Phone number
------	--------------

Address
---------

	Postcode
--	----------

Name	Phone number
------	--------------

Address
---------

	Postcode
--	----------

Name	Phone number
------	--------------

Address
---------

	Postcode
--	----------

**Review dates (optional)**

This advance decision to refuse treatment was reviewed, and confirmed by me on:

Date	Signed
------	--------

Date	Signed
------	--------

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## Factsheet 463LP

Last reviewed: August 2020

Next review due: August 2023

Our information is based on evidence and need, and is regularly updated using quality-controlled processes. It is reviewed by experts in health and social care and people affected by dementia.

Reviewed by: Charlotte Emmett, Associate Professor of Law, Director of Education, Northumbria Law School; Dr Jonathan Martin, Consultant in Palliative Medicine and Clinical Lead, Central and North West London NHS Foundation Trust

This factsheet has also been reviewed by people affected by dementia.

To give feedback on this factsheet, or for a list of sources, please contact [publications@alzheimers.org.uk](mailto:publications@alzheimers.org.uk)

People affected by dementia need our support more than ever. With your help we can continue to provide the vital services, information and advice they need.

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Alzheimer's Society is the UK's leading dementia charity. We provide information and support, improve care, fund research, and create lasting change for people affected by dementia.

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