

Advance Care Planning (ACP)

What is it?

Patients may reach a stage in their illness when they lack mental capacity to make decisions about their end of life care.

ACP allows patients to:

- plan ahead, while they still have capacity
- discuss their preferences with their healthcare professionals
- record their preferences in a written format ([Advance Statement](#))
- have verbal preferences recorded on their medical record by their healthcare professionals
- record their refusal of treatment in an Advance Decision to Refuse Treatment ([ADRT](#))
- appoint a Lasting Power of Attorney ([LPA](#)) who can act on their behalf

How to start the discussion

Four questions that can be helpful in beginning the process/discussions are:

- Thinking about your condition/health, can you describe what has been happening to you?
- Have you had any thoughts about your care, such as what you would like or not like to happen in the future?
- Have you named anyone else who you would like to become involved if it gets difficult for you to make a decision?
- If you became more ill what sort of care would you like?

Patient information

The National End of Life Care Programme has produced a useful guide for patients and carers called [“Planning for your Future Care”](#)

A verbal or written Advance Statement

This allows a patient to document if they wish, any preferences they may have about their future care, and the things that may concern or worry them. This document can then be of help in informing decisions that may need to be made at a future time when the patient no longer has capacity to be involved in discussions. An Advance Statement is not legally binding.

An Advance Decision to Refuse Treatment (ADRT)

This allows a patient to document which specific treatments they would **not** wish to receive in the future, again when they have lost capacity for this discussion. An ADRT will be legally binding on doctors if it meets the following criteria:

1. A decision is in writing, signed, witnessed and the patient is aged 18 or over
2. It includes a statement that the Advance Decision is to apply even if the patient's life was at risk
3. The Advance Decision has not been withdrawn
4. The patient has not, since the Advance Decision was made, appointed a Lasting Power of Attorney to make decisions on their behalf
5. The patient has not done anything clearly inconsistent with its terms
6. The circumstances that have arisen match those envisaged in the Advance Decision to Refuse Treatment

Lasting Power of Attorney (LPA)

A patient may wish to appoint an LPA for Property and Finance, Health and Welfare, or both, in order that this person can be involved in discussions about future care. The role of an LPA for Health and Welfare is to inform any best interest decisions that a clinician makes for a patient who lacks capacity. Clinical responsibility continues to rest with the clinical team, not with the LPA.