Advanced care planning

Should I or my family member have an Advanced Care Plan (ACP)?

Advance Care Plans are documents used to record your treatment and wishes around end of life care.

We know these are very difficult things to think about but it will help the people who care for you, and your family, to ensure that you get the care you want if at all possible.

Your health care team will help you write your advanced care plan and ensure that everyone who needs to know about it is kept informed. Speak to your Macmillan nurse, hospice nurse or GP if you would like to discuss further.

Your doctors and nurses will help you to think about your wishes around different areas such as:

- Where you want to be cared for
- Whether you would want to go to hospital in different circumstances
- When you feel you would want active treatment to stop and emphasis to be put on keeping you comfortable
- Where you would wish to be when you died
- Who you want to be with you at the end of your life
- Your spiritual values and beliefs and how you would like these to be honoured

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It can be difficult to talk to the people close to you about your wishes and around the end of life. Sometimes they may not want to acknowledge that you're dying or they may disagree with you. However, if you feel able to, it's important to involve those close to you when you fill in the document because it can help them to understand what you want, what's likely to happen to you, and to be realistic about what is possible.

You can write your own ACP or use documents from other organisations, such as Dying Matters.

In North East Lincolnshire we have a document called My Future Care Plan which can help you to think about these things. Your health care team should be able to give you a copy of this.

It is also important for you and your family to remember that these are very difficult times. The care team looking after you will do all they can to respect your wishes, but the situation with coronavirus may alter what is possible.

The following information may be helpful:

- Dying Matters Preferred Priorities for Care document - https://standre.ws/DyingMatters

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