

Making an Advance Decision to Refuse Treatment (ADRT)

Guidance notes



This gives information to help you complete your form. The notes explain when an advance decision to refuse treatment would be used and offers support to consider your wishes.

Need help?

If you have any questions or concerns regarding making an ADRT please discuss them with your GP or other medical practitioner involved in your care.

Contents

Introduction	3
Before I start: talking about my wishes	6
Filling in the form	7
What if people doubt my capacity?	20
What to do next	22
Checklist	24

Why make an ADRT?

If you have wishes about how you would or would not want to be treated in the future, making an ADRT will help to ensure those wishes are respected if you cannot make decisions.

Here is what some people have said about why they made one:

"My Grandmother had an ADRT and her wishes were respected at the end of her life, it made every decision so much easier for our family regarding her care, and I want to do the same thing for my family."

"I made an ADRT to make things easier for my family, my doctor, and to help my own confidence in the future."

"I made an ADRT to avoid a situation where treatment is given when I can't have a meaningful quality of life."

The guidance and scenarios included in this advance decision to refuse treatment pack were developed by Compassion in Dying (charity number 1120203), who have freely shared their work to allow the development of this resource for use in Jersey.

Introduction

The Capacity and Self-Determination (Jersey) Law 2016 helps you to make decisions for yourself wherever possible. It introduces legal measures so you can make decisions about your future care and treatment for times when you lack the capacity to make the decisions for yourself. These guidance notes give information to help you make an advance decision to refuse treatment (ADRT). It is commonly abbreviated as ADRT (the term that we use in these notes). The notes describe how an ADRT works in Jersey.

What is an ADRT?

An ADRT allows you to record any medical treatments that you do not want to be given in the future, in case you later lack capacity to make or communicate a decision.

You can use an ADRT to refuse any treatment, including life-sustaining treatment. See page 8 for more information on this.

You cannot use an ADRT to:

- request or demand particular treatments
- ask for anything illegal, such as assistance to end your life
- refuse care that meets essential needs
- appoint someone to make decisions on your behalf (see page 18 for more information on this).

What is capacity?

Capacity is the ability to make a decision for yourself. It is time and decision-specific. This means that whether or not you have capacity depends on when the decision needs to be made and what the decision is.

So, you might lack capacity to make a decision on one day but be able to make that decision at a later date. For example, this might be because you have dementia and your ability to remember information changes from one day to the next.

Also, you might have capacity to make some decisions but not others. For example you might have capacity to decide what you want to eat every day but not to decide whether to refuse life-sustaining treatment.

The law says that people must be assumed to have capacity to make decisions unless it is proven otherwise. If a decision needs to be made and a healthcare professional thinks that you might lack capacity, then they will assess whether or not you have the capacity to make that decision.

The law advises you are unable to make a decision if you cannot do one or more of these things:

- understand information relating to the decision
- retain that information for a period, however short, to make the decision
- take that information into account when making the decision
- communicate your decision by any means

In order to lack capacity to make a decision the person must be:

- unable to make the decision **because**
- they suffer from an impairment or disturbance in the functioning of the mind or brain

Some examples of when an impairment or disturbance of the mind or brain affects decision-making include being unconscious, having dementia, a brain injury or a stroke.

Is my ADRT legally binding?

An ADRT is legally binding in Jersey. This position is set out in the Capacity and Self-Determination (Jersey) Law 2016. The law says an ADRT must be 'valid' and 'applicable'. This guidance is written to help ensure that an ADRT is valid and it will be applicable if it contains your wishes on the proposed treatment. This means that if a healthcare professional knows you have made a valid and applicable ADRT, they have to follow it. If they ignore a valid and applicable ADRT they could be taken to court.

When is an ADRT used?

An ADRT will only be used if it is valid and applicable:

To be valid:

- You must be 16 or over and have capacity to make your ADRT
- You must clearly state the treatments you wish to refuse and the circumstances that you wish to refuse them in (The scenarios included in the form already do this. If you wish to write your own refusal these guidance notes will help you to do this. See page 15 for more information)

- You must not have acted inconsistently with the decisions made in your ADRT. For example, if since making your form you have joined a religion that has certain values or beliefs about refusing medical treatment
- You must not, after making your ADRT, have made a Lasting Power of Attorney for Health and Welfare, which gives your attorney power to make the same decisions described in your ADRT (see page 18 for more information)
- If you want to refuse life-sustaining treatment, you need to clearly state that your ADRT applies even if your life is at risk. Section 4 of the form includes this wording
- If you want to refuse life-sustaining treatment, you need to sign and date your ADRT in the presence of a witness. Anyone aged over 16, with capacity, can be a witness. They also needs to sign the ADRT

To be applicable:

- You must lack capacity to make a decision, and
- Your ADRT must include details of the specific circumstances you are in and refuse the treatments that are proposed for you, and
- There must be no reason to believe that something has happened since making your ADRT, which would have affected the decisions you made. For example, if there have been developments in medical treatment that you did not expect

You do not need a solicitor to make an ADRT.

Before I start: talking about my wishes

The decisions you make about your future treatment and care are personal to you. You should think about your wishes carefully before you fill in the form. It is also a good idea to discuss your decisions with the people close to you and with your doctor. Your doctor can help you to understand your treatment options and will explain how any decisions you make might affect you. However, if you do not feel able to discuss your ADRT with your GP for any reason, then you do not have to.

Some people find talking about their wishes easy and some find it more difficult. You might feel worried about upsetting people you care about, that your family or GP will not be supportive, or that they will disagree with what you want. Whatever your thoughts and feelings are, it is important to remember that there is no right or wrong way to have the conversation, everyone is different. We spoke to people about their experience of discussing their wishes and this is what they told us:

"I felt it was better not to talk about things in case it made them happen. But when I did, I felt relieved. It wasn't without challenges, but it's my life and I want my family to know what's important to me."

"Think about what you want and get it clear in your mind. You could write down your thoughts so you have it straight before you speak to anyone else."

"Drop a few little hints or ideas into normal conversation beforehand so they get used to you talking about the subject before you have a full conversation."

"When talking to your Doctor - advise the GP surgery what the appointment is for beforehand, so that the GP is forewarned and it will then be easier to start the conversation."

Filling in the form

Section 1: About me

This section records information about you. You can also include information about any distinguishing features you have like a birthmark or scar. This may help your healthcare team to identify you in an emergency. If you do not have any distinguishing features you can leave this blank.

If you do not know your URN number you can get it from your GP surgery.

Section 2: GP details

This section records who your GP is and how to contact them. It is a good idea to discuss your wishes with your GP but you do not have to. Once you have made your ADRT, give a copy to your GP so they can include it with your medical notes. It is also a good idea to discuss with your GP whether you are expecting them to share it with the hospital.

Section 3: I have discussed this ADRT with

In this section you can write details of anyone you have discussed your ADRT with, like your doctor or a family member. This will help your healthcare team to understand who they should speak to if your wishes are not clear or if your capacity to make the ADRT is questioned. See page 18 for more information on this.

When you complete this part of the form, you should include the person's name, relationship to you and contact details.

Section 4: My refusals of treatment

This section is where you record your wish to refuse medical treatment if you lack capacity to make that decision in the future. Remember, your ADRT will only be used if you lack capacity to make a decision yourself.

There is a statement at the start of this section that says:

*I confirm that the following refusal(s) of treatment are to apply **even if my life is at risk or may be shortened** as a result.*

If an ADRT includes a refusal of life-sustaining treatment then it must contain a statement like this to be legally binding.

The form has four scenarios that refuse **all life-sustaining treatment**. You can include any, all or none of them.

To include a scenario in your form you must tick 'include'. If you do not want to include the scenario you must tick 'do not include'.

There is also space in Section 4 to write your own refusal of treatment. See page 15 for more information.

Usually, decisions about your diagnosis or prognosis (how your medical condition might progress) will be made by the doctor in charge of your care.

An ADRT cannot include a request to have treatment or to have your life ended. You can use a statement of wishes and feelings to request, but not insist on, treatment.

Read more: life-sustaining treatment

What is life-sustaining treatment?

Life-sustaining treatment is any medical treatment that is intended to prolong or sustain your life. Here are some examples of life-sustaining treatment:

Cardiopulmonary resuscitation (CPR)

This is an emergency attempt to restart a person's heart and/or breathing if they stop (called a cardiopulmonary arrest). CPR includes:

- chest compressions (repeatedly pushing very firmly on the chest in an attempt to pump blood round the body)
- artificially inflating the lungs (by inserting a tube into the windpipe, by placing a mask over the mouth and nose, or by mouth-to-mouth resuscitation)
- defibrillation (using electric shocks to correct irregularities in the heart's rhythm)

In many cases CPR is not successful at restarting a person's heart and breathing. If you have a long-term or chronic condition or a terminal illness then it is much less likely to be successful. For more information on refusing CPR see page 15.

Mechanical or artificial ventilation

Receiving mechanical or artificial ventilation means being put on a ventilator machine that helps you to breathe if you cannot do so on your own. Ventilators are also known as respirators or life-support machines.

Clinically assisted nutrition and hydration

If you cannot swallow, you may be given a liquid that contains the nutrition or hydration that you need. This can be given through an intravenous drip (directly into a vein), a tube through the nose or through a tube directly into the stomach (sometimes known as a PEG feed).

Antibiotics

Antibiotics can be a life-sustaining treatment if they are for a life-threatening infection such as pneumonia. These types of infections are more common when someone is very ill, for example if they have advanced cancer or have had a stroke. Antibiotics can be given through an intravenous drip (directly into a vein) or by mouth as a tablet or liquid.

If there are any evidenced concerns that you have been put under pressure or forced to make an ADRT that refuses life sustaining treatment, then whether it is valid and applicable will be decided by the Royal Court.

(A) Refusing treatment if you have dementia

There are many conditions that cause dementia, but the most common ones are Alzheimer's disease and vascular dementia. Symptoms can include memory loss, difficulties with thinking and language, and behaviour or personality changes. Dementia is progressive, which means the symptoms get worse over time.

In the later stages of dementia you can lose capacity to make decisions about your care and treatment. In this situation you might want to refuse treatments aimed at sustaining your life.

In this scenario you will not be given any life-sustaining treatment if you have dementia and you are unable to make or communicate the decision about your medical treatment. This will only take effect if you are unlikely to regain the ability to make that decision.

For more information about dementia, visit the Jersey Alzheimer's Association website at www.jerseyalzheimers.com or call its office on 723519. There are additional resources on the UK Alzheimer's Society website at www.alzheimers.org.uk or call its helpline on 0300 222 1122.

(B) Refusing treatment if you have a brain injury

Brain injury occurs when the cells in the brain die or deteriorate. This can be caused by a range of things like a head injury, a stroke, or an illness such as encephalitis (an inflammation in the brain). Brain injury can cause a wide range of short and long term effects including:

- difficulties with thinking, speaking or remembering things
- changes in behaviour and emotion
- problems with movement or balance

Brain injury may also cause some people to lose consciousness or go into a coma, vegetative or minimally conscious state.

Sometimes, brain injury can cause you to lose capacity to make decisions about your care and treatment. In this situation you might want to refuse treatments that are aimed at sustaining your life.

In this scenario you will not be given any life-sustaining treatment if you have a brain injury (including stroke, vegetative, and minimally conscious states) **and** you are unable to make or communicate the decision about your medical treatment.

This will only take effect if you are unlikely to regain the ability to make that decision.

For more information about brain injury, visit the Jersey Headway website at www.headway.org.je or call their national helpline on 0808 800 2244. There are additional resources on the UK Headway website at www.headway.org.uk.

Read More: brain injury

Coma

Someone is considered to be in a coma if they are unconscious for more than six hours. Being unconscious means that they cannot be woken and they do not respond to light and sound. Sometimes people recover from their coma. But if a coma lasts for more than a few weeks, it usually means that the person will die, or that when they emerge from their coma they will be in a vegetative state or minimally conscious state.

Vegetative state

If someone is in a vegetative state, it means that they are awake but do not have a conscious awareness of themselves or their surroundings. If the symptoms of a vegetative state last for more than four weeks, this is referred to as a 'continuing vegetative state'. If the symptoms persist for one year after a traumatic brain injury (caused by a trauma to the head), or six months after any other acquired brain injury (such as a tumour or a stroke), the person may be diagnosed as being in a permanent vegetative state. If someone is in a permanent vegetative state, it is very unlikely that they will recover.

Minimally conscious state

If someone is in a minimally conscious state, it means they are awake but only have a small level of awareness and minimal response to things around them. For example, they may be able to respond to simple questions, with words or movements. However, such awareness can come and go. If someone shows these symptoms for more than four weeks, it is diagnosed as a continuing minimally conscious state. It is difficult to diagnose when a minimally conscious state becomes permanent, but evidence suggests that it would be very rare for someone to recover after five years.

(C) Refusing treatment if you have a disease of the central nervous system

Diseases of the central nervous system cause damage to the cells of the brain or spinal cord. This can have a significant impact on the way we think, move or react to things. Some common diseases of the central nervous system include Parkinson's Disease, motor neurone disease, multiple sclerosis and Huntington's Disease. Usually these conditions are progressive, which means they get worse over time. There is currently no cure for these conditions.

In the advanced stages, many diseases of the central nervous system can cause you to lose capacity to make decisions about your care and treatment. In this situation you might want to refuse treatments that are aimed at sustaining your life.

In this scenario you will not be given any life-sustaining treatment if you have a disease of the central nervous system **and** you are unable to make or communicate the decision about your medical treatment.

This will only take effect if you are unlikely to regain the ability to make that decision.

There is more information about diseases of the central nervous system on the UK NHS Choices website at www.nhs.uk. You can also call the following free helplines for disease-specific information:

- Parkinson's UK helpline 0808 800 0303 www.parkinsons.org.uk and Parkinson's Jersey local group – 737128 or visit website and search for Jersey
- MND Association Jersey – 855911 and MND Association – 0808 802 6262 www.mndassociation.org and search for Jersey
- MS Society UK – 0808 800 8000 www.mssociety.org.uk
- Huntington's Disease Association Jersey – 07797 827440 or Huntington's Disease Association – 0151 331 5444 www.hda.org.uk

(D) Refusing treatment if you have a terminal illness

A terminal illness is an illness that cannot be cured and is likely to cause a person to die. There are many illnesses that can become terminal, including cancer, heart failure, kidney failure and lung disease.

In this scenario you will not be given any life-sustaining treatment if you have a terminal illness **and** you are unable to make or communicate the decision about your medical treatment.

This will only take effect if you are unlikely to regain the ability to make that decision.

For more information about terminal illness, visit the Jersey Hospice Care website at www.jerseyhospicecare.com or call them on 876555. Macmillan also offer support in Jersey, with relevant details available at www.macmillan.org.uk and search for Jersey.

(E) Refusing treatment in other situations

If you don't want to refuse 'all life-sustaining treatment' in scenarios (A) to (D) or if you would like to refuse treatment in different scenarios, then you can write your own refusal here.

You can write your own refusal instead of, or as well as, scenarios (A) to (D). You can find more information on what to write in this section overleaf.

For your refusal to be legally binding, you must state the **treatments** that you want to refuse and the **situations** in which you want to refuse them.

If you wish to refuse all life-sustaining treatment in every situation, regardless of the cause or your prognosis, you can write it here.

It is very important that an ADRT is clear so that it can be easily understood and used at the time it is needed. If you include language that is ambiguous or vague it may lead others to question if it is valid and applicable. For example, if you include terms such as 'severe', 'serious', or 'unbearable'. This type of language can be difficult to interpret because each person may have different ideas about what constitutes 'severe', 'serious', or 'unbearable'. If possible, you should use words that are less open to interpretation.

If you would like to write your own refusal but are unsure how to explain it in writing, you can speak to your GP. Compassion in Dying, a UK charity, also offer support on 0800 999 2434 or info@compassionindying.org.uk.

If you need more space you can include additional pages. You should then attach them securely to your ADRT and tick the box next to the statement that says: 'I have included additional pages'.

Read more: writing my own refusal of treatment

What can I write here?

Any refusals of treatment you include in Section E should reflect your personal wishes. Here are some examples from people who have made their ADRT:

CPR

Some people we speak to want to refuse cardiopulmonary resuscitation (CPR) if their heart or breathing stop in every situation. If you want to do this, you can write “I refuse CPR in every situation”. You should also ask your GP for a DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) form to be added to your records. For more information about this speak to your GP or contact Compassion in Dying.

Situations that you would find intolerable

You might wish to refuse life-sustaining treatment if you lack capacity but only if you also show certain symptoms or behaviours.

We asked people when they wanted their refusal of treatment to take effect and this is what they told us:

I want to refuse life-sustaining treatment if I am:

- persistently unaware of my surroundings
- persistently unable to recognise friends or family members
- persistently anxious or agitated
- unable to attend to my personal hygiene
- unable to swallow
- unable to interact with others

Section 5: To avoid doubt

Tick each box if you feel it is relevant to you. You do not have to tick any if you do not want to.

Pain relief

Whatever treatment you refuse in your ADRT, your healthcare team will still do everything they can to keep you comfortable and free from pain. However, ticking the box next to this statement gives you the opportunity to clearly state that you would like all available treatment to lessen or relieve pain and discomfort.

Pregnancy

You should tick the box next to this statement if you do not want your refusals of treatment to apply during pregnancy. By ticking this box, you are consenting to all treatments necessary to ensure your child is safe during the course of your pregnancy and delivery. As soon as your child is delivered, your refusals of treatment will come into effect again.

Section 6: Statement of wishes and feelings

This ADRT form allows you to record your wishes, feelings, beliefs and values. It also provides space to record why you are making your ADRT, if you wish to do so.

A statement of wishes and feelings is not legally binding. This means that a healthcare professional does not have to follow any instructions that are in it. However, what you write in your statement of wishes and feelings is still very important because it must be taken into account when someone is making a decision in your best interests.

You can write down anything that is important to you in relation to your health and wellbeing, for example, your food preferences, religious or spiritual views, your daily routine, where you would like to be cared for (at home, in a hospice, in hospital or in a residential home). It is also helpful to include information about the things that are important to your quality of life, for example hobbies, pastimes or spending time with your family.

Everyone is different, and therefore the things that are important to you and your quality of life are individual to you. By writing something here you will give those around you (your family, carers, and healthcare team) a clear idea of what you want if you cannot tell them. It will also help your healthcare team decide how to treat you if you lack capacity and are in a situation that isn't specified in your refusals of treatment.

If you need more space, you can include additional pages. You should then attach them securely to your ADRT and tick the box next to the statement that says: 'I have included additional pages'.

Section 7: I would like the following people to be involved in decisions about my care

In this section you can write details of the people you would like your healthcare team to talk to if you lack capacity to make a decision about your treatment or care.

If a decision needs to be made for you, the views of the people you list here should be taken into account. But they will not have any legal power to make decisions for you. If you want to give someone the legal power to make decisions for you, you should make a Lasting Power of Attorney for Health and Welfare (see Section 16 for more information).

Section 8: I have also made a Lasting Power of Attorney for health and welfare

You should only fill out this section if you have made and registered a Lasting Power of Attorney (LPA) for health and welfare with the Judicial Greffe.

Read more: LPAs

An LPA allows you to give someone you trust the legal power to make decisions for you in case you later lose capacity and are unable to make decisions for yourself. They are called an attorney. There are two different types of LPA:

- An LPA for health and welfare covers decisions about health and care
- An LPA for property and affairs covers decisions about money and property

An LPA for health and welfare allows you to appoint one or more attorneys to make decisions for you. They can make decisions about anything to do with your health and personal welfare, including medical treatment and the type of care you receive. You must choose whether or not you want your attorney to be able to make decisions about life-sustaining treatment.

You do not need to have an LPA for health and welfare to make an ADRT. However, you can have both. If you are considering making both an LPA and an ADRT, it is important to know how they will interact. If you allow the attorney in the LPA to deal with life sustaining treatment, in some circumstances, they can overrule your ADRT. The most recent document would be seen as having authority. Therefore, if you allow the attorney in the LPA to deal with life sustaining treatment and then make or update your ADRT it would overrule your attorney. If you do not allow your attorney to make decisions about life sustaining treatment, any instructions in your ADRT will remain valid.

It would be beneficial to ensure that any health and welfare attorney(s) are aware of your ADRT and whether you expect decisions to be made by them or by your ADRT.

If an LPA was registered elsewhere in the British Islands it may have effect in Jersey. The Judicial Greffe will determine this and can locally register such LPA's. Please contact them for more information.

Power of Attorney

If you made a Power of Attorney (POA), you do not need to include this on your ADRT form. This is because a POA only covers finance and property and does not give an attorney power to make decisions about health and personal welfare. The authority of a POA also ends when a person loses capacity.

Section 9: Signature

If your ADRT contains a refusal of life-sustaining treatment then you must sign it in the presence of a witness for it to be valid.

If you are unable to sign the form, you can ask someone else to sign it on your behalf in your presence. If you do this:

- the person signing should write a statement next to the signature explaining that you have directed them to sign on your behalf
- your witness cannot be the same person who signed the form on your behalf

Section 10: Witness

Your witness can be anyone over the age of 16. If possible, it is a good idea to make sure your witness is not a close relative, partner, anyone who will inherit your money or property after your death, or your attorney (the person appointed to make decisions on your behalf through a Lasting Power of Attorney). This helps avoid anyone, such as a healthcare professional or relative, later questioning if you were put under pressure to make your ADRT.

Your witness should watch you sign your ADRT. They should then sign and write their name, address and relationship to you in the space provided. They are witnessing you signing your ADRT, and that your signature confirms the wishes you have written in it. The witness is not confirming that you have capacity to make the decisions in the form.

Section 11: Review dates

It is a good idea to review and re-sign your ADRT every two years. The more recent the signature, the more confident your healthcare team will be that what you have said in your ADRT is still what you want.

It is also a good idea to review and re-sign your ADRT if your health changes, or if you are going into hospital for treatment or surgery. This will let the healthcare team know that your decision-making is current and relevant to your health needs.

To review your ADRT you should read it and check you are happy with your decisions and the information it contains. If you are happy that it still reflects your wishes then you should sign and date it in the space provided. If you would like to make changes see page 20 of these guidance notes. Once you have reviewed it you should give a copy of the updated version to anyone who you shared your original ADRT with.

An ADRT does not need to be reviewed to be valid. If you do not plan on regularly reviewing your ADRT, it may be worth highlighting this in your wishes and feelings to allow a future healthcare team know that this is by design and the decisions remain valid.

What if people doubt my capacity to make my ADRT?

If your ADRT is valid and applicable, healthcare professionals must follow it. A healthcare professional must presume that you had capacity when you made your ADRT unless there is evidence that shows you did not. This might be, for example, because you have had a diagnosis of a condition that might affect your decision making.

This does not necessarily mean you lack capacity to make an ADRT. But if you are concerned that your ADRT might be challenged in the future due to a health condition, it would be helpful to deal with this when you write your ADRT. If you are concerned about this, you can talk to your GP or other health or social care professional. The health or social care professional can witness your ADRT. In these circumstances, ask them to sign as a witness and also to acknowledge your capacity to make the ADRT.

You could also ask your GP to sign section 3 of the form (I have discussed this ADRT with) detailing their name and surgery and including a statement that says that they have discussed the form with you and are satisfied that you have capacity to make the decisions it contains.

ADRT and mental health

ADRTs cannot be used to refuse treatment for mental disorder under the Mental Health (Jersey) Law 2016. However, people with mental health conditions are encouraged to use an Advance Statement instead.

Advance Statements are made with a mental health practitioner at a time when you have capacity to make decisions to record how you wish to be treated, or wish not to be treated, during periods where your mental disorder affects your ability to make decisions about treatment. If you can understand what you are putting in the statement and the effect it might have on your future treatment, you can make an Advance Statement.

To be valid, an Advance Statement must be signed and witnessed by a mental health practitioner. The witness must sign the statement to confirm that your statement has been made at a time when you have capacity to intend what is detailed within the statement. Please ask your mental health practitioner for further details about Advance Statements.

Read more: sharing my ADRT

There are several things that you can do to make sure people are aware of your ADRT:

- Ask your GP to keep a copy of your ADRT with your medical records
- If you have an LPA for health and welfare, ensure you have ticked the box advising that an ADRT has been made. If you make an ADRT after your LPA, you can inform the Judicial Greffe of this and where the ADRT is stored and your LPA will be updated
- Give a copy of your ADRT to anyone who is regularly involved in your care. This could be, for example, a consultant, health visitor or your local hospital
- Give a copy of your ADRT to your friends and family members
- Speak to your GP about sharing your ADRT with the hospital or other relevant healthcare professionals
- Order a free 'bottle' from Soroptimists International of Jersey to keep a copy of your ADRT in the fridge. Paramedics should know to look for the symbol when entering someone's house and to check the fridge for the container. These are available in some GP surgeries, Parish Halls, some pharmacies and the Hospital. Alternatively to order call 01534 744780.

What to do next

Making sure people know about my ADRT

It is important that you tell people that you have made an ADRT. If your healthcare team does not know that you have one, they will not know how you wish to be treated and will not be able to follow the instructions in your ADRT.

Registering with MedicAlert

MedicAlert provides jewellery for people who need to convey important information in an emergency. If you join MedicAlert, your jewellery can be engraved with 'has advance decision to refuse treatment. Call for details' or 'has advance decision' if there are other medical conditions you would also like engraved on the disc. This will immediately alert healthcare professionals in an emergency. In addition to the jewellery, MedicAlert membership includes a secure, electronic medical record that can contain details of your ADRT. This information will also be accessible by healthcare professionals treating you. There is an annual fee and a charge for jewellery.

You can register with MedicAlert and select your jewellery by calling 01908 951045 or visiting their website at www.medicalert.org.uk

What if I change my mind or my situation changes?

While you have capacity to make decisions about medical treatment and care you can change your mind at any time.

If you would like to change the decisions in your form then you should make a new one. If you make changes to an existing form, it could make it hard for others to read. Filling out a new form will ensure that your wishes are clear and easy to follow. You will need to share copies of your new form as explained on page 19. You will also need to make sure that all copies of your old ADRT have been destroyed (for example those held by your GP or family and friends).

You can cancel your ADRT completely by destroying it and telling anyone who has a copy to do the same.

Remember that your ADRT will only come into effect if you lack capacity. So, if you are still able to make decisions about medical treatment, your ADRT will not apply.

Updating your contact details in your ADRT

If your contact details change or you have a new GP, you can simply cross out the old information and write in any new details. You should sign and date the change but it does not have to be witnessed.

Checklist

This checklist will help you make sure your ADRT is valid and applicable and will be followed by your healthcare team if you lack capacity.

Section 4 (A) – (D)

- I have ticked 'Include' next to the scenarios that I want to refuse life-sustaining treatment in.
- I have ticked 'Do not include' next to the scenarios that I want to leave out.

Section 4 (E)

- In addition to, or instead of, section 4 (A) to (D) I have clearly stated any treatments that I wish to refuse and the situations that I wish to refuse them in. If you do not want to include anything here you can leave it blank.

Section 4 and 6

- If relevant, I have securely attached any additional pages to each copy of my ADRT and ticked the box(es) stating that there are additional pages for each section.

Section 9

- If my ADRT refuses life-sustaining treatment, I have signed and dated my ADRT in the presence of a witness and my witness has signed it.

Section 10

- If my ADRT refuses life-sustaining treatment, my witness has signed my ADRT.
- I have given my family, friends, GP and hospital a copy of my ADRT.
- If I have an LPA for health and welfare I have shared my ADRT with my attorney(s).