

FACTSHEET: ADVANCE CARE PLANNING

Conversation tips

This guidance gives examples of questions or phrases that can be used to support your conversations and aid communication. They are prompts only and are not designed to all be used during a single conversation.

Before you start

- Advance Care Planning (ACP) is a voluntary process which may be instigated at any time, but may be due to a trigger event e.g. cessation of active cancer treatment, stopping dialysis
- Allow plenty of time for these conversations, speak slowly, share information in small sections and don't forget to pause and listen
- Consider the method of communication – traditionally this would be face to face. Video consultation is preferable to contact via telephone as this will aid non-verbal communication
- Preparation is key, make sure you are up to date with the person's history and current developments
- The presence of family/next of kin should be offered, and they should be updated if not able to attend
- This guidance assumes the person has mental capacity. Should they lack capacity to make decisions regarding their future care, refer to the guidance of the Mental Capacity Act
- Document everything in the person's record (not forgetting out of hours handover forms, etc)

Opening questions

- Has anyone talked to you about the future in terms of your health?
- I was hoping that we could talk about how we can give you the best care possible. Would now be a good time to do this?
- Can we talk about how your illness might affect you and your care in the future? Do you have any questions or worries about the future?
- Would it be helpful for anyone else to be involved in these conversations?
- Can I ask what you know about your health problems and how you are now?

Establishing priorities

- If you were to become more unwell what would be important to you in terms of the care you receive?
- Is there anything you would specifically wish to happen in terms of your care? Is there anything that you would not want?
- Have you thought about where you would like to be cared for if you became less well?
- Who should we talk to if you were to become more unwell and can't make decisions with us? Does anyone have lasting power of attorney for you?

Specific decisions – hospital admission

These examples assume that hospital admission would not be appropriate. For some patients, hospital admission is appropriate under certain circumstances e.g. suspected neutropaenic sepsis with chemotherapy.

- If you were to become less well, we would do everything possible to ensure that you can be cared for in your own home
- We're aiming to keep caring for you at home rather than you being admitted to hospital
- Some people are concerned about being admitted to hospital, is this something that has been worrying you?

Specific decisions – DNACPR & RESPECT

Remember this is a clinical decision. One of the most common pitfalls we see is that this decision is presented to a patient or relative as their choice/preference.

- Has anyone talked about resuscitation with you before?
- Do you know what I mean by resuscitation?
- We want to ensure that you receive the best care possible. This means thinking about ways that we can help you but also looking to protect you from treatments that will not help you. If you were to become less well there are lots of things that we can do to help for example, medicines that we can use to treat any symptoms you have. However, if you were to become so unwell that your heart was to stop beating naturally, we would not try to restart it as this would not work.
- I am going to fill in a RESPECT form to tell other health professionals that we have had this conversation and made the decision that resuscitation would not be helpful. I can also include our conversations about what you do and don't want in the future. Do you have any questions or concerns about me doing this?

Specific decisions – anticipatory medications

We will arrange for some medicines to be delivered to your home which can be given by injection, to have just in case at some point you're not able to take your usual tablet/liquid medicines. These are to be kept in a safe place and are only to be given following input by a healthcare professional. Do you have any concerns about me arranging for these medicines to be delivered?

Troubleshooting

Most problems during difficult conversations arise when the person does not feel heard or understood.

Remember ACP is often not a one-off conversation, if you're not making progress consider revisiting the topic at a later date. Decisions regarding ACP may change over time and should be updated accordingly. The team at

The Kirkwood is available for further advice and support if needed via our advice line on 01484 557910.