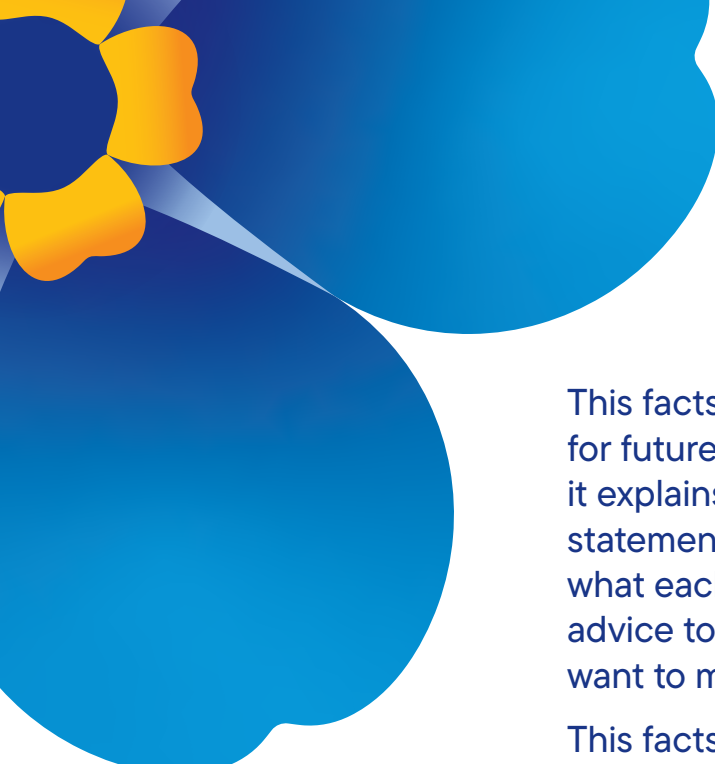


Advance decisions and advance statements



Together we are help & hope
for everyone living with dementia



This factsheet looks at different ways to plan ahead for future care and medical treatment. In particular, it explains what advance decisions and advance statements are. It outlines their differences and looks at what each can and cannot do. It also provides practical advice to help you draft an advance decision, if you want to make one.

This factsheet is for people living in England and Wales. For information on planning for care in Northern Ireland, see booklet 1510 **Planning ahead**.

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1 Planning for your care and treatment in the future

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If you have been diagnosed with dementia, it's likely 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. As dementia progresses, you may lose the mental capacity to decide how you are cared for. This includes what medical treatment you receive, as well as care and treatment at the end of your life.

You might not want to think or talk about how you want to be cared for in the future, particularly at the end of your life. Many people find it difficult to talk about this, including health and social care professionals. But there are ways you can tell other people about what you want for your care and treatment in the future.

Thinking about the future in this way is sometimes referred to as advance care planning. This factsheet describes some specific ways you can help family, friends and professionals involved in your care to know your wishes when you may not be able to make those decisions yourself.

This factsheet looks at each of these ways in more detail. You can do any of them or all of them. Or you might not want to do any of these things. It is up to you.

Making an advance decision to refuse treatment

This is a very specific document and isn't something everyone wants to make. It can make sure that you are not given treatment in the future that you do not wish to receive. It only applies when you lack mental capacity to make that decision at that time.

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.

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Making an advance statement

This is something that everyone should at least think about. It is an expression of your wishes for the future. An advance statement can cover a much broader range of topics than an advance decision.

It can help others 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. This includes any attorney you have appointed under a Lasting power of attorney.

Discussing your wishes with professionals involved in your care

Anyone can do this. Health professionals can make a note in your medical records and/or your care plan. They can also record if you have made a Lasting power of attorney, an advance statement or an advance decision. They can also help you with other forms to record your wishes, such as ReSPECT forms – for more information about these, see ‘Discussing your wishes with professionals involved in your care’ on pages 18–19.

Lasting power of attorney

Another way to plan for the future is to give someone you trust Lasting power of attorney (LPA) for health and welfare. As your attorney, this person can then make decisions about your care and treatment on your behalf. Your attorney would only be able to make decisions for you if you lack capacity to make them for yourself. They would have to make any decision in your best interests.

It is also possible to make a separate LPA for property and financial decisions. There is another factsheet with more detail on LPAs (factsheet 472 **Lasting power of attorney**), so in this factsheet they are only mentioned briefly.

Keeping your plans clear and up to date

You may find it difficult to think about a time when you won't be able to make your own decisions. Even if you don't write anything down, thinking about these things can still be helpful.

You can still share your wants for the future. Think about having a conversation with your family or close friends and tell them what you want to happen so they can try to make sure your wishes are respected.

Be consistent

If you plan ahead in more than one way, it is important to be consistent so it is clear what you want to happen. If you are thinking about making an LPA for health and welfare as well as an advance decision to refuse treatment, see 'Advance decisions and Lasting power of attorney for health and welfare' on page 13.

Review your plans

It's also a good idea to review any plan you have made from time to time and particularly if your circumstances change.

What happens if you haven't made any plans for your future care?

Some people prefer not to record wishes for the future or do any advance care planning. Instead, they rely on professionals to make treatment decisions in their best interests.

Professionals, such as doctors, 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. They should only make the decision on your behalf if you cannot.

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2 What is an advance decision to refuse treatment?

Like everyone else, you have the right to refuse to have medical treatments that you don't want to have. The only exceptions are some cases under the Mental Health Act 1983. For more information, see 'What an advance decision cannot do' on page 7.

By making an advance decision, you keep your right to refuse treatment even when you don't have mental capacity to do so. Some people call an advance decision a 'living will' or 'advance directive'. However, 'advance decision' and 'advance decision to refuse treatment' are the terms used in the Mental Capacity Act 2005.

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. If correctly made, your treatment refusal cannot be challenged or changed by doctors or others, even if they think it is not in your best interests or they disagree.

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
- cardiopulmonary resuscitation (CPR)
- artificial feeding or hydration (being fed food or water through a tube)
- mechanical ventilation
- antibiotics.

You can do this even if your refusal of the treatment leads to a natural deterioration in your health, or even your death.

Refusing particular treatments in certain circumstances is a very personal choice. Anyone who makes an advance decision will have their own wishes and beliefs. For example, one person might say they want to refuse artificial feeding and hydration if they have severe and permanent swallowing difficulty. Someone else might want 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. 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.

If your advance decision is not followed because it has not been made properly, the things you say in it should still be taken into account. In this case, your advance decision is treated in the same way that an advance statement would be.

Why make an advance decision?

You don't have to make an advance decision and most people don't. Reasons why you might make an advance decision include:

- You may 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.
- You may prefer not to leave certain decisions about treatments to healthcare professionals or to any 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. They may otherwise be asked by doctors for information about what you would want to happen.

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Will medical professionals have to follow your advance decision?

Advance decisions, when they meet certain requirements, are legally binding. This means all health 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. The following must also be true:

- You haven't done anything clearly inconsistent with it which suggests you have changed your mind. For example, it would be inconsistent to decide to have a blood transfusion after making an advance decision saying you would refuse one in all circumstances.
- You haven't made an LPA for health and welfare after making the advance decision, giving your attorney power to make the same decision. See 'Advance decisions and Lasting power of attorney (LPA) for health and welfare' on page 13.

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

- you have not specifically mentioned the treatment in your advance decision
- the circumstances you have specified are different to those that happen. For example you might have stated you refuse CPR if you have a heart attack. In a circumstance other than a heart attack, CPR could still be used
- 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
- 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. It 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-sustaining 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 follow it. However, they may do if it is in your best interests.

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). For more information, see factsheet 459 **Mental Health Act 1983**
- request something that is against the law
- refuse a particular place of care, such as a care home – it is only about treatments.

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Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders

It is easy to confuse advance decisions with 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) orders. This is because resuscitation is one of the treatments that can be refused in an advance decision. However, they are different things.

While an advance decision is made by you, a DNACPR order is made by medical professionals, although you can request one if you wish. It only relates to CPR. These professionals should talk to you, unless this is inappropriate or not possible. They should also talk to anyone close to you if you request this, or do not have the capacity to be consulted on this.

There is no standard way that DNACPR orders are made and recorded nationally. The process may be different in different areas. They are not legally binding.

For more about discussing your future care with medical professionals, see 'Discussing your wishes with professionals involved in your care' on pages 18–19.

There is more information on DNACPR orders on the NHS website at [nhs.uk/conditions/do-not-attempt-cardiopulmonary-resuscitation-dnacpr-decisions](https://www.nhs.uk/conditions/do-not-attempt-cardiopulmonary-resuscitation-dnacpr-decisions)

3 How to make an advance decision

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You can make an advance decision yourself, in your own words. You can make it verbally, but if you want to refuse life-sustaining treatment, your advance decision must be made in writing.

It is always better to make your advance decision in writing, even if it doesn't mention life-sustaining treatment. This is the easiest way for medical professionals to understand and be aware of your decision.

If your advance decision relates to the refusal of life-sustaining treatment, as well as being in writing, it also must include a statement about the treatment even if your life is at risk. The advance decision needs to be signed by you, or another person in your presence and by your direction. It needs to be signed 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 about your advance decision if you wish. This is so that you can fully understand the consequences. These conversations may also help them to understand your decisions.

Your doctor

It is a good idea to 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, a medical professional can discuss with you how any other condition you have might be relevant to your advance decision.

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A solicitor

You don't have 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. However, 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.

Your insurance company

You may want to refuse life-sustaining treatment, and have a life insurance policy. In this case, check with the insurance company that your policy will not be affected.

There is a template advance decision form at the end of this factsheet, on pages 21–25. It can be filled in, or you can use the form as a guide to write your own if you need more space.

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 say that quality of life and freedom from pain are more important to you than how long you live. This can make it easier for your family or friends to accept your decision. It can also help doctors to understand it.

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(s) under a Lasting power of attorney for health and welfare, if you have one.

Finding your advance decision in an emergency

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. You could carry a card or wear a bracelet that lets others know about your advance decision and where it is. There are various suppliers who will personalise a brightly coloured plastic wristband for you. You could get a local jeweller or engraver to personalise a bracelet for you.

MedicAlert® provides identity jewellery that is linked 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.

Alternatively, or in addition to bracelets, you could put up brightly coloured signs near your front door, near your bedroom and on your fridge so any paramedics attending your home have the best chance of seeing them before treatment is given.

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. You can store important medical information inside, including your advance decision.

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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 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. If you don't amend your decision before you lose capacity to do so, your original decision will apply.

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.

Some people prefer to make an LPA for health and welfare instead, giving their attorney the power to make treatment decisions for them. The attorney can take into account all the circumstances at the time. It's important to be aware, however, that an attorney's decision can be challenged on best interests grounds whereas an advance decision can't. See 'Advance decisions and Lasting power of attorney (LPA) for health and welfare' on page 13.

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, it is best to make a new advance decision, and complete a new form. If you make changes to the existing document this could be confusing. Make sure you destroy the old version and give copies of the new one to everyone who held a copy of the old version. Ask them to destroy the old copies.

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, it is less likely to be challenged. This will particularly be the case if your condition changes or if available treatments change. 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.

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

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

You can give your health and welfare attorney(s) the power to refuse life-sustaining treatment on your behalf. You do this by choosing a particular option on the LPA for health and welfare form.

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 an advance decision **after** making an LPA, your attorney will not be able to make decisions on the treatments you mentioned. If you make an advance decision **before** the LPA, the attorney can override your advance decision. This is only if the LPA gives your attorney(s) the power to deal with the decision about the same treatment.

There is space to write about your advance decision on the LPA for health and welfare form. If you want your attorney(s) to take into account a previous advance decision, mention this on the LPA form.

You might need to take legal advice if you are concerned about any confusion between the two documents. Or you can make a new advance decision to replace the one made before the LPA was completed.

Attorneys have to act in your best interests when making any decision on your behalf. Their decisions can be challenged in the Court of Protection if someone, such as a doctor, feels they are not acting in your best interests.

You may be certain that you do not want a decision on refusing treatment 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.

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5 What is an advance statement?

An advance statement helps people to understand what's important to you and what makes you the person you are. They can be called different things, for example 'statements of wishes and care preferences'.

Advance statements are different from advance decisions. They are not legally binding. Unlike advance decisions, advance statements do not act as your own decision if you lack capacity to make that decision. Instead they are more like guidelines to help other people make decisions for you if you can't make them yourself.

Advance statements can also cover a much broader range of topics than an advance decision.

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. To do that, they must consider your past and present:

- wishes
- feelings
- beliefs and values.

Why make an advance statement?

An advance statement gives you the option to record your wishes, feelings, beliefs and values. This can:

- be reassuring to know that you have given this guidance
- prompt conversations about your future care with doctors and nurses that you may not have otherwise
- help health professionals who don't know you to treat you as a unique individual.

The process of thinking about and making an advance statement may help you to clarify your own thoughts. It might prompt discussions with friends and family about what you want to happen in the future.

Will your advance statement always be followed?

An advance statement – unlike an advance decision – is not legally binding. This means doctors, medical professionals and any attorneys you have appointed do not have to follow it.

However, anyone connected with your care and treatment should take an advance statement into account when making decisions that you can't make for yourself. This includes:

- doctors
- nurses
- all other health and social care professionals
- family
- friends
- attorneys under a Lasting power of attorney, if you have one.

They should try to follow the advance statement where possible, and if they don't, it must be because they have a good reason. That might be because of safety concerns or for practical or financial reasons.

If it's a written advance statement, any decision maker should record their reasons for going against your wishes, and explain why if challenged.

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6 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. If you find it hard to talk about these things then recording your thoughts might actually help.

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. Therefore, it's a good idea to write your statement down if you can.

What information should you include?

You can use an advance statement to express your wishes about future care options. This could be about 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, religious or political views
- what activities you enjoy
- what is important to you.

You can also cover more difficult topics if you wish. For example, you might want to say whether you'd prefer to die at home or in a hospital or hospice. It can be 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.

You should also remember that if the contents of your advance statement comply with the legal requirements for an advance decision, it will be treated as an advance decision and must be followed. See 'Will medical professionals have to follow your advance decision?' on page 6 for more information about those legal requirements.

Keeping your advance statement up to date

You can make or change any advance statement that you make at any time. If you have written the advance statement, you should make sure that all copies have been updated and anyone you have told is aware of any changes you have made.

It is a good idea to review your advance statement from time to time, particularly if your circumstances change.

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

It's important that people know that you have made an advance statement. It is a good idea to 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 – if possible, more than one is best
- your attorney(s) under a Lasting power of attorney for health and welfare, if you have one.

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7 Discussing your wishes with professionals involved in your care

You can always ask to discuss how you want to be cared for or treated in the future with health and social care professionals. That might be your:

- GP
- consultant
- nurse
- social worker.

You might feel more able to talk to a professional than to family or friends, or it might be the other way round. Everyone is different. You can do both if you wish.

You could ask your GP for an appointment specifically to discuss future care, so they know in advance.

Professionals can record your wants and wishes in your medical records and/or your care plan. They can also make a note if you have made an LPA, an advance statement or an advance decision.

Some doctors or nurses may encourage you to discuss future care planning. They might suggest that you complete a form with them which records your preferences for the future. Different forms with different names are used in different places. It can sometimes be quite confusing. Some hospitals have their own form. For example, you might be offered a 'Preferred Priorities for Care' form, which is a type of advance statement. Don't worry about what the form is called.

The 'ReSPECT' form (Recommended Summary Plan for Emergency Care and Treatment) is also becoming more common for use in an emergency. This is completed by you and a doctor together. It records:

- your current state of health and how that is likely to change
- your care goals in the event of a future emergency
- whether you prioritise comfort or prolonging life
- care and treatment that should or should not be given (this can include CPR)
- whether you have made an advance decision to refuse treatment, an advance statement or other advance care plan, or whether you have made an LPA for health and welfare.

Like other types of care plan, a ReSPECT form is not legally binding. However, it gives guidance to medical teams about how you should be treated in an emergency if you can't decide for yourself. It can be reviewed and updated if circumstances change.

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Other useful organisations

Lions Clubs International, British Isles Message in a Bottle Scheme

0121 441 4544

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 951045

info@medicalert.org.uk

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

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.

The Association of Lifetime Lawyers

020 8234 6186 (9am–5pm, Monday-Friday)

admin@lifetimelawyers.org.uk

www.lifetimelawyers.org.uk

The Association of Lifetime Lawyers 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. This is 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. 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.

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:

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.

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

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
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

PULL OUT



Factsheet 463

Last reviewed: March 2025

Next review due: March 2028

Reviewed by: John Holdsworth, Chartered Legal Executive, Coodes Solicitors, and Director of the Association of Lifetime Lawyers; and Colette Hawkins. Academic Consultant in Palliative Medicine, South Tees NHS Foundation Trust

This factsheet has been reviewed by people affected by dementia.

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

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For advice and support on this, or any other aspect of dementia, call us on **0333 150 3456** or visit **alzheimers.org.uk**

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Together we are help & hope
for everyone living with dementia

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