

Factsheet 72

Advance decisions, advance statements and living wills

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About this factsheet

There are things you can do to make sure others know which medical treatment(s) you would want to refuse and how you would like to be cared for, should a time come when you cannot make or communicate these decisions yourself.

Preparing an advance decision to refuse treatment (often called an advance decision or a *'living will'*) and an advance statement are two things you can do. This factsheet explains what they are, why you might want to prepare one or both of them, requirements for drawing them up and ways to ensure other people know they exist.

If you want to know how to make arrangements for others to manage your financial affairs, or make health and care decisions on your behalf, should you be unable to do this yourself, see factsheet 22, *Arranging for someone to make decisions on your behalf*.

The information in this factsheet is applicable in England and Wales. If you are in Scotland or Northern Ireland, please contact Age Scotland or Age NI for their version of this factsheet. Contact details are at the back of this factsheet

Contact details for any organisation mentioned in this factsheet can be found in the *Useful organisations* section.

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1 Making decisions about treatment and care

When you are ill, you usually discuss treatment options and their pros and cons with the doctor, in order to reach a decision.

However, a time may come, on a temporary or permanent basis, when you are unable to make or communicate a decision about medical treatment at the time it needs to be made.

For example, you may be unconscious following an accident or stroke, or develop Alzheimer's disease or other form of dementia. If concerned such a situation may arise in future, you can ensure your wishes are known and followed by making:

- an **advance decision to refuse treatment** and/or
- a **Lasting Power of Attorney for health and care decisions**.

You can also prepare an **advance statement of wishes and care preferences**, so those caring for you know your preferences and what you value, if you cannot tell them yourself.

1.1 The role of the *Mental Capacity Act 2005*

The *Mental Capacity Act 2005* ('the Act') aims to empower and protect people who cannot make decisions for themselves by providing a legal framework and process to follow when making '*best interests*' decisions on their behalf.

By giving legal status to an advance decision to refuse treatment and Lasting Power of Attorney, the *Act* supports people with mental capacity to plan for the future.

The supporting *Code of Practice* ('the Code') gives guidance on applying the *Act* in everyday situations including how to:

- assess if someone lacks mental capacity to make a particular decision
- identify if there is support that would help them make or communicate a decision
- reach a '*best interests*' decision when, as a doctor, healthcare professional, professional carer or family member, you must make a decision on behalf of someone who lacks capacity.

You can find the *Act* at www.legislation.gov.uk/ukpga/2005/9/contents and the *Code* at www.gov.uk/government/publications/mental-capacity-act-code-of-practice.

For information about the five principles on which the *Act* is based, see factsheet 22, *Arranging for someone to make decisions on your behalf*.

2 What is an advance decision to refuse treatment?

An advance decision to refuse treatment lets you explain, while you have mental capacity, any medical treatment(s) you would not want doctors to give you, if a time comes when you lack capacity and cannot make or communicate your wishes.

You only need to put this in writing, sign and date it, if you want to refuse *life-sustaining* treatment. See section 5.4 for more information.

Note

An advance decision to refuse treatment is time and decision-specific. It is only acted upon once it is decided, by following *Mental Capacity Act* principles, that you lack capacity to make a specific decision at the time it needs to be made.

It is legally binding if it complies with the *Act*, is valid and applicable.

For brevity we use 'advance decision' throughout. You may hear the term 'living will' but it is not a legally recognised term.

3 What is an advance statement?

An advance statement allows you to make general statements, describing your wishes and preferences about future care should you be unable to make or communicate a decision or express your preferences at the time. You may want it to reflect religious or other beliefs and important aspects of your life. You can include things such as food and drink preferences; type of clothes you like to wear; music, TV or DVD preferences, or whether you like a bath or a shower. You can say who you would like to visit you or be consulted about your care.

It is helpful to write this information down, so people can refer to it if they want to know what you like and what is important to you.

When creating a Lasting Power of Attorney (LPA) health and care decisions, let your chosen attorney(s) know if you have an advance statement. This alerts them to what you would want, if they must make decisions on your behalf. See section 10 for information about LPAs.

Note

An advance statement is not legally binding but those making a 'best interests' decision on your behalf should take its contents into account when you cannot tell them what you would like.

4 Reasons to record your wishes in advance

You may want to record your wishes in an advance decision, in an advance statement or in both:

- when thinking about and planning for the future
- if you have a life-limiting illness and are discussing, with your doctor or family, your goals for care and foreseeable healthcare issues as the illness progresses
- to give you peace of mind and guide family members or your attorney should they need to make decisions on your behalf in future
- if you want to maintain control over your medical treatment or hold strong religious or other views about a situation that may arise, such as needing to be fed by tube, have a limb amputated, or require a blood transfusion.

5 Making an advance decision

To make an advance decision, you must:

- be aged 18 or over, and
- have mental capacity to make an advance decision.

Test to determine mental capacity

If there are concerns about your mental capacity, the *Code* sets out a two stage test of capacity:

- Stage 1: Do you have an impairment of the mind or brain, or is there some sort of disturbance affecting the way your mind or brain works?
- Stage 2: If so, does that impairment or disturbance mean you are unable to make the decision in question, at the time it needs to be made, after all appropriate support to help you make the decision has been tried?

Being able to answer 'yes' to both questions and give reasons, would support a reasonable belief that you '*lack capacity*' to make the necessary decision.

To make a decision, you need to be able to understand it, why it needs to be made and consequences of making or not making it. You must be able to understand, retain, use and weigh up relevant information and communicate the decision verbally or using a method appropriate to you. It is important people offer you support, decided on a case by case basis, which could help you to do this.

If you have not made an advance decision and are unable to make a decision at the time it needs to be made, the doctor responsible for your treatment must decide what is in your '*best interests*'. In reaching a '*best interests*' decision, a doctor should seek evidence of your beliefs and past wishes and talk to friends, family and carers as appropriate.

5.1 Are there things you cannot include?

You cannot:

- refuse basic care that is essential to keep you comfortable, such as nursing care, pain relief, keeping you warm
- refuse the offer of food or drink by mouth
- ask for anything that is against the law such as euthanasia or help to take your own life
- demand specific medical treatment. No one can insist on treatment that healthcare professionals consider clinically unnecessary, futile or inappropriate
- refuse treatment for a mental disorder if you are to be detained under the *Mental Health Act 1983*.

5.2 Do I need to involve a doctor or solicitor?

You do not have to involve a doctor when making an advance decision but a doctor can:

- help you understand the consequences, advantages and disadvantages of what you are proposing
- help you phrase your wishes, so you avoid making unclear statements that could raise doubts about its applicability in the future.

If you have a terminal illness, talking to the medical team involved in your care can help you relate specific decisions to the likely course of your illness, understand the consequences of refusing or opting for a particular treatment and verify you had mental capacity at the time you prepared the advance decision.

Involving your GP or medical team means they record your wishes in your medical notes. Reviewing your advance decision as your illness progresses will ensure these notes accurately reflect your wishes. It can form part of a wider on-going discussion about your future care and preferences, often referred to as 'advance care planning'.

You do not have to take legal advice but a solicitor could help you express your wishes clearly.

5.3 Does an advance decision need to be in writing?

An advance decision only needs to be in writing if you want to refuse 'life-sustaining' treatment. This is explained in section 5.4. If the treatment you want to refuse is not life-sustaining, you can create a valid advance decision simply by telling your doctor you do not want that particular treatment in certain circumstances in the future.

It is best practice for the doctor to confirm you understand the consequences of what you are asking and record the conversation in your medical records, along with details of anyone else present at the time and their role in the conversation. Having it recorded avoids uncertainty over its validity and increases the likelihood that any doctor treating you is alerted to it.

There is no dedicated form to use if you want to put an advance decision in writing. There is a free online tool at <https://mydecisions.org.uk> that can help you draft an advance decision.

Official guidance advises it is helpful to include the following:

- your full name, date of birth and address
- name, address and phone number of your GP and whether they have a copy of the document
- a statement that the document should be used if you ever lack the capacity to make treatment decisions yourself
- a clear statement of the decision, stating precisely what treatment(s) is to be refused and circumstances in which the decision is to apply. A statement with a general desire not to be treated is not enough. It is helpful to give as much detail as possible to support any discussion around the applicability of your advance decision and to avoid use of words such as unbearable or severe that are open to interpretation.
- date the document was written (or reviewed)
- your signature or that of someone you directed to sign it in your presence, on your behalf and the date
- dated signature of person who witnessed your signature. If you cannot sign the document, ask a second witness to sign to say they witnessed you asking someone else to sign on your behalf and saw this person sign the document in front of you.

You can ask your doctor or another relevant professional to sign a statement saying, in their opinion, you have mental capacity to make the decision. You may want to say you were not under any pressure to make the advance decision.

You can describe any distinguishing features such as a birthmark or tattoo if this helps identify you quickly if necessary.

5.4 If you want to refuse life-sustaining treatment

To be legally valid, an advance decision to refuse *life-sustaining* treatment must be in writing. *Life-sustaining* treatment is treatment that, in the view of the person providing your healthcare, is necessary to keep you alive.

Examples of *life-sustaining* treatment include: being given food or drink by tube if you cannot take it by mouth (doctors describe this as '*artificial nutrition and hydration*'); kidney dialysis; using a machine to help you breathe; restarting your heart using cardiopulmonary resuscitation (CPR).

Although not compulsory, the *Code* says it is very important to discuss decisions to refuse life-sustaining treatment with a health professional.

As well as recording details described in section 5.3, you must include:

- a clear, specific written statement that the advance decision is to apply to the specific treatment, even if your life is at risk.

If you make the statement to refuse *life-sustaining* treatment at a different time, or in a separate document to an advance decision, you (or someone you direct) must sign and date it in the presence of a witness, who must also sign and date it.

5.5 Must a doctor always follow an advance decision?

If you prepare an advance decision according to the requirements of the *Act*, it is legally binding. Medical professionals must follow it, regardless of whether they believe it is in your '*best interests*', if

- they are aware of it
- it is valid, and
- it applies to the current situation.

To be **valid**, you must have been aged 18 or over and had mental capacity at the time you made it. Doctors must be sure you have not withdrawn it or clearly said or done something that goes against it which would suggest you have changed your mind.

They must be sure that since you made it, you have not made a Lasting Power of Attorney (LPA) for health and care decisions that gives your attorney the power to make the same treatment decisions described in the advance decision. See section 10 for more about the relationship between advance decisions and LPA's.

To be **applicable**, it must apply to the situation in question and in current circumstances.

Doctors should consider whether there are new developments you did not anticipate at the time, which could have affected your decision; for example new developments in medical treatment, or changes in your personal circumstances.

If there is doubt over the existence, validity or applicability of an advance decision, doctors can provide treatment they believe is in your 'best interests' while seeking further clarification. See section 8 for more information.

5.6 Ensuring others are aware of an advance decision

The *Code* says it is your responsibility to take steps to ensure your advance decision is drawn to the attention of your GP and other doctors who treat you and if it is written down, where they can find it.

There are several things you can do:

- let relatives or close friends know you have one and where it is
- ask for a copy to be placed in your GP and hospital records
- 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. Staff in A&E departments can securely access your SCR if you arrive there unable to speak to them.
- carry a card in your wallet that says you have one and where it is
- become a member of MedicAlert. Wearing their ID specific jewellery alerts emergency professionals that you have vital information stored in a secure emergency personal record and how they can access it.

6 Reviewing your advance decision

Regularly reviewing your advance decision ensures it continues to reflect your views. Your particular circumstances and state of health may influence how frequently you do this. Regularly reviewing it helps the doctor providing treatment feel confident you have not changed your mind since making it.

If there are new or improved medical treatments, or your personal circumstances have significantly changed, a doctor you see when unable to make a decision or communicate your views may question the validity of an advance decision signed many years ago.

Even if you do not change the contents, it is advisable to sign and date it to indicate you have reviewed it and give a copy of the reviewed document to everyone who has an earlier copy.

You can change an advance decision at any time while you have mental capacity to do so.

7 How to withdraw an advance decision

You can cancel an advance decision at any time while you have capacity to do so. There is no formal process, so you can cancel it verbally or in writing and should destroy any written document.

Tell everyone who knows you have one that you have cancelled it and put this in writing to avoid uncertainty. Healthcare professionals should record any verbal cancellation in your records for future reference.

8 Dealing with disagreements

The senior doctor or healthcare professional treating you is responsible for deciding whether there is a valid, applicable advance decision relating to the current situation. If there is a dispute between professionals or between professionals and family members, this responsible person must consider all available evidence.

This means consulting relevant colleagues and others familiar with you, such as your GP. If they must make an urgent decision without delay, a doctor can apply to the Court of Protection. The Court of Protection can make a declaration on:

- whether you have mental capacity to make the decision at the time it must be made (if you do, the advance decision does not come into play)
- whether the advance decision is valid
- whether the advance decision is applicable to the particular treatment and circumstances.

The Court of Protection cannot overturn a valid and applicable advance decision. It cannot order treatment to be provided, if it has been refused in a valid advance decision.

For more on applying to the Court of Protection, see factsheet 22, *Arranging for someone to make decisions on your behalf*.

9 Advance decisions made before 1 October 2007

The part of the *Act* relating to advance decisions came into force on 1 October 2007.

An advance decision made before then (often called an advance directive or living will) remains valid if it meets requirements described in sections 5 and 6.

If it includes a wish to refuse *life-sustaining* treatment, it must include a statement that it is to apply even if your life is at risk.

10 Lasting powers of attorney

The *Mental Capacity Act 2005* introduced the system of Lasting Powers of Attorney (LPA) which replaced the previous Enduring Powers of Attorney. You can make a

- LPA for financial decisions, and
- LPA for health and care decisions.

Note

You can still register an existing Enduring Power of Attorney.

You may still see references to terms used between 2005 and July 2015 - LPA for property and financial affairs and LPA for health and welfare.

If you have, or intend to have, an advance decision to refuse treatment and LPA for health and care decisions, it is important to consider their inter-relationship.

If you **create an advance decision after creating an LPA for health and care**, your attorney cannot consent to any treatment refused in the advance decision, if it is decided the advance decision is valid and applicable, as described in section 5.

If you **create an LPA for health and care after creating an advance decision**, whichever was made more recently takes priority should they deal with the same decision.

Making an LPA for health and care decisions

The fact you might have made an advance decision is recognised when you complete an LPA for health and care decisions application form (LP1H).

Accompanying guidance notes (LP12) state if you have an advance decision you want doctors or your attorney(s) to take into account, you should refer to it when completing section 7 of the form. You must include a copy of the advance decision when you send your LPA to the Office of the Public Guardian to be registered.

You must specify in your LPA for health and care decisions if you want your attorney(s) to make decisions about *life-sustaining* treatment.

For information about LPA's, see factsheet 22, *Arranging for others to make decisions on your behalf*.

Useful organisations

Alzheimer's Society

www.alzheimers.org.uk

Telephone Helpline 0300 222 1122

Offers advice, information and support in England and Wales to people with dementia and their family. You can download their factsheet on preparing an advance decision which includes a template if you would like guidance on how to prepare your own.

Court of Protection

www.gov.uk/courts-tribunals/court-of-protection

Telephone 0300 456 4600

Its role is to protect individuals who lack capacity by making rulings on difficult decisions about their care and welfare and appointing deputies to act on their behalf.

Macmillan Cancer Support

www.macmillan.org.uk

Telephone 0808 808 0000

Provides information, advice and financial support for people facing cancer, their carers and loved ones. They produce an advance decision to refuse treatment form that they suggest you read alongside their booklet: *Your life and your choices plan ahead*.

MedicAlert

www.medicalert.co.uk

Telephone 01908 951045

A non-profit, membership organisation that offers a way for emergency services to access medical information from a secure database when you are unable to share this information with them yourself.

Office of the Public Guardian

www.gov.uk/government/organisations/office-of-the-public-guardian

Telephone 0300 456 0300

The Office of the Public Guardian protects people in England and Wales who may not have the capacity to make certain decisions for themselves including about their health and finances. It supports the Public Guardian in carrying out the legal functions of the *Mental Capacity Act 2005*.

Age UK

Age UK provides advice and information for people in later life through our Age UK Advice line, publications and online. Call Age UK Advice or Age Cymru Advice to find out whether there is a local Age UK near you, and to order free copies of our information guides and factsheets.

Age UK Advice

www.ageuk.org.uk

0800 169 65 65

Lines are open seven days a week from 8.00am to 7.00pm

In Wales contact

Age Cymru Advice

www.agecymru.org.uk

0800 022 3444

In Northern Ireland contact

Age NI

www.ageni.org

0808 808 7575

In Scotland contact

Age Scotland

www.agescotland.org.uk

0800 124 4222

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