

## Legal information

### **Advance Decision to Refuse Treatment:**

#### **What is this?**

An Advance Decision to Refuse Treatment (sometimes known as an advance decision, an ADRT, or a living will) is a decision you can make now to refuse a specific type of treatment at some time in the future.

It lets your family, carers and health professionals know your wishes about refusing treatment if you're unable to make or communicate those decisions yourself.

The treatments you're deciding to refuse must all be named in the advance decision.

You may want to refuse a treatment in some situations, but not others. If this is the case, you need to be clear about all the circumstances in which you want to refuse this treatment.

#### **Life-sustaining treatment:**

You can refuse a treatment that could potentially keep you alive, known as life-sustaining treatment. This is treatment that replaces or supports ailing bodily functions, such as:

- ventilation – this may be used if you can't breathe by yourself
- cardiopulmonary resuscitation (CPR) – this may be used if your heart stops
- antibiotics – this can help your body fight infection

### **Who makes an Advance Decision to Refuse Treatment?**

You make the advance decision, as long as you have the mental capacity to make such decisions.

You may want to make an advance decision with the support of a clinician i.e. Dr, Nurse or other healthcare professional.

If you decide to refuse life-sustaining treatment in the future, your advance decision needs to be:

- written down
- signed by you
- signed by a witness

If you wish to refuse life-sustaining treatments in circumstances where you might die as a result, you need to state this clearly in your advance decision. Life-sustaining treatment is sometimes called life-saving treatment.

You may find it helpful to talk to a doctor or nurse about the kinds of treatments you might be offered in the future, and what it might mean if you choose not to have them.

The charity 'Compassion in Dying' has an advance decision form you can fill in online or by hand, with suggestions for things to think about.

You need to register (for free) on the website before you can see the form.

## **Is an Advance Decision legally binding?**

An advance decision is legally binding as long as it:

- complies with the Mental Capacity Act
- is valid
- applies to the situation

If your advance decision is binding, it takes precedence over decisions made in your best interest by other people.

An advance decision may only be considered valid if:

- you're aged 18 or over and had the capacity to make, understand and communicate - your decision when you made it
- you specify clearly which treatments you wish to refuse
- you explain the circumstances in which you wish to refuse them
- it's signed by you (and by a witness if you want to refuse life-sustaining treatment)

- you have made the advance decision of your own accord, without any harassment by anyone else
- you haven't said or done anything that would contradict the advance decision since - you made it (for example, saying that you've changed your mind)

## How does an Advance Decision help?

As long as it's valid and applies to your situation, an advance decision gives your health and social care team clinical and legal instructions about your treatment choices.

An advance decision will only be used if, at some time in the future, you're not able to make your own decisions about your treatment i.e. you lose capacity to make decisions for yourself.

## Who should see it?

You have the final say on who sees it, but you should make sure that your family, carers or health and social care professionals know about it, and know where to find it- especially in an emergency situation.

You can keep a copy in your medical records.

## CPR and a 'do not attempt CPR' decision:

Cardiopulmonary resuscitation (CPR) is a treatment that attempts to start breathing and blood flow in people who have stopped breathing (respiratory arrest) or whose heart has stopped beating (cardiac arrest).

CPR can involve:

- chest compressions (pressing down hard on the chest repeatedly)
- electrical shocks to stimulate the heart (sometimes more than once)
- injections of medicine
- artificial ventilation of the lungs

In hospital, around 2 out of 10 people survive and leave hospital after having CPR. Survival rates are usually lower in other settings.

The success of CPR depends on why your heart and breathing has stopped, any illness or medical problems you have, and your overall health.

Your healthcare team can discuss with you the likely chance of CPR working for you.

Even when CPR is successful, a person can develop serious complications, such as:

- fractured ribs
- damage to the liver and spleen -brain damage, leading to disability

People who survive after having CPR may need high-intensity medical support afterwards, and a small number need prolonged treatment in an intensive care unit (ICU).

## **Refusing CPR in advance:**

Everyone has the right to refuse CPR if they wish. You can make it clear to your medical team that you don't want to have CPR if you stop breathing or your heart stops beating.

This is known as a 'do not attempt cardiopulmonary resuscitation' (DNACPR) decision, or DNACPR order.

Once a DNACPR decision is made, it's put in your medical records, usually on a lilac form that health professionals will recognise.

It's also helpful to let your family or other carers know about your DNACPR decision so it doesn't come as a surprise to them if the situation arises.

If you have a serious illness or are undergoing surgery that could cause respiratory or cardiac arrest, a member of your medical team should ask you about your wishes regarding CPR if you haven't previously made your wishes known.

If you don't have the capacity to decide about CPR when a decision needs to be made and you haven't made an advance decision to refuse treatment, the healthcare team may consult with your next of kin about what they know of your wishes to make a decision in your best interests.

A DNACPR order isn't permanent, and you can change your mind about your DNACPR status at any time.

# Lasting power of attorney:

If you become unable to make decisions for yourself in the future, someone will need to make decisions for you. Who does this will depend on the situation.

Generally, professionals will make decisions about your health and social care, and your family or carers will decide on day-to-day matters.

If you wish, you can officially appoint someone you trust to make decisions for you.

This is called making a lasting power of attorney (LPA), and enables you to give another person the right to make decisions about your health and welfare.

You can also appoint an attorney to decide on financial and property matters.

You can choose to make one type or both.

## Health and welfare lasting power of attorney

Use this LPA to give an attorney the power to make decisions about things like:

- your daily routine, for example washing, dressing, eating
- medical care
- moving into a care home
- life-sustaining treatment

It can only be used when you're unable to make your own decisions.

## Property and financial affairs lasting power of attorney

Use this LPA to give an attorney the power to make decisions about money and property for you, for example:

- managing a bank or building society account
- paying bills
- collecting benefits or a pension

- selling your home

It can be used as soon as it's registered, with your permission.

There are special rules about appointing an LPA. To find out more, read [GOV.UK's advice on making a lasting power of attorney](#).

You can call the Office of the Public Guardian on 0300 456 0300 for forms and guidance.

The Office of the Public Guardian can also provide more information on making a LPA to cover decisions on property and legal matters.