



Advance care plan

This plan belongs to:

JEWISH CARE



Mosaic

In loving memory of Joy Levy 1929 – 2015

“When my mother died it felt as if the axis of my world changed – spinning in a direction I found hard to come to terms with. As part of the process of healing I began a mosaic, creating a picture by cutting tiles into small and different shapes. Within it I included personalised memories of my mother, such as her bracelet.

An advance care planning discussion in many ways is like a mosaic. Our lives are made up of many experiences; small, large, rough and smooth, with feelings and emotions represented by the colours of the world. The discussion enables us to share our uniqueness, giving us a voice at a time when it can be difficult to speak or to be heard.”

Yvonne Levy, Senior Social Worker at Jewish Care

What this plan is for?

Advance care planning means you can discuss and plan your future care and treatment choices and preferences with chosen trusted people in your life. It is an opportunity to share what is most important to you, consider Lasting Power of Attorney options, and think about your future life changes. Advance care planning is voluntary, and you can change your choices and preferences at any time.

Advance care planning discussions are often started by a health professional. They are usually triggered by a recent change in health. They may cover where you want to be cared for, emergency care treatment plans and who you would like to be consulted. If you become unwell and cannot speak for yourself, an advance care plan will help professionals and those close to you. It will help them understand your choices and preferences, and account for them when making decisions about your care.

Planning your future care

Should I talk to others about my plan?

It is never too early to start a compassionate and meaningful conversation with people you trust. It does not necessarily need to be family or friends if this is your choice. Advance care planning can be an emotional and lengthy process, and the conversations may become hard. However, having a plan you can share with people who will speak for you in a difficult time ensures your choices and preferences are known.

Can I change my care plan?

Your choices and preferences about your care may change over time. This is entirely normal as different things become important at various stages in life. An advance care plan is not legally binding, and your plan can be changed at any time.

How do I fill in the care plan?

The questions in an advance care plan give a few ideas about what people often want to cover, but you can add in any other information you would like. You may not feel able to answer all the questions now, and you can fill it in at a later time.

Will my choices and preferences be followed?

Advance care planning is an ongoing process of communication and review with you, your family members, and health professionals. What you write in your advance care plan can help people involved with your care know your choices and preferences. Should you be unable to contribute to decision-making, the person you gave a Lasting Power of Attorney (Health & Welfare) can speak about what is important to you. You can refuse treatments but you are not able to demand treatments that the clinical team feel would not be in your best interests. However they should carefully explain their reasoning, especially if a decision does not fully meet your choices and preferences.

What happens if I cannot complete or understand the advance care plan?

If you cannot write the care plan yourself, (due to dementia or any other condition affecting your communication), it can be completed by someone who has Lasting Power of Attorney for Health and Welfare. That is someone legally appointed by you enabling them to talk about your choices and preferences. They must consider what you would have wanted about your future care and include you in discussions if you are able.

Planning your future care

First name:

Surname:

Like to be known as:

Title (Mrs, Ms, Mr, Miss, Mx, Dr and so on):

Address:

Phone:

Mobile:

Email:

Date of birth:

Gender (Optional):

GP's name:

GP's surgery address:

Phone:

Email:

Your NHS Number:

1. Your health and well-being

What do you understand about your health right now?

For example, give details of anything that has become more difficult?

In relation to your well-being, what is important to you?

(For example, music, a hobby, gardening, food preferences or dislikes)

Give details of anything else you want to add

2. Preferences, choices and priorities

Do you already have an advance care plan stored electronically?

(For example, on Universal Care Plan, ReSPECT (or a similar electronic system) via GP)

Yes No

If yes, please can we have a copy?

Are there specific things you want to discuss about the future and your care?

Give details of what is important to you that other health professionals should know.

Are there any people you do not want information about your health to be given to?

Yes No

If yes, who?

Is there anything specific you want to avoid happening to you?

Please give details of what this might be

Do you want all information about your health to be given to you?

Yes No Jointly

If not, or jointly, who should the information be given to?

Name: _____

Address: _____

Phone: _____

Email: _____

Relationship to you: _____

3. Preferred place of care (or living)

If your health gets worse, where would you like to live or be cared for?

(For example, at home, in a care home or other)

Option 1:

Option 2:

Option 3:

If there is anything else you want to add, please give details below.

4. Spiritual and pastoral care

Do you have a specific religious affiliation?

Yes No (For example, Orthodox, United, Masorti, Reform, Liberal or other)

Are there aspects of Jewish tradition that are important to you? Yes No

(For example: Sabbath rituals or memorial of family members who have died).

If yes please give details below.

Is faith, culture, tradition or spirituality important in your life?

Yes No Not sure

If yes, please give details below. If not sure, would you like to discuss further?

Please give details of any people you would like to be contacted about your spiritual and pastoral needs.

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Are you a member of a synagogue? Yes No

If yes, which one?

What level of kashrut do you observe?

(This information would be helpful if you were in hospital and could not communicate what matters to you)

Only Kosher certified food

Only Kosher meat, strict separation of milk and meat

After eating meat, waiting before eating milky foods

None

Other: _____

If there is anything else you want to add, give details below.

5. Funeral plans

Have you made any funeral, burial or cremation arrangements?

Yes No

If yes, what are they?

If not, who will take responsibility of arrangements for you?

For burial, can you provide proof of Jewish Identity?

Please note: Burial societies may ask for proof of Jewish identity, for example parents or grandparents ketubah, (marriage certificate).

6. Wills

Have you made a will?

Yes No

If yes, where is the will held?

7. Digital Legacy

A digital legacy is any information you leave behind online after your death.

Who will be the executor?

8. Organ Donation

Do you want to donate organs after your death?

Yes No Undecided

The law on organ donation changed on 20 May 2020. The change means that you will be considered to have agreed to be an organ donor unless you have 'opted out'.

For further information, please visit the website at organdonation.nhs.uk.

Give details of the executor

Name: _____

Address: _____

Phone: _____ Relationship to you: _____

If there is anything else you want to add, give details below.

9. Lasting powers of attorney

Does someone have lasting power of attorney (LPA) for your health & welfare?

Yes No

If no, you should think about who would be consulted if you are unable to make decisions about your health, or in the case of an emergency.

If you have officially appointed someone to make decisions on your behalf please, give their details below.

Please give a copy of the LPA to a health professional involved in your care.

1.

Name: _____

Address: _____

Phone: _____

Relationship to you: _____

2.

Name: _____

Address: _____

Phone: _____

Relationship to you: _____

Does anyone have an LPA for your property and financial affairs?

Yes No

If yes, give their details below

Name: _____

Address: _____

Phone: _____ Relationship to you: _____

If there is anything else you want to add, give details below.



Emergency care and treatment

10. Emergency care and treatment

This part of the advance care plan is about your choices and preferences relating to care and treatment if you were in a situation where you couldn't speak or make decisions for yourself.

Last phase of life:

What would be important to you towards the end of your life?

Who would you like with you?

For example, family, partner, friends, carer or rabbi?

Give details of any specific choices at this time

For example, music you would like played or prayers you would like to be said.

11. Preferred place for end-of-life care

Preferred treatment and location

Please tick the appropriate box to say which care and treatment preferences apply, and where you would want to receive care.

| | 1st choice | 2nd choice | 3rd choice | 4th choice |
|------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Care home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hospital | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hospice (if available) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comfort in place of residence

This means that if you are at home, hospice or in a care home, the aim will be to relieve any symptoms and maintain comfort, but no action to prolong life.

Hospital to be avoided unless agreed with yourself or health professionals involved in your care.

Is there anything else you want to add?

12. About cardio pulmonary resuscitation (CPR)

Cardio pulmonary resuscitation is an attempt to restart your heart again after it has stopped. You need to decide whether you would want CPR to try to restart your heart, or you would prefer to 'allow a natural death'. This is an important decision which you should discuss with your GP or other health professionals. Medical and comfort treatment will still be offered.

Once you have had this discussion, if you chose 'allow a natural death', a medical professional will fill in a DNACPR advance (do not attempt – cardio pulmonary resuscitation) or a ReSPECT form, which will be kept with this advance care plan. Please ask to see DNACPR leaflet for more information.

Please tick this box if you have had a DNACPR discussion.

Please tick this box if a DNACPR has been filled in.

If you have not discussed and completed a DNACPR, would you like to have more information and a discussion about it? Yes No

Your views and those of your LPA, health & Welfare are important. However, a final medical decision about what is in your best interests will be made by the medical health professionals involved in your care at that time.

About advance decision to refuse treatment (ADRT)

An ADRT is a legally binding document which relates to refusing lifesaving treatment. This was previously referred to as a 'living will' or an 'advance directive'. This is also an important matter that you need to discuss with your GP or other health professionals.

Have you made an advance decision to refuse treatment?

Yes No

If yes, please provide a copy for your health professionals. You should review this document regularly. It can be updated and altered at any time.

Is there anything else you want to add?

13. The person filling in this document

If someone is filling this document in for you, give their details below.

Name: _____

Signature: _____

Date: _____

Relationship to you: _____

Give details of any health or social-care professionals present who are involved in discussing this advance care plan with you.

Name: _____

Signature: _____

Date: _____

Relationship to you: _____

Name: _____

Signature: _____

Date: _____

Relationship to you: _____

14. Reviewing this plan

To reflect what matters to you regarding your choices and preferences you should review this plan regularly and mark up any changes you want to make and share with important and trusted people in your life and health professionals involved.

Today's date: _____ Your signature: _____

Next review date:

Date of review _____ Your signature _____

Date of review _____ Your signature _____

Date of review _____ Your signature _____

Date of review _____ Your signature _____

Date of review _____ Your signature _____

Date of review _____ Your signature _____

15. Sharing information

We may need to share information you have given in this document with health and social care professionals. Do you agree to us securely sharing your information?

Yes No

For more information in how we may contact you to give you further information, or how we will use your personal information and keep it safe and secure, read our privacy statement on our website at jewishcare.org/privacy-statement.

You can also get a copy of our privacy statement; please contact the Data Protection Officer at: Jewish Care, Amélie House, Maurice and Vivienne Wohl Campus, 221 Golders Green Road, London NW11 9DQ.

Email: dataprotection@jcare.org
Phone: 020 8922 2304.

You are in control of how we use your personal information. If you want us to stop using your personal information for the purposes mentioned above, contact the Data Protection Officer as explained above.

16. Extra information and comments

Please use this space to provide any extra information and comments.