

## Advance Care Planning



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Advance Care Planning (ACP) is a key part of quality provision of end of life care. Improving the pre-planning of care has been found to be one of the most important ways that we can ensure reliable patient-focused care. It is anticipated that it will be an important key part of the new NHS End of Life Care Strategy.

Other countries have made great progress with Advance Care Planning eg USA and Canada.

Advance Care Planning is the description for the process of discussing and planning ahead for example in anticipation of some deterioration in a patient's condition. There are two specific but overlapping areas within Advance Care Planning:

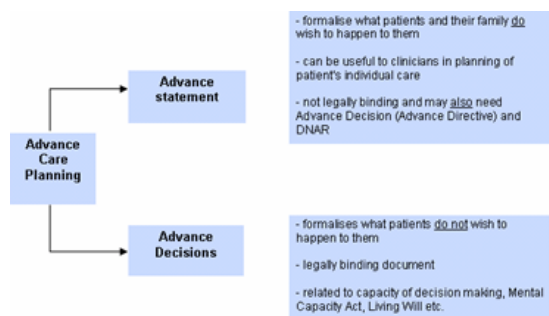
a) Advance Statement - discussion of people's preferences, wishes and likely plans ie what they wish might happen to them. These are generally called Advance Statement/Statement of wishes. These are not legally binding, but are invaluable in

determining planned provision of care. The process of discussing this can be seen as part of the solution in that it enables emotional 'catch up' and adaptation to the new reality and normalisation of life. Sensitive discussion of advance care planning can strengthen coping mechanisms and enable realistic planning.

There is some evidence that it increases not decreases realistic hope. The Advance Statement attached as used in the GSFCH programme is an example of this. Other examples such as the Preferred Place of Care (PPC) document and others listed on various websites.

b) Advance Decision - these clarify refusal of treatment or what patients do NOT wish to happen, involves assessment of mental competency to make that decision at the time and when accurately formulated, can be legally binding. See [Mental Capacity Act 2005](#). It also strengthens the role of the Lasting Power of Attorney to enable a nominated proxy person to make decisions about medical as well as social welfare.

Diagram to illustrate advance care planning process - including the difference between Advance Statements and Advance Decisions



Links and articles of interest:

- NHS End of Life Care Programme - [Advance Care Planning: A Guide for Health and Social Care Staff Advance Care Planning PowerPoint Presentation 2008](#) by Keri Thomas
- GMC have new guidance for doctors, [Treatment and care towards the end of life: good practice in decision making](#), came into effect on 1 July 2010.
- GMC End of Life Care Guidance: Learning Materials - [Case Studies](#)
- [GMC End of Life Care: Advance Care Planning](#)

Useful information and guidance regarding the Mental Capacity Act

NOTE: please note that there is a section on the draft Mental Capacity Act section 4.6 which also affirms that Advance Statements of wishes can be taken into account when considering best interest and stated preference of the patient involved:

"In determining for the purposes of this Act what is in a person's best interests....

More information will be available soon on this, including further help with communication skills to enable staff to have these 'difficult discussions'.....

He must consider....

(a) the person's past and present wishes and feelings (and, in particular, any relevant written statement made by him when he had capacity),"

Section 4.6 of the [Mental Capacity Act 2005](#)  
[Mental Capacity Department for Constitutional Affairs](#)

- [Advance Care Planning and GSF](#)
- [Advance Care Planning and Communication Skills](#)
- [ACP and Do Not Attempt Resuscitation \(DNAR\) Decisions](#)

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