



Position statement on advanced care planning

Ethical dilemmas create tension within professional teams and misperceptions amongst the public. As an organisation, Trinity Hospice and Palliative Care Services has, therefore, decided to make clear position statements on a number of common, challenging ethical dilemmas including advanced care planning. These are intended to work as a succinct guide on the issue for members of staff and users of our service.

The statement takes into account opinions expressed by staff, the current law as well as predictions of the impact of the statement on patient care within Trinity Hospice and palliative care services.

Statement

All the family of services that make up Trinity Hospice and Palliative Care Services supports the more widespread use of advanced care plans and advance decisions to refuse treatment.

All the family of services that make up Trinity Hospice and Palliative Care Services will support patients in advanced care planning. The hospice sees advance care planning as a process rather than the result of a one off discussion and will support the patient and/or their representative with the information they need, and ensure they have the time they need, to make such a plan.

Discussions about advanced care planning will be made in the context of the person, their understanding of their condition, their wishes as well as local resources. Advanced care planning will be undertaken in a sensitive, timely manner after honest communication with the patient and those they choose to be part of such discussions.

Background

Advance care planning requires sensitive, timely and honest discussion with patients and those they choose to be involved in those decisions. The process should not be rushed but should recognise what may happen to the individual as part of their illness journey, and should therefore be re-discussed and amended if the patient's wishes change.

Advanced care planning allows patients and carers to express their wishes and preferences about the kind of care they would like to receive at the end of life. Advance care planning discussions help to clarify decisions such as the location of end of life care and withholding or withdrawing certain treatments such as cardio-pulmonary resuscitation, ventilation or artificial feeding.

However, there are a number of issues that need to be highlighted:

- Any advanced care plan must be voluntary.
- An advanced care plan will only come into operation when a patient loses capacity. Up until that point, the patients' contemporaneous views take precedence.
- Patients must be allowed to change their mind as their preferences are likely to evolve over a period time.
- Under the terms of the Mental Capacity Act (in England and Wales), unless there is a properly constructed advance decision to refuse treatment or appointed lasting power of attorney, the doctor is bound to act in the best interest of the patients rather than only on the basis of a previously expressed preference.
- Issues of equity and limits on local resources have to be acknowledged in attempting to meet patient preferences.

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