



**Irish
Hospice
Foundation**

To die and grieve well wherever the place

Think Ahead My Advance Healthcare Directive



Think

about what you want

Talk

to someone about your wishes

Tell

them where this form is

Helpful Organisations

Below are useful organisations that can assist you further:

Acquired Brain Injury Advocacy Society: www.abiireland.ie

Citizens Information Board: www.citizensinformation.ie

Decision Support Service: www.decisionsupportservice.ie

Disability Federation of Ireland: www.disability-federation.ie

Inclusion Ireland: www.inclusionireland.ie

Irish Hospice Foundation: www.hospicefoundation.ie

National Advocacy Service: www.advocacy.ie

National Disability Authority: www.nda.ie

Peer Advocacy in Mental Health: www.peeradvocacyinmentalhealth.com

Safeguarding Ireland: www.safeguardingireland.ie

Sage Advocacy: www.sageadvocacy.ie

Your local hospice and palliative care options can be found at

Irish Association for Palliative Care: www.iapc.ie/directory

Coroner Service: www.coroners.ie

Funerary Services: www.rip.ie/services.php

You can become an organ donor with the Irish Kidney Association: www.ika.ie

Older Peoples Organisations

Active Retirement Ireland: www.activeirl.ie

Age Action Ireland: www.ageaction.ie

Age & Opportunity: www.ageandopportunity.ie

Age Friendly Ireland: www.agefriendly.ie

Alone: www.alone.ie

The Alzheimer Society of Ireland: www.alzheimer.ie

The Irish Senior Citizens Parliament: www.seniors.ie

Third Age: www.thirdageireland.ie

For help or information, visit our Think Ahead Hub, www.thinkahead.ie, email us at thinkahead@hospicefoundation.ie, or call us at (01) 679 3188.

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About My Advance Healthcare Directive

A place to record your healthcare choices and appoint somebody to speak on your behalf, should you lack decision-making capacity to advocate for yourself through illness, accident, or mental distress. This document is legally binding when properly signed and witnessed.

An Advance Healthcare Directive is used to inform those who need to know about your treatment and care.

Advance Healthcare Directives are normally written down, but can include voice or video recording and speech recognition technologies that are written out at a later time. If you make any Advance Healthcare Directive in a language other than English or Irish, you should arrange to have it translated in case nobody is on-site who can translate it when needed.

An Advance Healthcare Directive is made up of three key parts:

1. Refusing medical and treatment options.
2. Requesting medical and treatment options.
3. Appointing someone to carry out your choices and speak on your behalf.

The Assisted Decision-Making (Capacity) Act 2015 sets out legal rules about how a person can create an Advance Healthcare Directive, how they can appoint a trusted person to act as their Designated Healthcare Representative, and how healthcare workers should apply a person's Advance Healthcare Directive to guide their care.

An Advance Healthcare Directive is only used if you cannot make decisions for yourself at the time when decisions have to be made, for whatever reason. If, for example you are sitting up in bed and are able to communicate with your healthcare team then your Advance Healthcare Directive will not be used.

An Advance Healthcare Directive should always be kept under review as your wishes and your health may change. It is strongly recommended that you should review your Advance Healthcare Directive every year, put a reminder in your phone or diary now.

For more information on the Assisted Decision-Making (Capacity) Act 2015, please visit the Decision Support Service Website www.decisionsupportservice.ie.

Before Starting Your Advance Healthcare Directive

This section includes important information on decisions you can make in an Advance Healthcare Directive, as well as information on how to complete your Advance Healthcare Directive.

There is no legally required format for an Advance Healthcare Directive but there are some legal formalities which must be complied with. This form has been developed to ensure that all these formalities are fulfilled.

Who can be a Directive Maker?

If you are completing an Advance Healthcare Directive, you are referred to as a Directive Maker. A Directive Maker must be over the age of 18 and have decision-making capacity.

What is decision-making capacity?

Having decision-making capacity means that you can do all of the following:

- Understand information about the decision you have to make, at the time the decision is to be made;
- Hold the information long enough to make a choice;
- Weigh up information as part of the process of making the decision; and,
- Communicate your decision by writing it down, or by telling or showing someone what your decision is. You may receive assistance by another person if that is necessary.

If you are unable to do any of the above, you are said to lack capacity.

What are your treatment options?

Before you complete an Advance Healthcare Directive, you might want to take some time to think about what's important to you and what kinds of treatments you would or wouldn't want to receive if ill or injured.

You must be specific about the healthcare treatments you wish to refuse, the treatments you request, and the circumstances for your decisions to apply. Be as detailed as you can. The more detailed you are, the better your healthcare team will understand your wishes when they are reading your Advance Healthcare Directive in the future.

If you can, take some time to discuss your treatment options with your GP/ Specialist or healthcare team. They will help you understand the benefits, risks and consequences of treatments and alternatives. Ask plenty of questions and make sure they are answered fully and to your satisfaction.

If you have a specific illness or condition, talk to your GP/Specialist about completing an Advance Healthcare Directive. They can guide you more fully in which treatments may or may not help, especially at the end of life, and help you frame the correct statement to write into your Advance Healthcare Directive.

This Advance Healthcare Directive asks you to make a clear statement about any treatments you wish to refuse. It is important for you to understand that refusal of treatments is likely to result in significant risk of death.

What are life-sustaining treatments?

Life-sustaining treatments replace or support a bodily function which is not working properly or is failing. A person may have a treatable condition, and life-sustaining treatments are temporarily used until the body can resume its normal function again.

However, sometimes the body will never regain that function. In such a case, life-sustaining treatments are what keeps a person alive and removing those treatments may result in or hasten death.

Refusing treatments

If you wish to refuse life-sustaining treatment, you must make an explicit statement in your Advance Healthcare Directive that you wish to refuse the particular treatment even if it leads to your death.

This Advance Healthcare Directive asks you to make a statement on life-sustaining treatments, for example:

- I wish to have whatever life-sustaining treatments my healthcare team may consider necessary and appropriate, if there is a likelihood of a good quality of life for three months or more.
- I do not wish to receive life-sustaining treatments even if my healthcare team considers them necessary, and even if this refusal may hasten or result in my death.

It is not possible to refuse basic care in an Advance Healthcare Directive. This includes shelter, warmth, hygiene measures, and offering food and liquids by mouth.

However, it is possible to refuse artificial nutrition such as feeding by tube or giving fluid through a drip, or other artificial systems. Among others, these options include:

- artificial feeding through a tube in the nose or stomach;
- artificial feeding through a drip in the veins;
- being placed on a mechanical ventilator/breathing machine;
- kidney dialysis;
- antibiotic treatments.

Discuss your options with your GP/Specialist or healthcare team.



Deciding about CPR (Cardiopulmonary Resuscitation)

Cardiopulmonary Resuscitation (CPR) is an attempt to restore spontaneous circulation in an individual whose heart has stopped beating, and whose breathing has stopped. Although most people have heard of CPR, it is only effective in a minority of cases, and more so in younger people. It is frequently associated with complications, such as stroke, in survivors.

CPR includes chest compressions, attempted defibrillation with electric shocks and the injection of drugs and ventilation of the lungs.

Sometimes, CPR is not appropriate or lifesaving, especially if the person is very unwell, their illness is advanced, or death is unavoidable. If you have uncertainties around CPR, discuss them with your GP/Specialist. Refusing CPR does not result in the denial or withdrawal of other treatments that are thought to be helpful.

Making decisions, communicating them, and recording your wishes about CPR will help avoid inappropriate CPR as much as possible. You can record your wishes on CPR in your Advance Healthcare Directive, for example:

- I want CPR if my doctor believes it to be beneficial.
- I do not want CPR and understand this decision may cause my death.

Requesting treatments

In your Advance Healthcare Directive you may include a request for specific healthcare treatments, but be aware that this is not legally binding in the same way refusing treatment is. Treatment requests should be taken into consideration by your healthcare team and respected as far as possible.

For example, the treatment you request may be refused if:

- it is not available;
- it is unlikely to work;
- it will cause you more harm than good; or
- it is likely to cause pain, discomfort, or distress, which would outweigh any benefits for you.

It is helpful for medical staff who are treating you to know your preferences so they can use them to guide your care. When completing an Advance Healthcare Directive, you can set out any treatment preferences you would like to request. Be as detailed as you can, such as:

- I wish to be given medical treatment to ease pain or distress or aimed at ensuring my comfort.
- I wish to receive counselling along with medication if available.
- I wish to be treated at home if possible.

Choosing a Designated Healthcare Representative

You can appoint someone you know and trust to speak on your behalf in an Advance Healthcare Directive. This person is your Designated Healthcare Representative. You may also appoint an Alternate Designated Healthcare Representative to act for you if your original Designated Healthcare Representative is unable to do so.

Your Designated/Alternate Healthcare Representatives must agree to act on the decisions you have set out in your Advance Healthcare Directive if at some point in the future you lack capacity to make and/or express your choices (see page 3 for an explanation of decision-making capacity and lacking capacity). They must inform your healthcare team about your decisions as you set them out in your Advance Healthcare Directive.

You may also give your Designated/Alternate Healthcare Representatives the power to interpret your wishes, including the power to refuse, agree on, or request treatments on your behalf. Ideally, they are the same person with whom you have discussed your Personal Wishes and Care Plan.

The Designated/Alternate Healthcare Representatives must:

- Be at least 18 years of age, and
- Agree to act for you in accordance with your will and preferences.

The Designated/Alternate Healthcare Representatives must not be:

- A person paid to look after you, unless that person is your spouse, civil partner, cohabitant, parent, child, or sibling;
- A person who owns, or works in, a residential or healthcare facility where you are living, unless that person is your spouse, civil partner, cohabitant, parent, child, or sibling;
- Someone who has been convicted of an offence regarding you or your child; or
- Someone who has a safety or barring order in relation to you or your child.

When deciding who you would like to be your Designated/Alternate Healthcare Representatives, you should ask yourself a couple of questions. Which friend, relative, or person do you trust, respect, and want to speak on your behalf? Who already knows best what kind of treatment you want at the end of your life?

Changing a Designated/Alternate Healthcare Representative

Remember, you can always change your Designated/Alternate Healthcare Representative if you wish to do so, provided you sign and witness a new document (see page 10).

You must have decision-making capacity to change your Designated/Alternate Healthcare Representative.

Choosing not to appoint a Designated Healthcare Representative

If you do not wish to appoint someone to be your Designated Healthcare Representative, you do not have to. You may simply record your decisions about your treatment and care in your Advance Healthcare Directive. If you choose not to appoint someone, share your treatment and care decisions with your healthcare team. You must still have your Advance Healthcare Directive signed and witnessed to have it legally binding.

Having more than one Advance Healthcare Directive

If you choose, you may have different Advance Healthcare Directives for different conditions, for example an Advance Healthcare Directive for mental health conditions and another for physical health conditions.

If you do have two or more Advance Healthcare Directives for different issues, you may appoint different Designated/Alternate Healthcare Representatives for each.

If you choose to rewrite or update your Advance Healthcare Directive, ensure that any person with a copy of your previous Advance Healthcare Directive is made aware that you have changed it. Ensure that you sign and witness the new document properly (see page 10). Provide those who need it with a new copy.

Cancelling your Advance Healthcare Directive

You can cancel your Advance Healthcare Directive while you have decision making capacity. This must be done in writing.

You must clarify which Advance Healthcare Directive you are cancelling, if you have more than one. You must have decision-making capacity to cancel your Advance Healthcare Directive.



Making an Advance Healthcare Directive legally-binding

In order for an Advance Healthcare Directive to be valid and applicable, it must be signed at the same time and in the same place by:

- the Directive Maker (yourself);
- your Designated Healthcare Representative, if you appoint one;
- your Alternate Designated Healthcare Representative, if you appoint one;
- two witnesses.

Each witness must observe you and your Designated/Alternate Healthcare Representative (if appointed) signing the Advance Healthcare Directive. They must then sign this document to confirm this. Your two witnesses must be 18 years or older, and at least one of the witnesses must not be a member of your immediate family. For this purpose, your immediate family is your:

- spouse;
- civil partner or cohabitant;
- child, son-in-law or daughter-in-law;
- parent;
- step-parent;
- mother-in-law or father-in-law;
- brother, sister, step-brother, step-sister, brother-in-law or sister-in-law;
- grandparent or grandchild;
- aunt or uncle;
- nephew or niece.

No one may sign your Advance Healthcare Directive without your express instruction.

Being physically unable to sign an Advance Healthcare Directive

You may instruct someone else to sign your Advance Healthcare Directive on your behalf if you are physically unable to sign. This person must:

- be 18 years or older and
- sign your Advance Healthcare Directive in your presence, and his or her signature must be witnessed in the same way as your signature would have been.

No one may sign your Advance Healthcare Directive on your behalf without your express instruction.

You are now ready to complete your Advance Healthcare Directive. Please turn to the next page to begin.

My Advance Healthcare Directive

This Advance Healthcare Directive has the following parts to fill in:

About Me 12

Healthcare Treatments I Refuse 13

Healthcare Treatments I Request 15

My Designated Healthcare Representative(s) 16

Signatures and Witnessing 18

About Me

This section provides information about your personal details.

First Name	Surname
Other Name/Nickname	I prefer to be called by my First Name <input type="checkbox"/> Surname <input type="checkbox"/> Other Name/Nickname <input type="checkbox"/>
Gender	Date of Birth
Address	Contact Number
Eircode	PPS Number

Healthcare Treatments I Refuse

This section provides information on specific treatments that you would refuse. Refer to page 5 for additional information on completing this section. For help with this section, talk with your GP/ Specialist or healthcare team.

Specific treatment I do NOT want to receive	
Specific circumstances in which this refusal is to apply	
I want my refusal to this treatment to apply even if my life is at risk and it may lead to my death; Please specify in the box provided	

Specific treatment I do NOT want to receive	
Specific circumstances in which this refusal is to apply	
I want my refusal to this treatment to apply even if my life is at risk and it may lead to my death; Please specify in the box provided	

Specific treatment I do <u>NOT</u> want to receive	
Specific circumstances in which this refusal is to apply	
I want my refusal to this treatment to apply even if my life is at risk and it may lead to my death; Please specify in the box provided	

Specific treatment I do <u>NOT</u> want to receive	
Specific circumstances in which this refusal is to apply	
I want my refusal to this treatment to apply even if my life is at risk and it may lead to my death; Please specify in the box provided	

Additional Notes

Healthcare Treatments I Request

This section provides information on medical and healthcare treatments that you would like to receive.

Refer to page 7 for additional information on completing this section. For help with this section, talk with your GP/Specialist or healthcare team.

I understand that any request for treatment must apply to the medical condition for which I require treatment. I understand that the treatment must be available and clinically appropriate. I understand this request is not legally binding, but it is a valid expression of my will and preference.

Specific treatments I request and the specific circumstances where it applies:

Specific treatment I would like to receive in relation to my medical condition	
---	--

Specific treatment I would like to receive in relation to my medical condition	
---	--

Specific treatment I would like to receive in relation to my medical condition	
---	--

My Designated Healthcare Representative(s)

This section includes important details about the Designated/ Alternate Healthcare Representatives that you appoint.

The person I appoint to speak on my behalf and be my Designated Healthcare Representative is:

Name	Address
Contact number	Date of birth
Email address	

The person I appoint to be my Alternate Designated Healthcare Representative is:

Name	Address
Contact number	Date of birth
Email address	

Granting specific powers to your Designated/Alternate Healthcare Representative(s)

Besides ensuring that the terms of My Advance Healthcare Directive are complied with I also give my Designated/Alternate Healthcare Representative the power:

1. To advise and interpret my decisions and preferences regarding my treatment as set out in this Advance Healthcare Directive.

Please tick your preference:

I want them to have these powers ☐

I do not want them to have these powers ☐

2. To consent to or refuse treatment, up to and including life-sustaining treatment based on my known will and preferences by reference to the detail as set out in this Advance Healthcare Directive.

Please tick your preference:

I want them to have these powers ☐

I do not want them to have these powers ☐

Now that you have recorded your wishes and preferences, you must sign this document and have it witnessed. All people must sign at the same time. Use the check list below to ensure you have your Advance Healthcare Directive signed and witnessed correctly.

My Advance Healthcare Directive is signed by	Tick when signed
Directive Maker (yourself);	
Your Designated Healthcare Representative, if you appoint one;	
Your Alternate Designated Healthcare Representative, if you appoint one;	
Witness One;	
Witness Two.	

Signatures and Witnessing

This section makes your Advance Healthcare Directive Legally Binding. It is divided into Parts 1, 2, and 3 which must be completed at the same time.

Part 1 is divided into two sections. Use either Section A or Section B, but not both.

- Section A is to be signed if you, the Directive Maker, are *physically* able to sign for yourself, **OR**;
- Section B is to be signed if you, the Directive Maker, are not *physically* able to sign for yourself and somebody will be signing on your behalf.

PART 1: Directive Maker's Signature

Section A: To be completed and signed by the Directive Maker, only if you as Directive Maker can physically sign for yourself.

Directive Maker

If you as Directive Maker are able to sign for yourself, complete this section in the presence of your Designated Healthcare Representative (if appointed), your Alternate Designated Healthcare Representative (if appointed), and two Witnesses.

Name of Directive Maker _____

I confirm I am making this Advance Healthcare Directive freely and not under pressure to do so. I confirm I am signing this Advance Healthcare Directive in the presence of my Designated Healthcare Representative (if appointed), my Alternate Designated Healthcare Representative (if appointed), and two Witnesses as required.

My signature (Directive Maker): _____

Date (dd/mm/yyyy): _____

Section B: To be completed and signed on behalf of the Directive Maker, by an Appointee of the Directive Maker, a person distinct from the Designated/Alternate Healthcare Representatives and the two Witnesses, only if you as Directive Maker need someone to physically sign your Advance Healthcare Directive for you.

Directive Maker and Appointee

If you as Directive Maker are unable to sign for yourself, complete Section B in the presence of your Designated Healthcare Representative (if appointed), your Alternate Designated Healthcare Representative (if appointed), and two Witnesses.

Name of Directive Maker _____

I confirm that I am making this Advance Healthcare Directive freely and not under pressure to do so.

I confirm that _____ (print name) is signing this Advance Healthcare Directive on my behalf, in the presence of myself (the Directive Maker), my Designated Healthcare Representative (if appointed), my Alternate Designated Healthcare Representative (if appointed), and two Witnesses as required.

Signature of person I have directed to sign on my behalf:

Date (dd/mm/yyyy): _____

PART 2: Signatures of Designated/Alternate Healthcare Representatives

Designated Healthcare Representative (if appointed)

If appointed, the Designated Healthcare Representative must complete this and sign in the presence of the Directive Maker, the Alternate Designated Healthcare Representative (if appointed) and two Witnesses.

Designated Healthcare Representative

_____ (print name)

I confirm I agree to act in accordance with _____
(Directive Maker) will and preferences as set out in this Advance Healthcare Directive.

Designated Healthcare Representative Signature:

Date (dd/mm/yyyy): _____

Alternate Designated Healthcare Representative (if appointed)

If appointed, the Alternate Designated Healthcare Representative must complete this and sign in the presence of the Directive Maker, the Designated Healthcare Representative, and two Witnesses.

Alternate Designated Healthcare Representative

_____ (print name)

I confirm I agree to act in accordance with _____
(Directive Maker) will and preferences as set out in this Advance Healthcare Directive.

Alternate Designated Healthcare Representative Signature:

Date (dd/mm/yyyy): _____

PART 3: Witness Signatures

Witness 1

Witness 1 must complete this and sign in the presence of the Directive Maker, the Designated/Alternate Healthcare Representatives (if appointed), and Witness 2.

I confirm that I have witnessed the signing of this Advance Healthcare Directive in the presence of the Directive Maker

_____(insert name),

the Designated Healthcare Representative (if appointed)

_____(insert name),

the Alternate Designated Healthcare Representative (if appointed)

_____(insert name),

and Witness 2 _____(insert name).

Witness 1 Name: _____(print name)

Relationship to the Directive Maker: _____

Witness 1 Signature: _____

Email Address: _____

Contact Number: _____

Date (dd/mm/yyyy): _____

Witness 2

Witness 2 must complete this and sign in the presence of the Directive Maker, the Designated/Alternate Healthcare Representatives (if appointed), and Witness 1.

I confirm that I have witnessed the signing of this Advance Healthcare Directive in the presence of the Directive Maker

_____ (insert name),

the Designated Healthcare Representative (if appointed)

_____ (insert name),

the Alternate Designated Healthcare Representative (if appointed)

_____ (insert name),

and Witness 1 _____ (insert name).

Witness 2 Name: _____ (print name)

Relationship to the Directive Maker: _____

Witness 2 Signature: _____

Email Address: _____

Contact Number: _____

Date (dd/mm/yyyy): _____

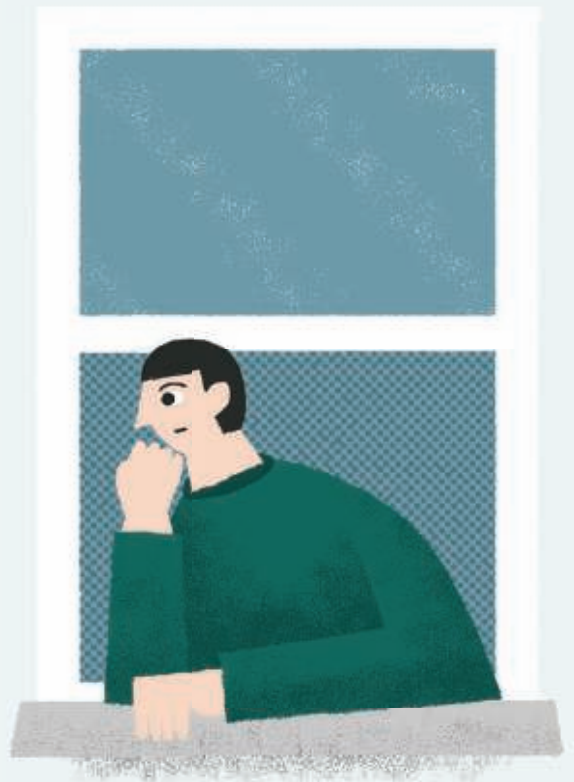
You have now completed My Advance Healthcare Directive.

Remember, you can change your decisions at any time. If you do, it is important to update your Advance Healthcare Directive, and to have it signed and witnessed again.

Give a copy to people important to you, who would want to know your healthcare decisions.

- Tell those close to you that you have made one and where you keep a copy.
- If you have to go to the hospital, bring a copy to share with your care team.
- Because you might change this document in the future, keep track of who has a copy and update them if you make changes.
- Check back on your decisions regularly, especially if your circumstances change.

Now you are ready to complete My Personal Wishes & Care Plan and My Medical Summary Form.



Notes

[illegible]



“ Death of a close family member or preparing for your own inevitable end can be one of the more daunting experiences we face. But by talking to one another, we can make the preparation and planning easier, even beautiful, whether it is an unexpected death or a slow waltz to the finish line. ”

Excerpted from *Let's Talk About Death (Over Dinner): An Invitation and Guide to Life's Most Important Conversations* by Michael Hebb. Da Capo Lifelong Books ©2018.

What if a day comes when you are unable to make decisions for yourself through illness or accident?

My Think Ahead Planning Pack, Irish Hospice Foundation's complete end of life and advance healthcare planning tool will help you to:

- Start a conversation with those important to you;
- Make your wishes known;
- Record your preferences for future care;
- Give you peace of mind.

Irish Hospice Foundation is a national charity that addresses dying, death and bereavement in Ireland. Support is what we offer, and support is what we need. 90% of our funding comes from the public and the generosity people show in donating to us makes an extraordinary difference to those most in need.

To find out more or make a donation, please visit www.hospicefoundation.ie or call (01) 679 3188.

Think

about what you want

Talk

to someone about your wishes

Tell

them where this form is



**Irish
Hospice
Foundation**

To die and grieve well wherever the place

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