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Advance Care Planning:
a normal part of life?

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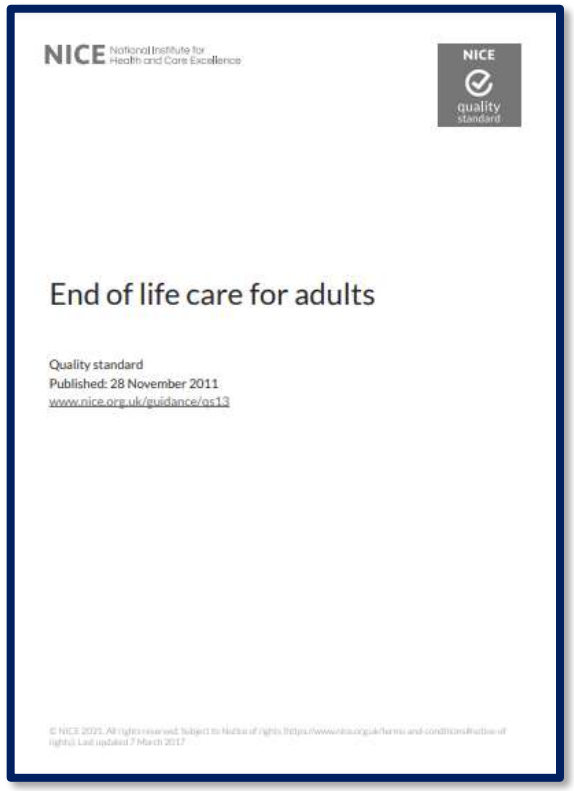
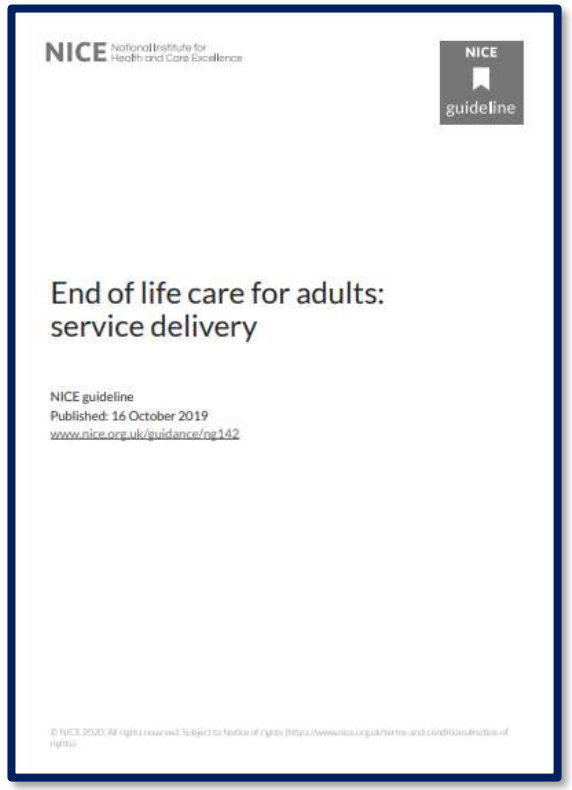


People approaching the end of life are offered comprehensive holistic assessments in response to their changing needs and preferences, with the opportunity to discuss, develop and review a personalised care plan for current and future support and treatment.

National Guidance



End of life care includes the care and support given in the final weeks and months of life, and the planning and preparation for this. For some conditions, this could be months or years.

Episode 15: Dying Well as a Retirement Project: Clair Fisher

February 10, 2021

Dying Well as a Retirement Project: Clair Fisher
6 Months or Less Podcast
Download

While Clair Fisher was on a work trip to the Cayman Islands a couple years ago, she had to fly to Florida for an emergency surgery. She would soon learn that the cause of her pain was advanced cancer. Clair now spends her time focusing on how she can live and die well. As part of what she calls her retirement project, Clair is advocating for early intervention to hospice, the benefits of working during a terminal illness, and breaking down the taboos of talking about death and dying.

https://www.sixmonthsorlesspodcast.com/episodes/episode-15-dying-well-as-a-retirement-project-clair-fisher

Advance Care Planning includes:

DNACPR

ADRT

Lasting Power of Attorney

Organ donation

Digital Legacy

Advance Care Plan

Anticipatory Care Plan

Part of normal life planning

13 Dec • Written By Clare Fuller

Just a Normal Part of Life Planning

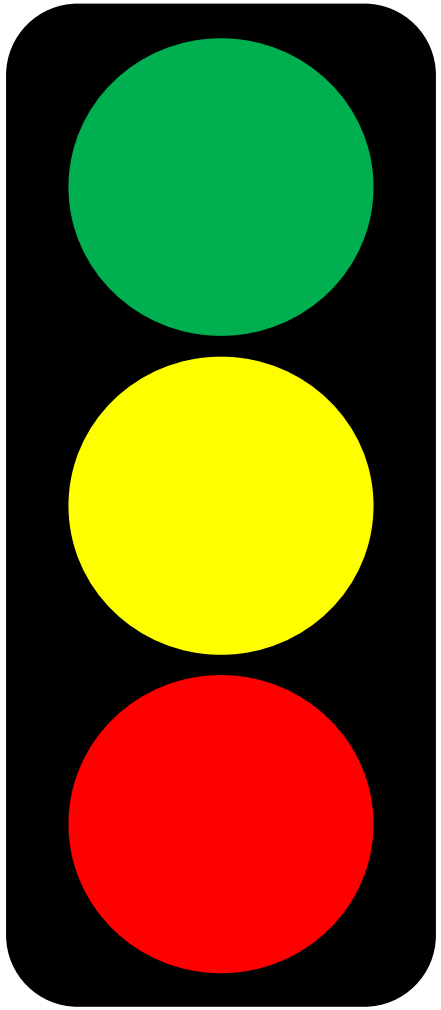
In this blog I aim to normalise Lasting Power of Attorney decision making and place it in the context of general life planning. I will touch on why LPAs aren't in place for the vast majority of us and end, as ever, with a call to action.

There are two types of LPA, one covers Health and welfare and the other Property & Finance, details of which are covered more in blog 1 and blog 2 Business LPAs form a third category, however whilst drafting a Business LPA requires specific thinking and questioning the application follows the same process as the Property and Finance LPA (LP1F)

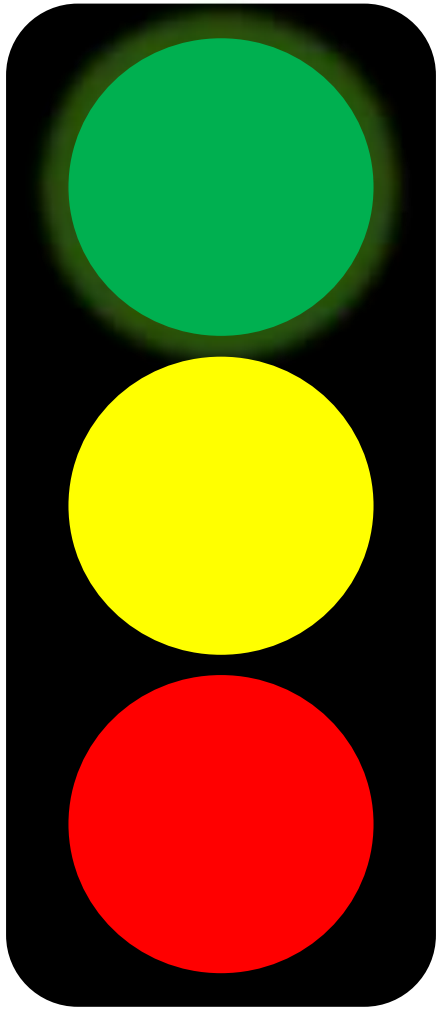
Advance Care Planning

Progressive disease potentially last year of life	Deteriorating – months to weeks (CHC Fast Track)	Last days of life
Consider DNACPR	Fast Track Continuing Health Care	Anticipatory medications and chart
LPA	DNACPR (& alert)	Complete Last Days of Life Care Plan
ADRT	Update ACP	Check valid DNACPR and alert
Advance Care Plan	Ceiling of treatment	Recheck carer needs and bereavement risk
Preferred place of care/death	Assess family and carer risk factors for bereavement	Use Priorities for Care of the Dying Person
Anticipate future care needs: e.g. ICD, respiratory support, dialysis	Act upon agreed care plans	
Assess family and carers needs: signpost	DNACPR	
Check patient is on GP Palliative Care Register	Check GP is aware of patient & is on palliative register	
Consider CHC application		

Needs based coding



Progressive disease, potentially in the last year of life.



Anticipate future care needs, e.g. ICD, respiratory support, dialysis

Consider DNACPR

Advance Care Plan

Preferred place of care/death

Check patient is on GP Palliative Care Register

LPA

ADRT

Assess family and carer's needs: signpost

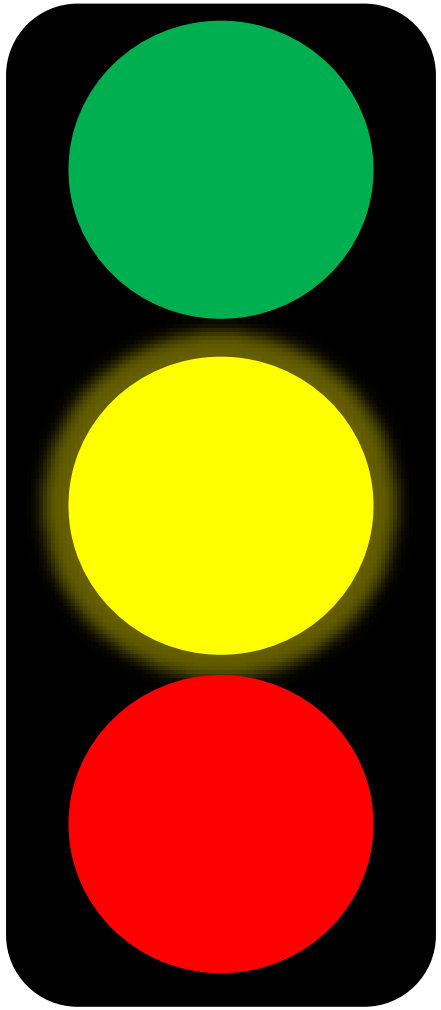
Consider CHC application

Deteriorating – months to weeks (CHC Fast Track)

Fast Track Continuing Health Care

Anticipate future care and develop MDT treatment plan for last for patients with an ICD/respiratory support/dialysis.

DNACPR (& email to Ambulance Service, Out of Hours)



Begin /update Advance Care Plan

Ensure there is a clear ceiling of treatment documented and shared with appropriate teams (Treatment Escalation Plan)

Assess family and carer risk factors for bereavement.

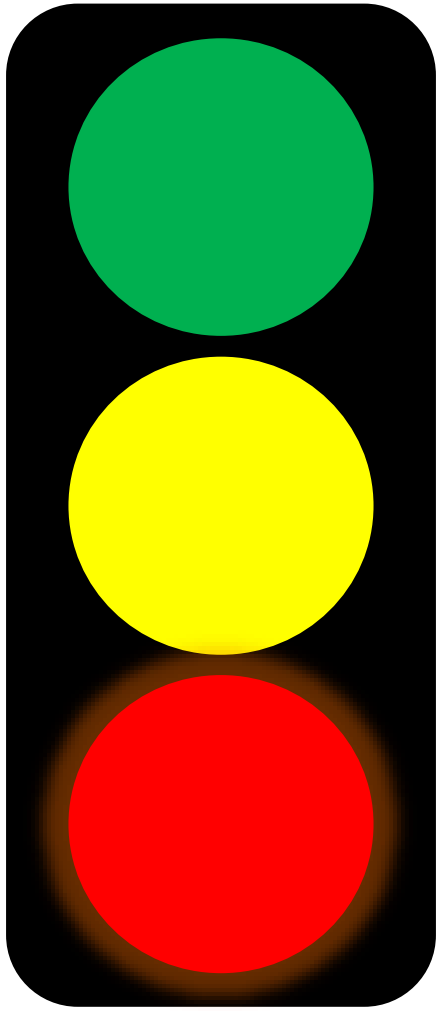
Check GP is aware of patient & is on palliative register

Last days of life

Anticipatory medications and chart

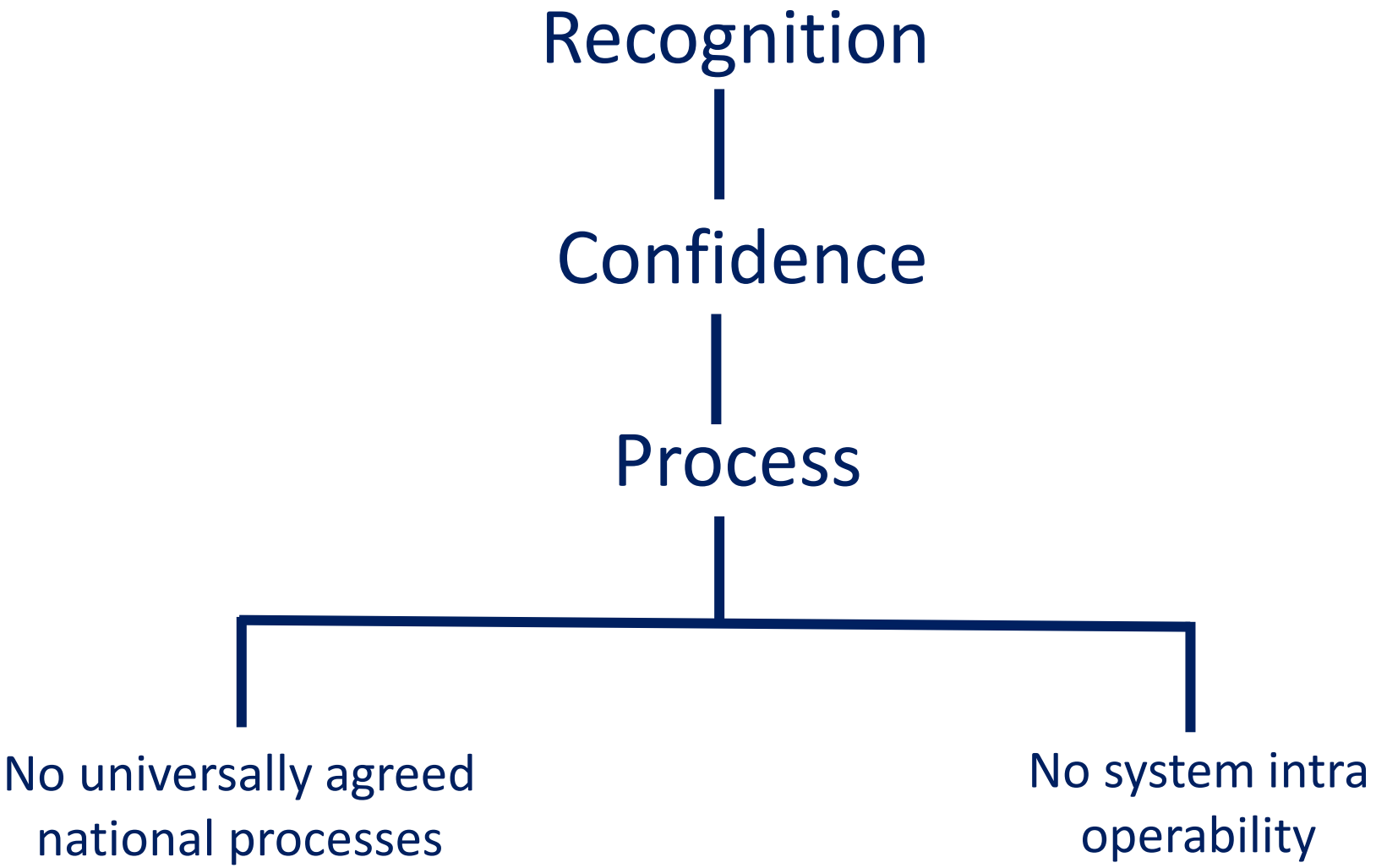
Check valid DNACPR and alert

Use Priorities for Care of the Dying Person



Complete Last Days of Life Care Plan

Recheck carer needs and bereavement risk


Recognition
Confidence
Process
No universally agreed national processes
No system intra operability

What matters conversations

About us

We are a group of independent charities, research organisations and health and social care bodies.

We are helping to drive a movement to encourage lifelong 'What matters' conversations. Our aim is to get people talking about what is important to each of us.

Having regular 'What matters' conversations enables personal wishes to be heard. That way, when we become ill or are dying, planning is easier. Those around us will know what we want and can respect our wishes. This will help us to live well to the very end of our lives.

How this initiative came about is discussed in Julian Abel's blog.
Please click here

You may be interested in a short article:

Advance care planning re-imagined: a needed shift for COVID times and beyond

Background

Clare is a Registered Nurse with 30 years' experience in End-of-Life Care (EoLC).

Clare has worked in hospices, the community, and acute sectors as a Clinical Nurse Specialist and at a regional level as a Consultant Nurse for the Gold Standards Framework. Clare is a CQC Specialist Advisor for EoLC and a Lasting Power of Attorney Consultant.

Lasting Power of Attorney Consultancy

Clare founded www.speakformelpa.co.uk specialising in:

- ✓ Lasting Power of Attorney consultancy and drafting
- ✓ Advance Care Planning education
- ✓ Raising public awareness about planning ahead

Contact: clare@speakforme.lpa.co.uk

Skills & Services

Clare delivers EoLC service analysis & recommendation, support in preparation for CQC inspection & EoLC education including:

- ✓ Managing Care in the Last days of Life
- ✓ National policy and quality drivers
- ✓ Recognition & Prognostication
- ✓ Grief and Bereavement
- ✓ Advance Care Planning
- ✓ Communication Skills
- ✓ DNACPR
- ✓ VoED

Contact clare@cfullerconsultancy.co.uk to find out more.

Publications and Podcasts

DNACPR: don't leave it until too late to talk British Journal of Community Nursing VOL. 25, NO. 3 Editorial: Don't Leave it Too Late to Talk

End-of-life care: perspective of a relative rather than a professional British Journal of Community Nursing VOL. 26, NO.4 End-of-life care: perspective of a relative rather than a professional

Court of Protection Bearing Witness: Anorexia Nervosa & NG Feeding

Podcast: Lasting Power of Attorney

Podcast: End of Life care

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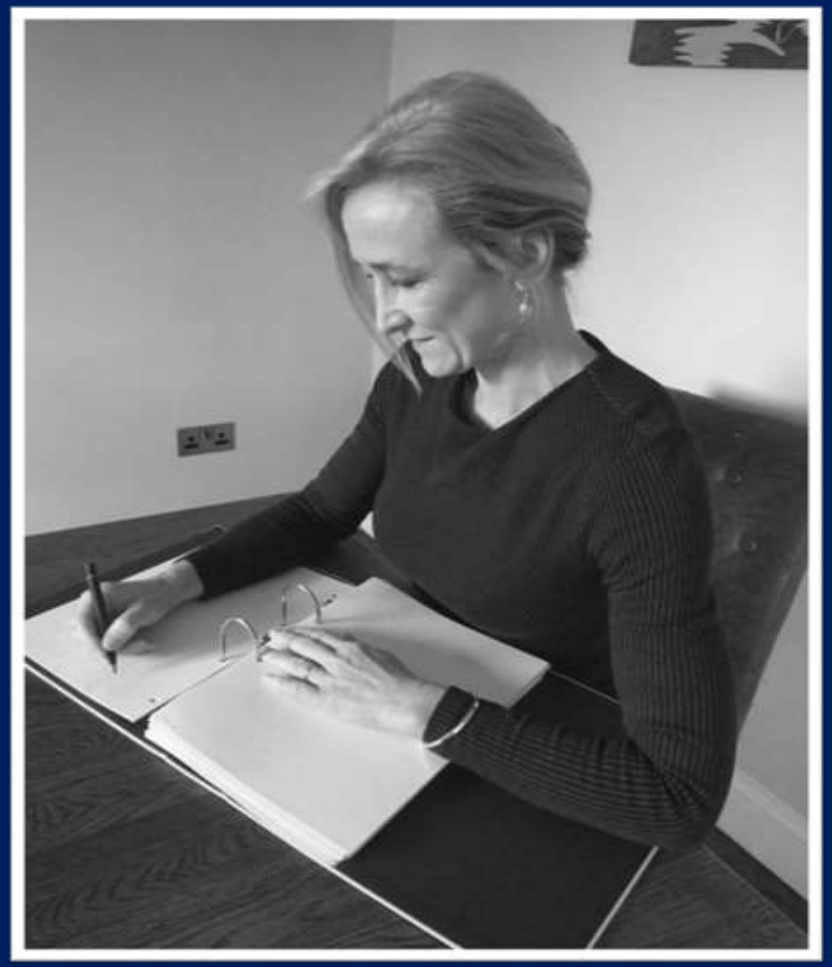

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