

# 'My Death - My Way'

## End-of-life Care Planning

Most people wish for their end-of-life care to take place outside of hospital and to die in the comfort of their own home. One of the ways to do this is to write an individual *end-of-life care plan* which anyone, regardless of age or current state of health, can do with their doctor.

Unfortunately, we often do not have control over *when* our death occurs but we can try to plan for '*how*' and '*where*' we die. Hence the aim of this end-of-life care plan is to state exactly *what* your treatment will be, *where* this should take place and importantly what care you would *NOT* wish to receive. This plan will only come into effect if you become unable to express your wishes and can be changed at any time - by talking to your doctor.

Locally there are three parts to an end-of-life care plan.

1) **The Emergency Health Care Plan (EHCP):** This is for anyone who may develop or already have an urgent medical need, from a peanut allergy to end-of-life care. It states what emergencies are anticipated, who to call and what treatment should be started.

2) **The Advanced Decision to Refuse Treatment (ADRT):** This is the only legally binding document where you can state what care you do NOT want to receive in an emergency. It is only used when you are unable to communicate your wishes (called loss of capacity). Examples of this may be the refusal of a life support machine, intravenous antibiotics or blood products.

3) **The Do Not Attempt Resuscitation (DNAR) form.** This is a very important aspect of end-of-life care. It allows a natural death to take place with no attempts made to '*bring you back to life*' in circumstances where this is *unlikely to succeed* or when you have said this would be *against your wishes*. This form is discussed in more detail over the page.

Your death is worth thinking about and planning for. If you would like to begin discussing your own end-of-life care plan, to ensure '*your death*' happens '*your way*', please make an appointment with your GP or specialist doctor.

# **‘Allow My Natural Death’ & Do Not Attempt Resuscitation (DNAR)**

**What happens as I die?** As part of the dying process, your heart and lungs will begin to slow until your breathing finally stops and a pulse is no longer felt. This is the point at which death is said to have occurred. In medical terms this is referred to as a cardiac (heart) or respiratory (lungs) ‘arrest’.

When you are ill, this sort of ‘arrest’ is almost impossible to reverse, and will have undoubtedly occurred for a reason – whether this be an underlying cancer or other illness that has put significant strain on your body. Death at some point would be expected and to try and reverse this ‘natural’ event by ‘resuscitation’ would not be in your best interest.

If you are found not breathing and without a pulse, an ambulance will likely be called. If you have a DNAR form which is signed, within date and can be shown to the ambulance crew, they will confirm that your natural death has occurred and you will be left in peace. If a DNAR form is *not* present or is *out of date* then the ambulance team are *legally expected to start Cardiopulmonary Resuscitation (CPR)*.

**What is CPR?** CPR is intended to prevent sudden *unexpected* deaths. It involves compressing your chest to try and re-start the pumping action of your heart and breathing for you which can involve a life support machine to try and ‘bring you back’ to life. CPR is a very physical procedure that can be very traumatic for you and for loved ones to witness. If CPR is started then, whatever the outcome, you will be taken to hospital.

**Will CPR work?** The success of CPR depends upon your age, the place of your arrest and your health before this arrest. If you have a ‘significant condition’ that is expected to shorten your life (such as cancer, heart failure or lung disease) then the chances of CPR being successful falls to less than 1 in every 100 people who arrest outside hospital surviving in *whatever capacity* to return home.

**What is the aim of the DNAR form?** The aim of this DNAR form is to avoid inappropriate attempts at CPR, allowing for your death to naturally occur ‘your way’, in the place of your choice.

**Who will sign the form?** You can request a DNAR form that your doctor will sign, provided they are happy you understand its implications. This form can be withdrawn at anytime but needs to be updated annually by your GP or another doctor should your place of care change e.g. hospital admission. If for whatever reason, you become unable to take part in this discussion; the wishes of your family (if appropriate) will be taken into consideration, however your doctor will make the over-riding decision. If your doctor believes CPR will cause you further suffering, then your doctor will sign this form in accordance with your ‘best interest’.

**What other care will I receive?** The completion of this form will not affect any other aspect of your care. You will receive the best care aimed at maintaining the quality of your life, keeping you comfortable; ensuring your end-of-life care takes place ‘your-way’.

If you wish to discuss having a DNAR form please make an appointment with you GP or specialist doctor. If you already have a DNAR form, please keep this in an easily accessible place for ambulance crew , a relative or a GP to find in an emergency.

Your GP should be informed that you have an DNAR so that a copy can be kept in your medical record.