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| **Advance Directives Protocol & Patient Leaflet** |
| Version 2.0 |
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| **Turner Martin (Mr)**  **23 September 2020** |
| **A. Confidentiality Notice** |

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C. Document Details

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D. Document Revision & Approval History

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| 1.0 | Nov 2013 | Mrs D Teasdale | Dr S Ul-haq |  |
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E. Definitions

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| “The Practice”, “We” | On behalf of The Partners of Staveleigh Medical Centre |
| “CCG” | Clinical Commissioning Group for Tameside and Glossop |
| “Office”, “Officers” | Responsible persons for policy |

F. Persons Whom Policy Applies to

Staff, faculties, visitors, stakeholders and other persons or bodies affected by or for whom this policy applies to:

* All Clinical staff.
* Patients.
* Job applicants.
* 3rd Party Staff.

G. Responsible Office

Office or officers charged with developing, updating, communicating, training, ensuring compliance with, and providing resources to promote adherence to this issued policy:

* Practice Manager.
* All Practice Staff.
* Practice Partners.

H. Introduction

The term Advance Directive (AD)(sometimes known as a “Living Will”) means a statement explaining what medical treatment an individual would not want in the future, should that individual 'lack Capacity' as defined by the Mental Capacity Act 2005.

The term 'Living Will', whilst helping people to understand the concept, is somewhat misleading in that, unlike a will, it does not deal with money or property. Moreover, it can relate to all future treatment, not just that which may be immediately life-saving.

An advance directive is legally binding and does not have to be written down (although the vast majority are), except in the case where the individual decides to refuse life-saving treatment.

Whilst the patient has ‘Capacity’, their word overrides anything contained in their advance directive or anything their legal representative may say.

If doctors have doubts about the validity of an AD they should consult early with their indemnity organisation and they may be able to apply to the Court of Protection to overrule it.

I. Practice Statement

This document details the procedure that the Practice will follow when a Patient submits their AD to the Practice. Whenever this situation occurs, the Practice will also obtain advice from appropriate professional bodies (e.g. Indemnity Organisation).

J. Operational Implementation and Procedures

* The Practice will only accept Advance Directives in writing.
* The Practice will carefully consider all Advance Directives it receives.
* Any approach by a patient asking for advice relating to ADs will be treated with full consideration by the GP and appropriate advice will be offered (see below)
* When conditions which require treatment that is clearly within the content of the AD, then this will be regarded as being the categorical wishes of the patient.
* The Practice and its Clinicians will carefully asses the possibility that the Patient may have changed their mind since the date the AD was signed by considering any suggestion or likelihood that this has occurred.
* In circumstances when it is necessary to implement the requirements of an AD, the GP involved will consult with both another GP and with the Practice’s professional indemnity insurers.

## Limitations

* The AD has no binding on acts which are deemed to be illegal.
* An AD cannot compel a GP to carry out a particular treatment
* An AD which specifies refusal of treatment does not prevent the provision of basic care e.g. pain relief, cleanliness etc.

## Content of Advance Directives

ADs are to be written in clear and unambiguous language, signed by the Patient and witnessed by at least 1 other person. They may contain:

* General statements about the Patient’s views on care, which may help a doctor to make decisions on courses of treatment without restricting them to specified courses of action;
* A statement which identifies third parties who are to be consulted in the event that the planned circumstances arise;
* A clear directive regarding specified or generalised treatments which may be legally binding;
* A statement made to support religious or other similar beliefs;
* A combination of the above elements which may very well have legal force.

## Advance Directives - Acceptance, Recording and Medical Records

The Practice will take the following action when presented with an AD:

* + The Patient will be advised that the Practice recommends an annual re-authorisation of the AD, although the Practice itself will not issue any reminders.
  + The Patient will be unequivocally identified, with the use of appropriate identification if necessary (e.g. Passport; Driving Licence, Bank Card etc.).
  + The Original AD (and identification if obtained) will be photocopied and these copies will be endorsed as a true and accurate copy of the original, signed and dated, and the originals returned to the Patient.
  + The photocopied documents will be scanned into the Patient’s medical record and also retained indefinitely within a dedicated AD file.
  + An alert message that an Advance Directive is held on file will be put on the Clinical System to draw attention to its existence, prior to commencement of appropriate treatments.
  + An extended appointment to discuss the situation with their usual GP will be offered.
  + Where this offer is accepted, a minimum of 14 days notice is required so that, in advance of the appointment, the GP will review the document and undertake research to determine the extent and potential impact of the AD in relation to the health and needs of that Patient, having due regard of:
* The Patient’s Capacity to give consent or refusal.
* The existence of any form of duress or undue influence being applied by third parties.
* The validity and acceptability of the AD when viewed on an individual case by case basis.
* The options and treatments available, taking into account their current anxieties, and presented in such a way which will enable them to make an informed choice.
* The desirability of making a decision at this particular time (e.g. is the patient depressed) and is it appropriate to review the decision after a further period of time?
  + Where an appointment offer is refused, the Patient will be advised that their usual GP will review AD and also requested to inform their family and close friends that an AD exists and explain it contents to them.
  + As part of the normal consultation process, a GP will remind the Patient that they should review their AD after each 12 month period has passed, noting that such a reminder has been issued is entered onto their medical record, together with the patient’s decision, if they have made one, using the following Clinical Read Codes:

9X0 – Advanced Directive Discussed

GPs will provide details of the AD (or a copy of it) to other healthcare professionals at appropriate times, e.g. on referrals or in emergency situations.

* + In an emergency situation, treatment should not normally be delayed in order to search for an AD. In all cases, in an emergency situation, clinical judgement must be made.

### Patient Responsibilities

* + - Maintain and securely retain your original Advance Directive document
    - Regularly re-affirm in writing that the Advance Directive document is still valid – it is recommended that this is done every 12 months.
    - Ensure that your family and close friends are aware of your Advance Directive document and where it is kept.

### What the Practice Will Not Do

* + Remind you to review or update your directive.
  + Monitor your treatment elsewhere (other than supply a copy of your directive)
  + Express views on the acceptability or legality of the directive in the wide variety of potential future clinical circumstances, or treatments which may be needed.
  + Be responsible for the provision of Advance Directive information to other health providers where the Practice has not been involved in the care process (e.g. private clinics, temporary registration elsewhere etc.)

G. Statement Publication

Staveleigh Medical Centre will endeavour to update and publish their policy and statement as soon as possible and appropriate. The policy and statement should be reviewed not more than 12 months of the version date.

The statement needs to be approved and signed by an appropriate senior person in the business to ensure senior level accountability.

A copy of the statement is to be provided to anyone who requests one in writing. The copy must be provided to the requestor within 30 days of the receipt of the request.

K. Additional Information

None recorded.

I. References & Further Resources

None recorded.

M. Appendices

None recorded.

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