Irish Hospice Foundation

To die and grieve well wherever the place

Think Ahead

My Advance Healthcare Directive

Think
about your future

Talk
with others about your options

Tell
them what you decide

Contents

Welcome to My Advance Healthcare Directive

A place to record your healthcare treatment choices and appoint a healthcare supporter, if you lack capacity in the future for any reason, including illness, injury, or mental ill health. This document is legally valid once it is properly signed and witnessed, unless it has been revoked or updated in a new document.

An **Advance Healthcare Directive** is a written document, a video recording, or a voice recording where you can record your decisions about any future treatment, in case you are unable to do so if those decisions are needed in the future. You can also appoint one or two people to make these decisions for you. This helps other people, like your family, carers, supporters and medical professionals, to know what treatments you would or would not want.

If these decisions feel confusing or overwhelming, talk to your medical team about your future treatment and care, and what quality of life means to you. You can also use **My Personal Wishes & Care Plan** to describe how you want to be cared for.

Share your decisions with your family, friends, carers and supporters so they know what you want as well. For tips on these conversations, visit www.hospicefoundation.ie/time-to-talk/.

Advance Healthcare Directives are often written down or typed, but they can also be voice recorded, video recorded or use speech recognition technology. If you voice or video record your Advance Healthcare Directive, we recommend that you or a supporter also transcribe it (write it out word for word). Once you write or record your Advance Healthcare Directive, make copies to share with important people in your life, including medical professionals. You can keep a digital copy on your phone, such as in an email or in your photos.

If you make any Advance Healthcare Directive in a language other than English or Irish, you should translate it into English, so that any healthcare professional in Ireland can understand it.

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

1. Refuse treatments that you would not want.
2. Consent to treatments that you would want.
3. Appoint one or two **supporters** to refuse or consent to treatment for you, based on these decisions.

The **Assisted Decision-Making (Capacity) Act** came into effect in 2023 and set out the legal rules about how to make an Advance Healthcare Directive, how you can appoint a supporter for medical decisions, and how healthcare professionals must follow your Advance Healthcare Directive.

An Advance Healthcare Directive comes into effect if you cannot make a treatment decision for yourself at the time when that decision has to be made, for whatever reason. For example, if you are in a coma after an injury, but you need to consent to or refuse life-sustaining treatments. Or, if you are living with an advancing dementia that prevents you from making a decision about treatment.

Review your Advance Healthcare Directive regularly, as your health, your circumstances, or your decisions may change. You also may wish to change your appointed supporter(s). Put an annual reminder in your phone or diary now, for a date that is important to you.

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

Keep reading to find out how to make your Advance Healthcare Directive. Take it slow, and ask lots of questions. There is a lot of information to think about.

For more help on making an Advance Healthcare Directive, ring the IHF Information and Support Line at **1800 60 70 66** or visit **www.thinkahead.ie**.

Before Starting Your Advance Healthcare Directive

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

Advance Healthcare Directives must include certain language. This template follows the legal standard for an Advance Healthcare Directive at the time of printing.

Who is a Directive Maker?

You—the person who is making this document—is the Directive Maker. This is the legal term. Nobody else can make an Advance Healthcare Directive for you.

Can anybody be a Directive Maker?

A Directive Maker must be over the age of 18 and have decision-making capacity.

What is decision-making capacity?

When you need to make a decision, you must have **decision-making capacity**. Sometimes this is just called capacity. Capacity is the ability to:

- Understand and remember information about the decision you have to make, including your options;
- Compare your options;
- Choose one of your options;
- Communicate your choice in any way that works for you.

You may receive assistance in any of these steps. If you cannot do one or all of those steps, even with assistance, then you may **lack capacity** to make this decision.

What is basic care?

Basic care is shelter, warmth, hygiene, and the offer of food and water. Basic care will always be given to you, even if you refuse other treatments.

What are your treatment options?

You may refuse or consent to any treatment, such as surgery, chemotherapy, medication, llife-sustaining treatments, preventative care, and so on. You may refuse or consent to treatment for physical illness or injury, and mental ill health.

Everyone will have different circumstances. If you are living with a life-limiting condition, talk to your consultant about what may happen if your illness progresses, and what treatments are available.

The common treatments noted below are not usually curative at end of life. These are often **life-sustaining**, and may keep your body alive for longer. When you are at the end of your life, you may not improve with these treatments.

These treatments include:

- Feeding tube through the nose or stomach
- Food or hydration through a drip in the veins (IV)
- Ventilation, or a breathing machine
- Kidney dialysis.

Discuss your options with your medical team.

What is CPR?

CPR stands for cardiopulmonary resuscitation. It is an emergency treatment that is done when somebody's breathing or heartbeat has stopped. CPR includes chest compressions, electric shocks to the heart (defibrillation), injecting medications, and breathing machines (ventilation).

Most people have heard of CPR, but it is not very effective for most people. Healthy, younger people are more likely to benefit from CPR, especially if they are in a hospital.

However, CPR can cause severe side effects, like stroke or brain damage. Sometimes, CPR is not appropriate or life-saving. If you are very unwell, if your illness is advanced, or if death is unavoidable, CPR is not beneficial.

A medical team may decide that CPR is not an appropriate treatment, even if the person would consent to it. This means that if their heart stops beating, or if they stop breathing, their medical team will allow a natural death. They will not do chest compressions, give an electric shock to the heart, inject medications, or put them on a breathing machine to resuscitate them.

How do you refuse treatment?

You may refuse any medical treatment, even if someone else thinks you should not refuse it. To refuse a treatment, you must:

1. Name the specific treatment you refuse.
2. Name any circumstances that this refusal applies to.
3. Decide if this refusal applies even if your life is at risk, and check the box Yes or No.

If you refuse any treatment, nobody else – not even a family member or a medical professional – can veto your decision. That means they must follow your decision, even if they don't like it. This is the case for all treatments you refuse, including life-sustaining treatments like CPR.

How do you consent to treatment?

You may consent to any medical treatment, even if someone else thinks you should refuse it. Consent means that you would agree to a treatment if your medical team recommends it. You may consent to a treatment that you won't end up needing in the future. But, if that treatment is an option, your consent means that you will receive it.

Your medical team will decide what treatments are appropriate. They may decide that a treatment will cause more pain or suffering, or that it is not appropriate. In this case, you will not receive that treatment, even if you consented to it.

What is a Designated Healthcare Representative?

A **Designated Healthcare Representative** is the person you choose to make sure that your treatment decisions are followed. This is a type of decision-making **supporter.** They will make sure that you do not receive any treatments that you refused. They will make sure that you do receive any appropriate treatments that you consented to.

You may also give them permission to consent or to refuse treatments that you did not specifically name in your Advance Healthcare Directive, but those decisions must be based on what you would want – not what they want.

You may name one Designated Healthcare Representative, and one **Alternate**. The Alternate can act if the Designated supporter cannot do so for any reason. For example, if they do not have capacity, or if they cannot be reached when a decision is needed. Each of these people must agree to be your supporter.

What about next of kin?

Next of kin is a phrase that we have all heard, but next of kin cannot make medical treatment decisions for you.

1. **Next of kin** has no legal medical definition, so more than one person might think that they are your next of kin. For example, you might have several children who would all think they are your next of kin, and might disagree about who should make a decision. Or you might be estranged from your family, but a sibling might think they can make a decision about your healthcare.
2. **Next of kin** might mean and can mean different things in different places. For example, one hospital might use it to mean 'Call in case of emergency.' Another nursing home might use it to mean, 'Inform about treatment.'

To protect your healthcare decisions, you can choose a Designated Healthcare Representative.

Who can be your Designated Healthcare Representative?

You can name almost anybody to be your Designated Healthcare Representative. They can be a member of your family, or they can be somebody else. They 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.

Can you change your Designated Healthcare Representative?

Yes. You can always change your Designated or Alternate Healthcare Representative. You have to make and sign a new Advance Healthcare Directive. You must have capacity to change your Designated or Alternate Healthcare Representative.

Do you have to choose a Designated Healthcare Representative?

No. You do not have to name a Designated or Alternate Healthcare Representative. You can still record your decisions about your treatment in your Advance Healthcare Directive. If you choose not to appoint someone, we recommend that you share your Advance Healthcare Directive with your medical team. You must still sign your Advance Healthcare Directive with witnesses for it to be legally valid.

Can you have more than one Advance Healthcare Directive?

Yes. If you choose, you can make different Advance Healthcare Directives for different conditions. For example, you can make an Advance Healthcare Directive for mental ill health and another for physical ill health.

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

Can I cancel or revoke my Advance Healthcare Directive?

Yes. You can cancel your Advance Healthcare Directive while you have capacity. You must do this in writing, but a simple statement with your name and date is enough.

Do I have to sign my Advance Healthcare Directive?

Yes. In order for an **Advance Healthcare Directive** to be valid, you must sign and date it in the presence of these other people, who also much sign and date it at the same time:

- 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 and Alternate Healthcare Representatives (if appointed) signing the Advance Healthcare Directive. They must then sign this document to confirm this. The two witnesses must be:

- 18 years or older, and;
- At least one of the witnesses must not be a member of your immediate family.
  Note: that cousins are **not** considered as members 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.

My Advance Healthcare Directive

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

About Me

This section provides information about your personal details.

First Name	**Surname**
I prefer to be called	
Gender	**Pronouns**
Address **Eircode**	**Date of Birth**
	Contact Number
	PPS Number

Healthcare Treatments I Refuse

This section provides information on specific treatments that you would refuse. Refer to pages 5 and 6 for additional information on completing this section. You may use or add additional pages at the end of this document. If adding pages, ensure that they are signed and dated by all parties.

Specific treatment I do **not** want to receive:
Specific circumstances in which this **refusal** is to apply:
Please tick only one box: I want this to apply even if my life is at risk because of this refusal ☐ I do not want this to apply if my life is at risk because of this refusal ☐

Specific treatment I do **not** want to receive:
Specific circumstances in which this **refusal** is to apply:
Please tick only one box: I want this to apply even if my life is at risk because of this refusal ☐ I do not want this to apply if my life is at risk because of this refusal ☐

Specific treatment I do **not** want to receive:
Specific circumstances in which this **refusal** is to apply:
Please tick only one box: I want this to apply even if my life is at risk because of this refusal ☐ I do not want this to apply if my life is at risk because of this refusal ☐

Specific treatment I do **not** want to receive:
Specific circumstances in which this **refusal** is to apply:
Please tick only one box: I want this to apply even if my life is at risk because of this refusal ☐ I do not want this to apply if my life is at risk because of this refusal ☐

Specific treatment I do **not** want to receive:
Specific circumstances in which this **refusal** is to apply:
Please tick only one box: I want this to apply even if my life is at risk because of this refusal ☐ I do not want this to apply if my life is at risk because of this refusal ☐

Healthcare Treatments I Consent To

This section provides information on medical and healthcare treatments that you would like to receive. Refer to pages 5 and 7 for additional information on completing this section.

I understand that any consent 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 giving consent is not legally binding, but it is a valid expression of my will and preference.

Specific treatments I consent to 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. Refer to pages 7, 8, and 9 for more information on choosing a Designated/ Alternate Healthcare Representative.

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(s) (tick all that apply):

Additional Powers	Tick if granted
To advise and interpret my will and preferences regarding my treatment as set out in this Advance Healthcare Directive.	☐
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.	☐

Signatures Checklist

Now that you have recorded your will and preferences, you must sign this document and have it witnessed. You must all sign in the presence of one another 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's Name

Directive Makers Name: _____

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

I confirm that 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: _____

Date: _____

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

Name of person directed to sign on my behalf and with my express instruction:

_____

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

I confirm that _____

is signing this Advance Healthcare Directive on my behalf

(Directive Maker's name) _____

in the presence of my Designated Healthcare Representative (if appointed), and/or my alternate Designated Healthcare Representative (if appointed) and two witnesses as required.

Signature of person directed to sign on my behalf:

_____

(I have signed this in the presence of the Directive Maker under their instruction)

Date: _____

PART 2: Signatures of Designated/Alternate Healthcare Representatives

Designated Healthcare Representative (if appointed)

I confirm that I agree to act in accordance with the will and preferences of

(Directive Maker's name) _____
as set out in this Advance Healthcare Directive.

Name: _____

Signature: _____

Date: _____

Alternate Designated Healthcare Representative (if appointed)

I confirm that I agree to act in accordance with the will and preferences of

(Directive Maker's name) _____
as set out in this Advance Healthcare Directive, in the event that the original appointed Designated Healthcare Representative is unable to act.

Name: _____

Signature: _____

Date: _____

PART 3: Witness Signatures

Witnesses

I confirm that I have witnessed the signing of this Advance Healthcare Directive by the following in the presence of each other (delete if not applicable):

(i) the Directive Maker (insert name) _____,

(ii) the person signing on behalf of and in the presence of the Directive Maker

(insert name, if applicable) _____

(iii) the Designated Healthcare Representative (insert name, if appointed)

_____, and

(iv) the alternate Designated Healthcare Representative (insert name, if appointed)

_____

First Witness

Signature: _____

Name: _____

Relationship to the Directive Maker: _____

Date: _____

Second Witness

Signature: _____

Name: _____

Relationship to the Directive Maker: _____

Date: _____

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.

Supports

Below are support available from Irish Hospice Foundation and our partners.

Irish Hospice Foundation
www.hospicefoundation.ie
(01) 679 3188
info@hospicefoundation.ie

Think Ahead Hub
www.thinkahead.ie

Information and Support Line
www.hospicefoundation.ie/oursupports-services/healthcare-hub/information-and-support-line/
1800 60 70 66
support@hospicefoundation.ie

Bereavement Support Line
www.bereaved.ie
1800 80 70 77

Citizens Information Board
www.citizensinformation.ie
0818 07 4000

Decision Support Service
www.decisionsupportservice.ie
(01) 211 9750
queries@decisionsupportservice.ie

Notes

“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 due to 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. We are reliant on voluntary support and fundraising and without this, could not deliver services like Think Ahead.

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

Think about your future | **Talk** with others about your options | **Tell** them what you decide

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