

YOUR ADVANCE CARE PLAN

This document is a guide to help you consider and write down your own wishes and preferences, and to discuss these with your family and doctor before you possibly face the crisis of serious illness.

Full name: _____

Address: _____

Date of birth: _____

ID number: _____

If I cannot speak for myself, I would like my doctor to talk about my healthcare and medical problems with the following person/s:

Full name: _____

Contact details: _____

Full name: _____

Contact details: _____

If I am not able to make decisions about financial and other matters, I have given the following person power of attorney, to make financial decisions on my behalf:

Full name: _____

Contact details: _____

The most important things I want you to know about me as a person are:

These are some of the things to guide my doctors in providing appropriate care:

I would like to know:					
Only the basics of my condition		I'm not sure yet		All the details of my condition and treatment	
I would like:					
My doctors to do what they think is best		I'm not sure yet		To have a say in every decision about my care	
I would like:					
To receive care indefinitely, whatever treatment is available, proven or unproven		I'm not sure yet		To stop treatments that are no longer effective or have unbearable side effects	
If I need constant and permanent care:					
I would accept living in a nursing home		I'm not sure yet		I want to be cared for at home with home-based care	
If I am dying:					
I would accept spending my last days in hospital		I'm not sure yet		I want to spend my last days at home	
I would like:					
Medical interventions such as ventilation, resuscitation, necessary drips, catheters and medication to preserve my life		I'm not sure yet		Effective pain and other symptom relief and measures so that I am comfortable	

In addition, the following considerations are important to me:

If I am ill and unable to make my own decisions, the following would be important to me: *(for example, time with my family, or needs of my family, or respect for my culture)*

In addition to basic care, ordinarily including the provision of food and drinks, the following care would be important to me: *(for example, effective pain relief, being kept comfortable)*

Treatments that I wouldn't want: *(for example, distressing treatment that offers little benefit, excessive or distressing attempts to resuscitate, culturally or religiously inappropriate treatment)*

Religious and spiritual care: *(for example, religious rituals, care from a pastoral practitioner, chaplain, minister or elder)*

Other wishes: *(for example, reconciliation with friends or family, biography writing, music and art around me, dying at home if possible)*

Other planning documents

In addition to this document to guide healthcare decisions, I have also completed the following documents:

Will Location: -----

Power of attorney Location: -----

Electronic passwords Location: -----

Social media passwords Location: -----

Other e.g. organ donor Location: -----

Name & surname: -----

Signature: -----

Witness 1 (Name & surname): -----

Signature: -----

Witness 2 (Name & surname): -----

Signature: -----

Date: -----

To get in touch with **Alignd**, email info@alignd.co.za or visit www.alignd.co.za

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- Association of Palliative Care Centres of South Africa (<https://apcc.org.za/>)
- The Conversation Project (<https://theconversationproject.org>)