Advance Decisions to Refuse Treatment (ADRT) Policy

Policy Type	Clinical
Directorate	Corporate and Mental Health & Learning Disabilities
Policy Owner	Medical Director
Policy Author	Clinical Risk & Claims Manager and MHA and MCA Lead
Next Author Review Date	1st October 2025
Approving Body	Policy Management Sub-Committee
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Policy Valid to date:	31st March 2026

This policy will be reviewed in line with the Document Control Policy, please read the policy in conjunction with any updates provided by National Guidance.

DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

Date of Issue	Version No.	Date Approved	Director Responsible for Change	Nature of Change	Ratification / Approval
July 12	3.1	July 12	Karen Baker	Updated Policy amendment from PCT	
2014	3.2	2014	Karen Baker	Reviewed by Stephen Ward & Claire Willis	
1 May 15	3.3		Executive Medical Director		Ratified at Clinical Standards Group
19 May 15	3.4		Executive Medical Director		Ratified at Policy Management Group
16 Jun 15	3.5		Executive Medical Director	For 1st time Approval	Trust Executive Committee
2 Jul 15	3.6		Executive Medical Director		Ratified at Executive Director of Nursing Team and Matrons' Action Group
6 Jul 15	4	06 Jul 15	Executive Medical Director	For Approval	Approved at Trust Executive Committee
May 2018	4.1		Executive Medical Director	Policy review	
	4.2		Medical Director	Endorsed at	Clinical Standards Group
20 May 19	5.0	20 May 19	Medical Director	Approved at	Policy Management Sub-Committee
29 Jan 2021	5.0	20 May 2019	Medical Director	12 month blanket policy extension due to covid 19 applied with author review date set 6 months prior to Valid to Date.	Quality & Performance Committee
26 April 2021	5.0	20 May 2019	Medical Director	Extended policy uploaded and linked back	Corporate Governance
15 March 2023	6.0	15 March 2023	Medical Director	Policy reviewed and minor changed made	Corporate Governance

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust

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1 Executive Summary

The Trust is committed to enabling patients to have the opportunity to plan for their future care if they so wish.

Making decisions in advance may help to ensure that the care a patient receives is what they would want in given circumstances, but there are disadvantages. Preconceptions healthy people have about illness may be quite different from how they feel when it occurs and they are actually experiencing those circumstances.

This policy will give guidance to staff when a patient wishes to make or has made an Advance Decision to Refuse Treatment (ADRT). The policy will cover the following:

- What is an 'ADRT'

  It is a general principle of law and medical practice that people have a right to consent to or refuse treatment. An Advance Decision ensures that a decision to refuse treatment remains valid after the person has lost the mental capacity to make that decision.

  This applies if:
  - the person is 18 or older, and
  - he/she has the capacity to make a decision about treatment.

  No patient has the legal right to demand specific treatment, either at the time or in advance that a healthcare professional would deem clinically unnecessary, futile or inappropriate.

- Capacity to make an ADRT

  A patient must have capacity to make the decision in respect of which he/she wishes to make an ADRT. All patients must be assumed to have capacity unless it is established that they lack capacity.

- Refusing life-sustaining treatment

  ADRT's to refuse life-sustaining treatment ***must*** be in writing, signed and witnessed.

- Recording the presence of an ADRT

  The presence of ADRT is recorded by an alert on the Trust's electronic systems. The document is also attached to the system and a copy is also inserted into the patients' medical records.

- Guidance on making, updating and cancelling ADRT's

  It is the patient's responsibility to ensure that their ADRT is reviewed and updated and that the Trust is provided with an updated document to retain on its systems.

- The responsibilities of healthcare professionals when an ADRT is valid and applicable

  If healthcare professionals are satisfied that an ADRT exists, is valid and is applicable, they must follow it and not provide the treatment refused in the ADRT.

- How to handle disagreements about ADRT's

  It is ultimately the responsibility of the healthcare professional who is in charge of the patient's care when the treatment is required to decide whether there is an ADRT which is valid and applicable in the circumstances. In the event of disagreement about an ADRT between healthcare professionals, or between healthcare professionals and family members or others close to the patient, the senior clinician must consider all the available evidence.

- Court of Protection

  The Court of Protection can make a decision where there is genuine doubt or disagreement about an ADRT's existence, validity or applicability. But the court does not have the power to overturn a valid and applicable ADRT.

2 Introduction

2.1 The Trust acknowledges that it is the right of every competent adult patient to determine whether or not to accept medical treatment.

2.2 An Advance Decision to refuse treatment ADRT enables someone **aged 18 and over**, while still capable, to refuse specified medical treatment for a time in the future when they may lack capacity to consent or refuse that treatment.

2.3 It is therefore essential that patients are made fully aware of the advantages and disadvantages of making an ADRT before deciding to do so.

2.4 Courts have made it clear that patients can authorise or refuse treatment and ADRT's are legally binding in certain circumstances. An ADRT cannot make a patient's request for specific treatment legally binding. Requests for euthanasia in all its forms, or assisted suicide, are not recognised by law and are, therefore, not legally binding. No ADRT may preclude the giving of basic care.

3 Definitions

Acts in connection with care or treatment	Section 5 of the Mental Capacity Act (MCA) 2005 clarifies that, where a person is providing care or treatment for someone who lacks capacity the person can provide the care without incurring legal liability, if s/he has a reasonable belief that the person lacks mental capacity to consent and s/he is acting in the person's best interests.
Advance decisions to refuse treatment	Adults with capacity may make a decision in advance to refuse treatment if they should lose capacity in the future.
Best Interests	Section 4 of the MCA provides a statutory checklist of factors that decision-makers must work through in deciding what is in a person's best interests.
Court of Protection	The Court of Protection makes decisions for people who are unable to do so for themselves when the decision cannot be made otherwise
Decision Maker(s)	This is the person(s) who is/are responsible for assessing a person's mental capacity and making a decision in that person's best interests if the person lacks capacity
Lasting Power of Attorney (LPA)	Someone appointed by a person to make decisions about finance and property and/or health and welfare in the event the donor loses mental capacity to make those decisions.
Mental Capacity	Capacity is the ability to make a specific decision at the time the decision needs to be made.

4 Scope

This policy applies to all staff employed by the Trust.

5 Purpose

The purpose of this policy is to assist clinical staff in supporting the use of Advance Decisions to Refuse Treatment (ADRT). It is not intended as a full summary of the law and clinicians should refer to the Mental Capacity Act 2005 and the Code of Practice for a more detailed understanding of ADRTs.

6 Roles and Responsibilities

6.1 Healthcare professionals

Healthcare professionals should be aware that:

- A patient they propose to treat may have refused treatment in advance,
- Valid and applicable ADRT's have the same legal status as decisions made by patients with capacity at the time of treatment.

Where appropriate, when discussing treatment options with patients who have capacity, healthcare professionals should ask if there are any specific types of treatment they do not wish to receive if they ever lack capacity to consent in the future.

If somebody tells a healthcare professional that an ADRT exists for a patient who now lacks capacity to consent, they should make reasonable efforts to find out what the decision is. Reasonable efforts might include having conversations with relatives of the patient, viewing medical records or contacting the patient's GP.

Once a healthcare professional knows a verbal or written ADRT exists, they must determine whether it is valid and it is applicable to the proposed treatment (this will be explained further in the policy detail).

6.2 Patients

Patients have a responsibility to make sure their ADRT will be drawn to the attention of healthcare professionals when it is needed. They may provide their GP with a copy; ask for this to be held within their medical records or alert family or friends to where this could be found when needed.

7 Policy detail/Course of Action

7.1 What is an Advance Decision to Refuse Treatment (ADRT)?

It is a general principle of law and medical practice that people have a right to consent to or refuse treatment. An Advance Decision ensures that a decision to refuse treatment remains valid after the person has lost the mental capacity to make that decision, even if this results in harm to their health or their death. A valid and applicable ADRT has the same force as a contemporaneous decision.

An Advance Decision can be made by

- a person who is 18 or older, and
- has the capacity to make a decision about treatment.

No patient has the legal right to demand specific treatment, either at the time or in advance that a healthcare professional would deem clinically unnecessary, futile or inappropriate.

There are no particular formalities about the format of an Advance Decision. It can be written or verbal, unless it deals with life-sustaining treatment, in which case it must be written, signed and witnessed (please see paragraph 7.5)

An advance decision to refuse treatment:

- Must state precisely what treatment is to be refused – a statement giving a general desire not to be treated is not enough.
- May set out the circumstances when the refusal should apply – it is helpful to include as much detail as possible.
- Will only apply at a time when the person lacks capacity to consent to or refuse the specific treatment.

Patients can use medical language or everyday language in their Advance Decision. But they must make clear what their wishes are and what treatment they would like to refuse.

7.2 Capacity to make an ADRT

A patient must have capacity to make the decision in respect of which he/she wishes to make an ADRT. All patients must be assumed to have capacity unless it is established that they lack capacity. *Please refer to the Mental Capacity Act Policy and the Mental Capacity Act Code of Practice to find further information on how to assess a patient's capacity.*

If a patient making an ADRT has a condition which results in fluctuating capacity or may cause future doubts about their capacity it is advisable to include a formal statement that he/she did have capacity at the time of making the ADRT (see A Local Authority v E and others [2012] EWHC 1639).

Any member of staff who is asked to support the patient in writing an ADRT must only do so if they are confident they understand the patient's healthcare condition, treatment options and prognosis and are sure (on the balance of probability) that the patient has capacity and is acting of their own free will. If the member of staff does not feel competent to assess the capacity they should refuse the request and advise the patient to seek independent legal advice.

7.3 Written ADRT's

Most patients who wish to make an ADRT will present a completed document to a healthcare professional or the hospital. If a Healthcare Professional is asked to be involved with helping a patient who wishes to write an ADRT they must inform the patient's Consultant / GP immediately. They are not obliged to provide this support and may refer the matter to a more senior clinician.

There is no set form for written ADRT's, because contents will vary depending on a person's wishes and situation but it is helpful to include the following information:

- full details of the patient making the ADRT, including date of birth, home address and any distinguishing features (in case healthcare professionals need to identify an unconscious person, for example)
- the name and address of the patient's GP and whether they have a copy of the document
- a statement that the document should be used if the patient ever lacks capacity to make treatment decisions
- a clear statement of the decision, the treatment to be refused and the circumstances in which the decision will apply
- the date the document was written (or reviewed)
- the patient's signature (or the signature of someone the patient has asked to sign on their behalf and in their presence)
- the signature of the person witnessing the patient's signature, if there is one (or a statement directing somebody to sign on the person's behalf).

A template has been devised and this is contained in Appendix A of this document.

Witnessing the patient's signature is not essential, except in cases where the patient is making an ADRT to refuse life-sustaining treatment. If there is a witness, they are witnessing the signature and the fact that it confirms the wishes set out in the ADRT.

It may be helpful to give a description of the relationship between the witness and patient making the ADRT. The role of the witness is to witness the patient's signature, it is not to certify that the patient has the capacity to make the ADRT – even if the witness is a healthcare professional or knows the patient.

It is possible that a healthcare professional acting as a witness will also be the person who assesses the patient's capacity. If so, the healthcare professional should also make a record of the assessment, because acting as a witness does not prove that there has been an assessment. Staff are generally advised that they should not act in this capacity unless there are extenuating circumstances.

7.4 Verbal ADRT's

Healthcare professionals should record a verbal ADRT in the patient's medical records. This will produce a written record that could prevent confusion about the decision in the future. The record should include:

- a note that the decision should apply if the patient lacks capacity to make the relevant treatment decisions in the future
- a clear note of the decision, the treatment to be refused and the circumstances in which the decision will apply
- details of someone who was present when the oral advance decision was recorded and the role in which they were present (for example, healthcare professional or family member), and
- whether they heard the decision, took part in it or are just aware that it exists.

7.5 Rules to making an ADRT to refuse life-sustaining treatment

ADRT's to refuse life-sustaining treatment ***must*** meet the following specific requirements:

- A patient must put this in writing. If the patient is unable to write, someone else should write it down for them. For example, a family member can write down the decision on their behalf, or a healthcare professional can record it in the patient's healthcare notes.
- The patient must sign the ADRT. If they are unable to sign, they can direct someone to sign on their behalf in their presence.
- The patient making the decision must sign in the presence of a witness to the signature. The witness must then sign the document in the presence of the patient making the ADRT. If the patient making the ADRT is unable to sign, the witness can witness them directing someone else to sign on their behalf. The witness must then sign to indicate that they have witnessed the nominated person signing the document in front of the patient making the ADRT.
- The ADRT must include a clear, specific written statement from the patient making the ADRT that the ADRT is to apply to the specific treatment even if life is at risk.
- If this statement is made at a different time or in a separate document to the ADRT, the patient making the ADRT (or someone they have directed to sign) must sign it in the presence of a witness, who must also sign it.

Guidance states that life-sustaining treatment is treatment which a healthcare professional who is providing care to the patient regards as necessary to sustain life. This decision will not just depend on the type of treatment. It will also depend on the circumstances in which the healthcare professional is giving it. For example, in some situations antibiotics may be life-sustaining, but in others they can be used to treat conditions that do not threaten life.

Artificial nutrition and hydration (ANH) has been recognised as a form of medical treatment. ANH involves using tubes to provide nutrition and fluids to someone who cannot take them by mouth. It bypasses the natural mechanisms that control hunger and thirst and requires clinical monitoring. An ADRT can refuse ANH. Refusing ANH in an ADRT is likely to result in the patient's death, if the ADRT is followed.

An ADRT cannot refuse actions that are needed to keep a patient comfortable (sometimes called basic or essential care). Examples include warmth, shelter, actions to keep a person clean and the offer of food and water by mouth.

7.6 Recording the presence of an ADRT

The Trust receives ADRT's from patients who wish that their wishes are known in case they need medical treatment in the future. The process for receiving and recording of written ADRT's is as follows:

- These should be forwarded to the Legal Services Department who will review the ADRT to ensure its legality;
- The Legal Services Team will then scan the document and send it electronically to the Information Systems Manager for inclusion of an alert and the document onto the Trust's electronic systems;

- The Information Systems Manager will then set up the relevant alert and ensure that the ADRT is put onto the system so that it can be accessed via the Trust's electronic systems;
- The Legal Services Team will retrieve the patient's medical records and place the ADRT inside the front cover of the medical records. An alert sticker will then be placed on the front cover of the medical records to note the existence of an ADRT;
- The Legal Services Team will write to the patient to acknowledge receipt of the ADRT and inform them that this has been incorporated into both our electronic and paper based records systems. Where in the opinion of the Clinical Risk & Claims Manager the ADRT is not legally correct (i.e. it has not been signed or witnessed appropriate) they will respond to the patient noting this.
- The above information will then be recorded on a spreadsheet of ADRT's held within the Legal Services Department**.**

7.7 Reviewing, Updating and Withdrawing an ADRT

Any patient who has made an ADRT is advised to regularly review and update it as necessary as views and circumstances may change over time. A new stage in a patient's illness, the development of new treatments or a major change in personal circumstances may be appropriate times to review and update an ADRT.

Patients can make changes to their ADRT verbally or in writing. It is good practice for all healthcare professionals to document any changes to the patient's ADRT within their medical records. If a patient wants to make changes to an ADRT that includes a refusal of life-sustaining treatment, they must state this in writing as explained in paragraph 7.5.

A patient can cancel or alter their ADRT at any time, whilst they still have capacity to do so. There are no formal processes to follow. This can be cancelled verbally or in writing and the patient can destroy any written document. Any verbal decision to cancel an ADRT to a healthcare professional must be documented in the patient's medical records.

It is the responsibility of the patient and not the Trust to review and update the ADRT and forward an updated copy to the Trust accordingly.

On receipt of notification of an updated or withdrawn ADRT being received by the Legal Services Team the spreadsheet will be amended and the new document sent to the Information Systems Manager so that the old document can be replaced by the new scanned updated document.

An annual review will take place to ensure that both the spreadsheet and the flagging of documents on the electronic systems is still accurate and appropriate by the Legal Services Team. This information will be reported in a yearly report to Patient Safety Committee to ensure compliance.

7.8 Deciding whether an ADRT is Valid

An existing ADRT must still be valid at the time it needs to be put into effect. Events that would make an ADRT invalid include those where:

- the patient withdrew the decision while they still had capacity to do so after making the ADRT,
- the person made a Lasting Power of Attorney (LPA) giving an attorney authority to make treatment decisions that are the same as those covered by the ADRT. *Please refer to the Mental Capacity Act Policy and the Mental Capacity Act Code of Practice to find further information on how to assess a patient's capacity,*
- the patient has done something that clearly goes against the ADRT which suggests that they have changed their mind.

7.9 Deciding whether an ADRT is Applicable

To be applicable, an ADRT must apply to the situation in question and in the current circumstances. Healthcare professionals must first determine if the patient still has capacity to accept or refuse treatment at the relevant time. If the patient has capacity, they can refuse treatment there and then, or they can change their decision and accept treatment. The ADRT is not applicable in such situations.

The ADRT must also apply to the proposed treatment. It is not applicable to the treatment in question if:

- the proposed treatment is not the treatment specified in the ADRT,
- the circumstances are different from those that may have been set out in the ADRT, or
- there are reasonable grounds for believing that there have been changes in circumstance, which would have affected the decision if the patient had known about them at the time they made the ADRT.

When deciding whether an ADRT applies to the proposed treatment, healthcare professionals must consider:

- how long ago the ADRT was made, and
- whether there have been changes in the patient's personal life (for example, the patient is pregnant, and this was not anticipated when they made the ADRT) that might affect the validity of the ADRT, and
- whether there have been developments in medical treatment that the patient did not foresee (for example, new medications, treatment or therapies).

7.10 What should be done if an ADRT is not Valid or Applicable?

If a healthcare professional considers that an ADRT is not valid or applicable, he/she must consider the ADRT as part of their assessment of the patient's best interest, if they have reasonable grounds to think it is a true expression of the patient's wishes. *Please refer to the Mental Capacity Act Policy and the Mental Capacity Act Code of Practice to find further information on how to assess a patient's capacity.*

Healthcare professionals must not assume that because an ADRT is either invalid or not applicable, they should always provide the specified treatment (including life-sustaining treatment); they must base this decision on what is in the patient's best interests.

If healthcare professionals are not satisfied that an ADRT exists that is both valid and applicable, they can treat the person without fear of liability. They should make clear notes explaining why they have not followed an ADRT which they consider to be invalid or not applicable.

7.11 What should be done if an ADRT is Valid and Applicable?

If healthcare professionals are satisfied that an ADRT exists, is valid and is applicable, they must follow it and not provide the treatment refused in the ADRT.

Sometimes professionals can give or continue treatment while they resolve doubts over an ADRT. It may be useful to get information from someone who can provide information about the patient's capacity when they made the ADRT. The Court of Protection can settle disagreements about the existence, validity or applicability of an ADRT. Section 26 of the Mental Capacity Act allows healthcare professionals to give necessary treatment, including life-sustaining treatment, to stop a patient's condition getting seriously worse while the court decides.

Healthcare professionals should not delay emergency treatment to look for an ADRT if there is no clear indication that one exists. If it is clear that a patient has made an ADRT that is likely to be relevant, healthcare professionals should assess its validity and applicability as soon as possible. Sometimes the urgency of treatment decisions will make this difficult.

If any healthcare professional objects to any patient's ADRT they should make this known to their manager immediately and be prepared to hand over the care of the patient to another colleague.

7.12 How to handle disagreements about an ADRT

It is ultimately the responsibility of the healthcare professional who is in charge of the patient's care when the treatment is required to decide whether there is an ADRT which is valid and applicable in the circumstances. In the event of disagreement about an ADRT between healthcare professionals, or between healthcare professionals and family members or others close to the patient, the senior clinician must consider all the available evidence. This is likely to be the patient's Consultant or the GP where the patient is being treated in the community.

The senior clinician may need to consult with relevant colleagues and others who are close to or familiar with the patient. All staff involved in the patient's care should be given the opportunity to express their views. If the patient is in hospital, their GP may also have relevant information.
The point of such discussions should not be to try to overrule the patient's ADRT but rather to seek evidence concerning its validity and to confirm its scope and its applicability to the current circumstances. Details of these discussions should be

recorded in the patient's healthcare records. Where the senior clinician has a reasonable belief that an ADRT to refuse medical treatment is both valid and applicable, the patient's ADRT should be complied with.

Where there is a conflict of interest and the treating clinician believes that the decision taken by the patient with regard to their care is inappropriate they must seek advice from another practitioner of comparative status to ensure that an independent decision is made.

7.13 Court of Protection

The Court of Protection can make a decision where there is genuine doubt or disagreement about an ADRT's existence, validity or applicability. But the court does not have the power to overturn a valid and applicable ADRT.

The court has a range of powers to resolve disputes concerning the personal care and medical treatment of a person who lacks capacity. It can decide whether:

- A patient has capacity to accept or refuse treatment at that time it is proposed
- An ADRT is valid
- An ADRT is applicable to the proposed treatment in the current circumstances.

While the court decides healthcare professionals can provide life-sustaining treatment or treatment to stop a serious deterioration in their condition. The court has emergency procedures which operate 24 hours a day to deal with urgent cases quickly.

FOR ADVICE OR GUIDANCE ON ANY SECTION CONTAINED WITHIN THIS POLICY PLEASE CONTACT THE LEGAL SERVICES TEAM ON (53) 4099 OR THE MHA &MCA LEAD ON (53)4098.

8 Consultation

This policy has been presented for discussion and consultation at

- Clinical Standards Group
- Policy Management Group

9 Training

This Advance Decisions to Refuse Treatment Policy does not have a mandatory training requirement but the following non mandatory training is recommended:

All clinical staff must be familiar with the provisions of and have an awareness of the MCA, including ADRTs. Training on ADRTs is provided through the wider MCA training programme with taught sessions and e-learning module. Tailored training can also be provided to individual teams/departments by the MHA&MCA Lead.

10 Monitoring Compliance and Effectiveness

10.1 The ADRT Policy will be monitored and updated by the Legal Services Team.

10.2 Any issues raised with regards to ADRT's will be documented and if necessary discussed with the Trust's solicitors. The Legal Services Team will hold a record of any issues raised.

10.3 All known ADRT's will be held within the patient's medical records and an alert will be added to the Patient Administration System and E-care Logic for all healthcare professional's awareness.

11 Links to other Organisational Documents

Isle of Wight NHS Trust Intranet MCA pages:

MCA – Guidance for staff in health and social care:

12 References

- Mental Capacity Act 2005. https://www.legislation.gov.uk/ukpga/2005/9/contents
- Office of the Public Guardian: https://www.gov.uk/government/organisations/office-of-the-public-guardian
- Mental Capacity Act Code of Practice: http://intranet.iow.nhs.uk/Portals/0/Assets/Mental_Health/Public/MCA_and_DoLS/MCA%20Code%20of%20Practice.pdf
- Dignity in Dying: http://www.dignityindying.org.uk/
- NHS End of Life Care: http://www.nhs.uk/planners/end-of-life-care/Pages/End-of-life-care.aspx
- General Medical Council (2008) Consent: Patients & doctors making decisions together.

http://www.gmc-uk.org/guidance/ethical_guidance/consent_guidance_index.asp

- General Medical Council (2010) Treatment and care towards the end of life: Good practice in decision making. http://www.gmc-uk.org/guidance/ethical_guidance/end_of_life_care.asp

My Advance Decision to Refuse Treatment

My Name	Any distinguishing features in the event of unconsciousness
Address	**Date of Birth**
	Telephone Number

What is this document for?

This advance decision to refuse treatment has been written by me to specify in advance which treatments I don't want in the future. These are my decisions about my healthcare, in the event that I have lost mental capacity and cannot consent to or refuse treatment. This advance decision replaces any previous advance decision I have made.

Advice to the reader

I have written this document to identify my advance decision. I would expect any health care professionals reading this document in the event I have lost capacity to check that my advance decision is valid and applicable, in the circumstances that exist at the time.

Please Check

Please do not assume I have lost capacity before any actions are taken. I might need help and time to communicate.

If I have lost capacity please check the validity and applicability of this advance decision.

This advance decision becomes legally binding and must be followed if professionals are satisfied it is valid and applicable. Please help to share this information with people who are involved in my treatment and care and need to know about this.

Please also check if I have made any other statements about my preferences or decisions that might be relevant to my advance decision.

This advance decision does not refuse the offer and or provision of basic care, support and comfort.

My advance decision to refuse treatment (Name):

(Note to the person making this statement: If you wish to refuse a treatment that is or may be life-sustaining, you must state in the box above that you are refusing that treatment even if your life is at risk as a result. An advance decision refusing life-sustaining treatment must be signed and witnessed).			
I wish to refuse the following specific treatments:	**In these circumstances:**		
I DO wish to receive any medical treatment which will alleviate pain or distressing symptoms or will make me more comfortable. I accept that this may have the effect of shortening my life.		**Yes**	
		No	
If any of the above applies whilst I am pregnant, I wish to RECEIVE medical procedures which will prolong my life or keep me alive by artificial means only until such time as my child has been safely delivered.		**Yes**	
		No	
		N/A	
I have discussed this with (name):			
Profession/Job Title/Relationship:			
Contact Details	**Date**		
		Yes	

I give permission for this document to be discussed with my relatives/carers	**No**	
My General Practitioner: **Name** **Address** **Telephone**		
I wish the following people to be involved in any decisions about my health care options if I am physically or mentally unable to make my view known. I wish to make it clear that they are fully aware of my wishes and I request that their decisions be respected.		
Name	**Relationship**	
Address	**Telephone**	
The following list identifies which people have a copy and have been told about this Advance Decision to Refuse Treatment (and their contact details)		
Name	**Relationships**	**Telephone Number**
My Signature(or nominated person)	**Date**	
Witness Signature	**Date**	
Name	**Telephone**	
Address		

Optional Review: There is no legal requirement or interval to review an advance decision, but it is advisable to do so periodically and resign it if it still applies. This should be done whenever there are significant changes in your condition, treatment or personal circumstances, or if no changes, at intervals of between one to three years.

Maker's signature	Witness Signature	Date/Time

Further Information (Optional)

I have written the following information that is important to me. It describes my hopes, fears and expectations of life and any potential health and social care problems. It does not directly affect my advance decision to refuse treatment but the reader might find it useful.

Appendix B

Financial and Resourcing Impact Assessment on Policy Implementation

NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.

Document title	**Advance Decisions to Refuse Treatment Policy**

Totals	**WTE**	**Recurring £**	**Non Recurring £**
Manpower Costs	**NIL**	**NIL**	**NIL**
Training Staff	**NIL**	**NIL**	**NIL**
Equipment & Provision of resources	**NIL**	**NIL**	**NIL**

Summary of Impact:

Risk Management Issues:

Benefits / Savings to the organisation:

Equality Impact Assessment

- Has this been appropriately carried out? YES
- Are there any reported equality issues? NO

If "YES" please specify:

Use additional sheets if necessary.

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

Manpower	**WTE**	**Recurring £**	**Non-Recurring £**
Operational running costs	NIL	NIL	NIL
Totals:	NIL	NIL	NIL

Staff Training Impact	Recurring £	Non-Recurring £
	NIL	NIL
Totals:	NIL	NIL

Equipment and Provision of Resources	Recurring £ *	Non-Recurring £ *
Accommodation / facilities needed	NIL	NIL
Building alterations (extensions/new)	NIL	NIL
IT Hardware / software / licences	NIL	NIL
Medical equipment	NIL	NIL
Stationery / publicity	NIL	NIL
Travel costs	NIL	NIL
Utilities e.g. telephones	NIL	NIL
Process change	NIL	NIL
Rolling replacement of equipment	NIL	NIL
Equipment maintenance	NIL	NIL
Marketing – booklets/posters/handouts, etc	NIL	NIL
Totals:	NIL	NIL

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	NIL
Signature & date of financial accountant:	NIL
Funding / costs have been agreed and are in place:	NIL
Signature of appropriate Executive or Associate Director:	NIL

Appendix C

Equality Impact Assessment (EIA) Screening Tool

Document Title:	Advance Decisions to Refuse Treatment Policy
Purpose of document	The purpose of this policy is to assist clinical staff in supporting the use of Advance Decisions to Refuse Treatment (ADRT). It is not intended as a full summary of the law and clinicians should refer to the Mental Capacity Act 2005 and the Code of Practice for a more detailed understanding of ADRTs.
Target Audience	All Clinical Staff
Person or Committee undertaken the Equality Impact Assessment	Stephen Ward, MHA & MCA Lead Claire Willis, Clinical Risk & Claims Manager

1. To be completed and attached to all procedural/policy documents created within individual services.

2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below? NO

If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

		Positive Impact	Negative Impact	Reasons
Gender	Men	√		
	Women	√		
Race	Asian or Asian British People	√		
	Black or Black British People	√		
	Chinese people	√		
	People of Mixed Race	√		
	White people (including Irish people)	√		

	People with Physical Disabilities, Learning Disabilities or Mental Health Issues	√		
Sexual Orientation	Transgender	√		
	Lesbian, Gay men and bisexual	√		
Age	Children	√		
	Older People (60+)	√		
	Younger People (17 to 25 yrs)	√		
Faith Group		√		
Pregnancy & Maternity		√		
Equal Opportunities and/or improved relations		√		

Notes:
Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

3. Level of Impact

If you have indicated that there is a negative impact, is that impact: Not Applicable		
	YES	**NO**
Legal (it is not discriminatory under anti-discriminatory law)		
Intended		

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:
3.2 Could you improve the strategy, function or policy positive impact? Explain how below:
3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not?

Scheduled for Full Impact Assessment	Date: 21 May 2019
Name of persons/group completing the full assessment.	Claire Willis
Date Initial Screening completed	May 2018