

My plan for a good life, right to the end



Easy read advance care plan

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If you have any questions, please contact the author, Dr Nic McKenzie, at nicmckenzie5@gmail.com

Guidelines



This booklet will help you record your choices for the future and your end-of-life care.

You can share your plan with family, people who support you, and your health professionals.

If you become seriously unwell or are dying, people will know your wishes.

Resources to help



We recommend reading this booklet, **“Supporting People with Learning Disabilities to Develop their Advance Care Plans: A Guidebook for Supporters”**

This will help you and your supporters to make a good quality plan.



Learning and making choices

For each decision in this plan, take time to learn, and think and talk.



Recording choices

Record your choices in whatever way you can understand.

This could include writing, using pictures, photos, or recording a video or audio file.

The process followed to make this choice:

Record how choices were made






Where indicated, add as much detail to these sections as you can.



For example, did you watch videos or use easy read materials? Did you discuss family experiences? What support was provided? Record anything you didn't fully understand, and whose choice it was (if it wasn't yours).

This helps healthcare professionals understand how the choice was made.

My details [Section 1]

<p>Insert photo</p>	<p>Name:</p>	
	<p>Date of birth:</p>	
	<p>Address:</p>	
	<p>Phone numbers:</p>	
	<p>Email:</p>	
	<p>NHI number:</p>	
	<p>Date plan finished:</p>	

What matters to me [Section 2]



Who I am, and what's important to me

[Record information about personality, personal values, dreams, preferences, people, pets, activities, support, and more]

A large, empty rectangular box with a thin black border, intended for the user to write their responses to the section header.



Important things about my culture:





Important things about my spirituality:



Things I am worried about

Reasons I am making a plan

[Section 3]

✓		
<input type="checkbox"/>		I am well.
<input type="checkbox"/>		I have these health conditions:

The reasons I am making a plan:



Things I want to do before I die:



Making choices

[Record in Section 4: 'Other details I would like you to know']



How to support me with learning and making choices:

Blank area for notes on how to support learning and making choices.



How to check that I made an informed choice:

Blank area for notes on how to check that an informed choice was made.



Knowing about my health

[Section 4]

Knowing about my health - I want to know:
(Choose 1)

		
<p>The basics</p>	<p>Most of the information</p>	<p>All of the details</p>

Knowing how long I have to live
(Choose 1)

		
<p>I would want to know</p>		<p>I would not want to know</p>



Important people

[Write names, draw pictures, or add photos of the important people in my life. This will help make decisions on the next page]





People to make choices if I can't

[Section 4]



<input type="checkbox"/> Enduring Power of Attorney OR <input type="checkbox"/> Welfare Guardian [Only fill this in if you have an EPA or WG]		
Insert photo	Name	
	Phone	
	How I know them	

Person 2		
Insert photo	Name	
	Phone	
	How I know them	

Person 3

Insert photo	Name	
	Phone	
	How I know them	

Person 4

Insert photo	Name	
	Phone	
	How I know them	

The process followed to make this choice:



Quality of life [Section 5]



Good days

[Record the things that make a good day – things you would want to continue if you were unwell or dying]



Bad days

[Record the things that make a bad day – things you want to avoid if you were unwell or dying]

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When I am dying

[Section 5]



When I am dying I want these people to spend time with me:



Where I want to die (if possible):




The process followed to make these choices:



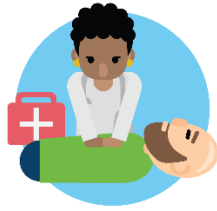
Treatment choices

[Complete with a healthcare professional –
Section 6]

	When I become seriously un-well (or I am dying) I want to: (Choose 1 – see next page too)	
<input type="checkbox"/>		1. Stay alive as long as I can This means: <ul style="list-style-type: none">• I want all the treatments I can have, so I live longer.• I might have less quality of life.• I might not be able to do the things I like.
<input type="checkbox"/>		2. Focus on good quality of life This means: <ul style="list-style-type: none">• I only want treatments that help me feel better or have more good days.• I do not want treatments just so I will live longer.





<input type="checkbox"/>		<p>3. Be comfortable</p> <p>This means:</p> <ul style="list-style-type: none"> • I want my body to die when it is ready • I do not want treatments to make me live longer • I only want treatments that keep me comfortable
<input type="checkbox"/>		<p>4. I'm not sure</p> <p>This means:</p> <ul style="list-style-type: none"> • The doctor can decide, with help from my loved ones
<input type="checkbox"/>		<p>5. None of these</p> <p>This means:</p> <ul style="list-style-type: none"> • I want something else • Follow my directive(s)

The process followed to make this choice:



Resuscitation

[Complete with a Healthcare Professional – Section 6]

	If my heart stops: (Choose 1)	
<input type="checkbox"/>		Try to resuscitate me
<input type="checkbox"/>		Do not try to resuscitate me
<input type="checkbox"/>		Healthcare professionals can decide, with help from my loved ones.

The process followed to make this choice:



My Advance Directives

[Section 6]

In this situation.....	I would like my care to focus on	I would ACCEPT or REFUSE / STOP the following treatments

The process followed to make these advance directives:






Signatures [Section 6]

My Signature

By signing this, I agree that:

- I have recorded my wishes. My healthcare team will use this to guide what they do.
- I will only be given treatments that will help me.
- I give permission to store and share my plan with healthcare providers that need it.

[insert photo]	Name:	
 A street sign on a pole with a red door and a house number '1' next to it. The sign above the door says 'Your Street'.	Address:	
 A white corded telephone with a numeric keypad. The number '123 4567' is displayed on the screen.	Phone:	
 A hand holding a black pen writing 'S Yourname' on a line.	Signature:	
 A stack of calendar pages showing months from December to June.	Date:	


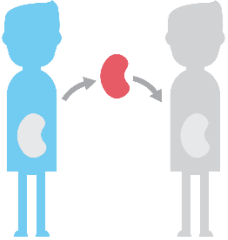


Signature of the healthcare professional who helped me:

By signing this the healthcare professional agrees that:

- I am competent at the time I made this plan.
- We have discussed my health and the choices I might need to make.
- I had enough information to make my choices.
- I made my choices voluntarily.

Name:	
Facility / organisation:	
Designation:	
Phone:	
Signature:	
Date:	

After I die [Section 7]

	<h2>Donating my body (Choose 1)</h2>	
<input data-bbox="240 517 344 636" type="checkbox"/>		<p>I want to be an organ donor when I die.</p> <p>Body parts I do not want to give away (if any):</p>
<input data-bbox="245 913 349 1032" type="checkbox"/>		<p>I do not want to be an organ donor when I die.</p>
<input data-bbox="248 1249 352 1368" type="checkbox"/>		<p>I want to give my body to medical science.</p>

The process followed to make this choice:



Caring for my body before my funeral [Section 7]

[include photos and writing of important rituals, blessings, resting place, other preferences]

The process followed to make this choice:



My funeral / tangi

[Section 7]


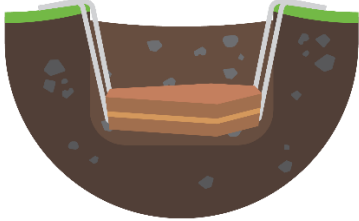
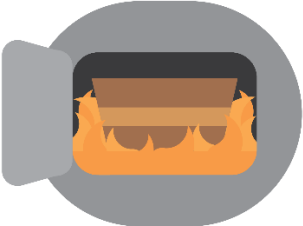
[Insert pictures/photos or words to describe funeral wishes – casket, location, style of service, music, readings, and other important things]

The process followed to make this choice:



Burial or Cremation

[Section 7]

	Choose one	
<input data-bbox="209 651 312 770" type="checkbox"/>		Buried [add details]
<input data-bbox="209 1055 312 1173" type="checkbox"/>		Cremated [add details]
<input data-bbox="209 1384 312 1503" type="checkbox"/>		I don't mind / something else [add details]

The process followed to make this choice:



Messages [Section 7]

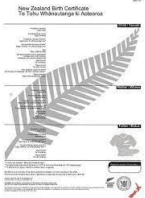



After I die, I want my loved ones to know these things:

[insert pictures/photos or words]



My documents

[Section 7]

Document	Where to find it / notes
<p>Birth certificate</p> 	
<p>Passport</p> 	
<p>My Will</p> 	
<p>Pre-paid funeral plan</p> 	

Acknowledgements

This guidebook was created by Dr Nic McKenzie and the Advance Care Planning and Learning Disability Co-Research Group.

Thank you to the following people and organisations for their support:

The project's advisors:

- Caroline Quick
- James Skinner
- Dr Kate Grundy
- Sharon Brandford
- Ruth Jones



Te Tāhū Hauora Health Quality and Safety Commission:

- Jane Goodwin
- Leigh Manson



University of Otago research supervisors:

- Associate Professor Brigit Mirfin-Veitch
- Dr Jenny Conder
- Dr Henrietta Trip



The IHC Foundation