



**YOUR ADVANCE CARE PLAN**

This document, compiled by the [Hospice Palliative Care Association of South Africa](#), 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 face the crisis of serious illness.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

ID/Date of birth: \_\_\_\_\_

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

Name: \_\_\_\_\_

Contact details: \_\_\_\_\_

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:**

Name: \_\_\_\_\_

Contact details: \_\_\_\_\_

**The most important things I want you to know about me are:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**These are some of the things to guide my doctors in providing appropriate care<sup>1</sup>:**

<b>I would like to know:</b>					
Only the basics of my condition		I'm not sure yet		All the details of my condition and treatment	
<b>I would like:</b>					
My doctors to do what they think is best		I'm not sure yet		To have a say in every decision about my care	
<b>I would like:</b>					
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	
<b>If I need constant and permanent care:</b>					
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	
<b>If I am dying:</b>					
I would accept spending my last days in hospital		I'm not sure yet		I want to spend my last days at home	
<b>I would like:</b>					
Medical interventions such as ventilation, resuscitation, necessary drips, catheters and medication to preserve my life		I'm not sure yet		Effective pain relief and measures so that I am comfortable	

<sup>1</sup> From Conversation Project Starter pack



**In addition, the following considerations are important to me:**

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

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**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...*

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**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...*

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**Religious and spiritual care.** *For example, religious rituals, care from a pastoral practitioner, chaplain, minister or elder...*

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**Other wishes.** *For example, reconciliation with friends or family, biography writing, music and art around me, dying at home if possible...*

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**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: \_\_\_\_\_

**Other eg Organ donor** Location: \_\_\_\_\_

**Name & surname:** \_\_\_\_\_

Signature: \_\_\_\_\_

**Witness 1 (Name & surname):** \_\_\_\_\_

Signature: \_\_\_\_\_

**Witness 2 (Name & surname):** \_\_\_\_\_

Signature: \_\_\_\_\_

**Date:** \_\_\_\_\_

With thanks to the Hospice Palliative Care Association of South Africa.