

Advance Care Planning (ACP)

Booklet



Plan for your health and personal care

How to use this booklet

Inside this booklet, you will learn about the types of care decisions involved in ACP.

As this information is meant for individuals at different life stages and medical conditions, some of this information may apply to you, while some may not.

You do not have to fill in all the sections of this booklet right now. Simply complete the parts that you're ready to do.



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Introduction

Advance Care Planning (ACP) is the process of planning for future health and personal care – your ACP document tells loved ones and doctors about the treatment options you prefer, should you be unable to communicate your wishes.

It begins with a process of starting conversations with the people you trust – sharing your values, and exploring treatment and care options.

This is about creating a plan that can be used if you are unable to make your own decisions. You can also change it at any time, as long as you retain your mental capacity.

What is mental capacity?

Mental capacity refers to a person's ability to make a decision for themselves, and is specific to the particular decision that needs to be made.

A person is deemed to have mental capacity, when they can still:

- Understand the facts involved in making the decision
- Retain the information
- Use the information to weigh up the pros, cons, and consequences of their choice; and
- Communicate the decision they have made



Section One

My Reflections



My lifestyle

🕒 Circle where applicable.



Everyone has different activities that bring meaning to their life. Reflecting on what is meaningful to you allows you to take stock, and share these thoughts with your loved ones.

These are important and meaningful to me:

Being independent
in my daily life

Staying healthy and
being able to
exercise

Enjoying my hobbies
(e.g. *Reading, music,
television*)

Spending quality
time with family and
friends

Travelling

Volunteering

Others:





My current health status

Presently, I have the following health conditions:

1. _____
2. _____
3. _____
4. _____
5. _____



If you have a chronic health condition, these questions are worth thinking about:

What stage is my health condition at?

How might my health condition progress or change?

Can my condition affect my memory or ability to decide for myself in future?

Will this condition become life-threatening?



My concerns

⦿ Circle where applicable.

If I am impacted by a serious illness or permanent disability, these are important to me:

To be able to manage my pain well

To be able to think independently

To be able to communicate

To not be a physical burden on loved ones

To not be an emotional burden on loved ones

To not be a financial burden on loved ones

To not be on life support for a long time

To be able to take care of my loved ones

To be able to say a proper goodbye to my family

Others:



Section Two

My Views



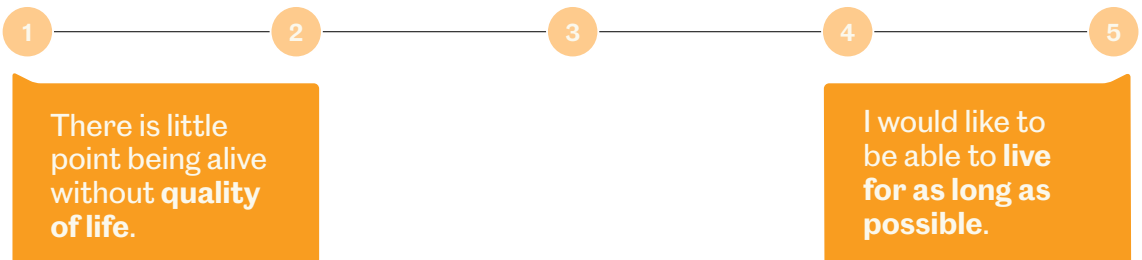
My views towards life and health



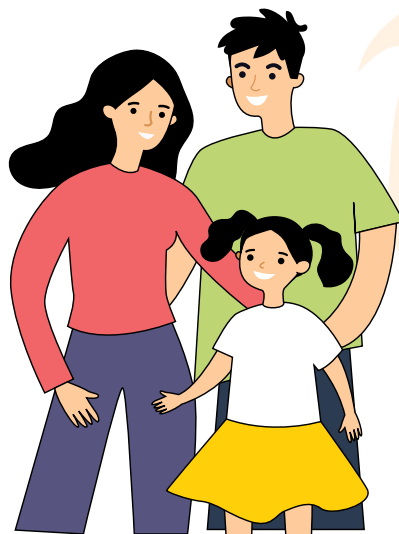
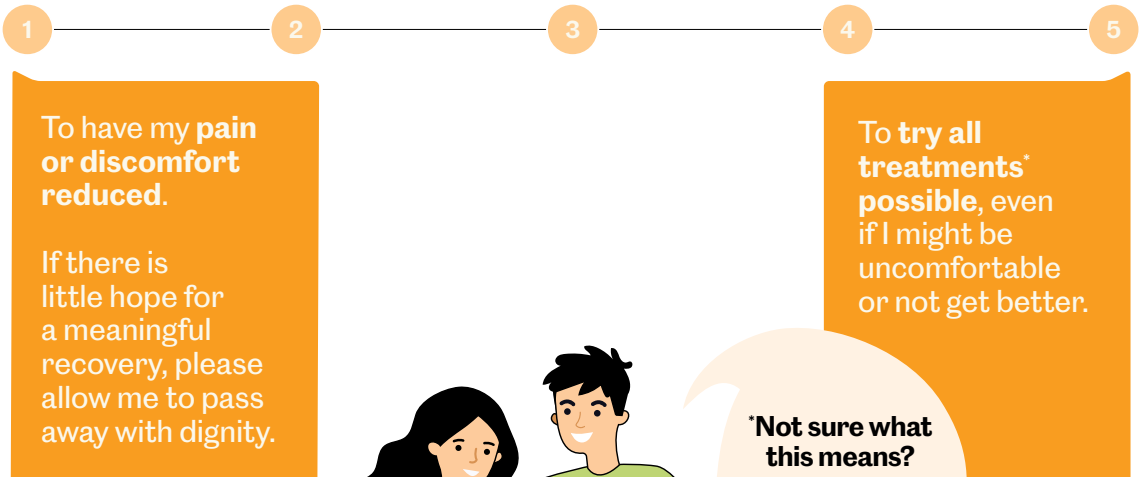
If you are generally healthy, or your medical conditions are well-controlled.

☉ Circle along the scale where applicable.

This is how I feel about the quality and duration of life:



If I were to suffer a very serious brain injury (for example, a stroke or traffic accident), this is my intention for medical treatments:



***Not sure what this means?**

Check out the next few pages, before coming back to this.



Comfort-focused treatment

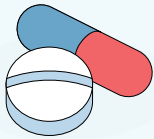
If you choose to focus on **comfort and quality of life**, the care you receive may include:



ACP is about choosing treatment goals that are appropriate with the disease stage and trajectory in order to maintain life and dignity.

These two pages are **examples** of the treatments you may receive. The course of treatment will be appropriate to your condition and stated preferences.

Speak to an ACP Facilitator to obtain more information about the suitability of these options.



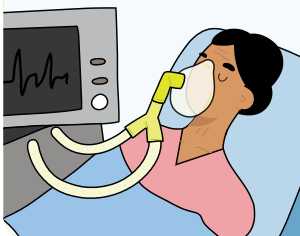
Medication

You may be given painkillers and other medication to keep you comfortable.



Food and Water

If you can safely ingest food and water by yourself, you will be given this option. If not, other feeding options may be considered.



Oxygen Mask

You may be given an air mask for oxygen to help your breathing.



Comfort-focused treatment aims to provide you with a reasonable quality of life. This option intends to avoid machines and hospitalisation as much as possible.



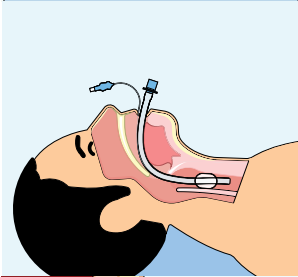
Full treatment

If you wish to receive all treatments to **keep you alive**, your treatment plan could include:



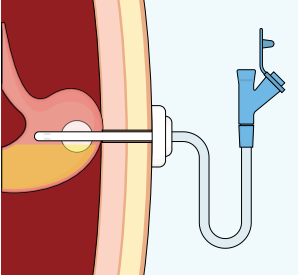
Cardiopulmonary Resuscitation

Chest compression may be used to restart your heart. This may cause bruising and rib fractures.



Breathing Support

To support your breathing, a breathing tube may be inserted into your windpipe, and a breathing support machine may be used.



Feeding Support

Feeding tubes through your nose, stomach or intestines may be used to make sure you receive enough food and water.



Medication

You may be given more medication to help your body to function, or to fight infections.



My views towards the end-of-life

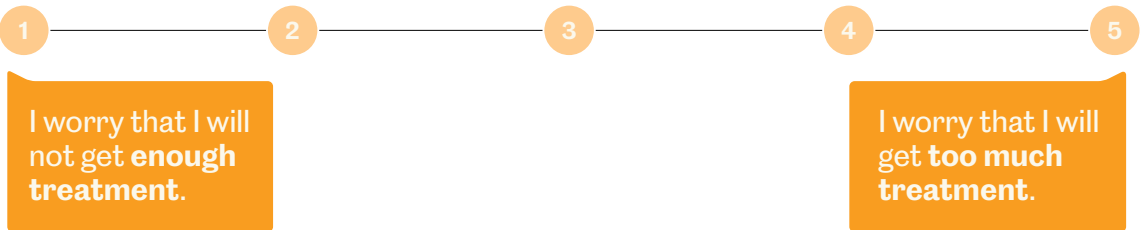


If you are approaching the end-of-life.

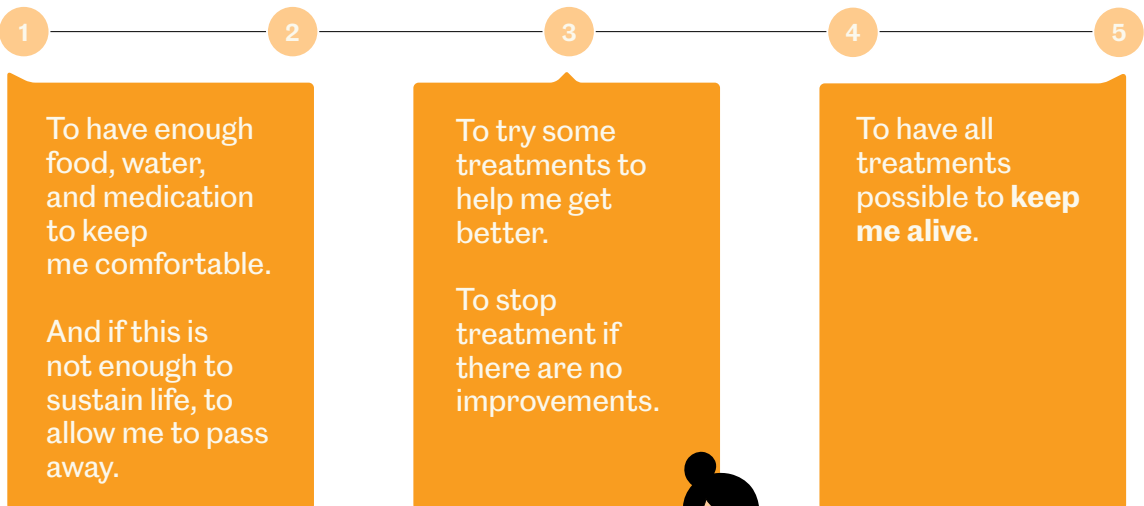
☉ Circle along the scale where applicable.

If I have a permanent and irreversible medical condition and have **approximately 12 months left to live**:

These are my concerns about medical treatment:



This is the care I would like to receive:



My views towards the end-of-life (Cont'd)

☉ Circle along the scale where applicable.

If the following were to happen to me, I would prefer **not to continue with life-prolonging treatment.**

If I become unaware of my surroundings:



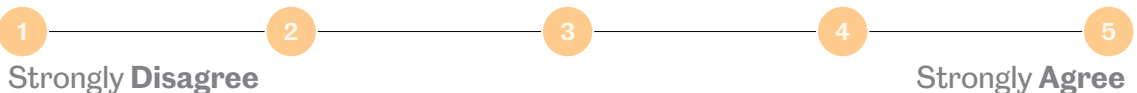
If I am in severe pain or discomfort:



If I am unable to appreciate life, and maintain important relationships:



If I am no longer able to think well enough to lead an independent life:





My Nominated Healthcare Spokesperson

Your Nominated Healthcare Spokesperson is someone you trust to convey your care preferences, should you no longer be able to do so. He or she is usually a family member or close friend.

The following exercise can help you to figure out who to choose as a Nominated Healthcare Spokesperson.

Think about the people in your life you trust to:	Name	Name	Name
Talk with and listen to your wishes.			
Be willing to act on your wishes.			
Be able to make decisions under stressful situations.			
Be willing to speak to the medical team about your values and treatment goals.			

You may appoint up to two persons to be your NHS. They can support each other and work together in your best interests.

If you are making a **Lasting Power of Attorney**, consider making your NHS and donee the same person.

This makes it easier for them to care for you and handle your affairs in the event that you lose mental capacity.



Section Three

My Goals of Care



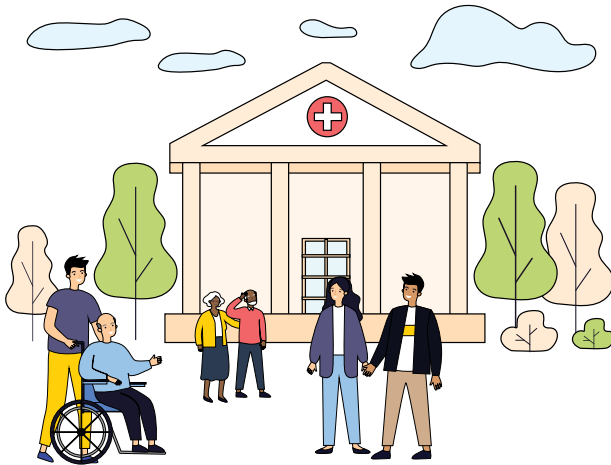
Care options in the community

Most people are familiar with hospitals as the place to seek treatment. But did you know that there are other ways to receive care besides the hospital?

To speak with someone about your options, do visit any of our AIC Links to connect with a Care Consultant. They will also be able to advise you on financial schemes that you may be eligible for.

Hospital

Hospitals are where a lot of treatment and care happens. This is most appropriate if the patient is severely ill or unwell. But there are many other care options available.

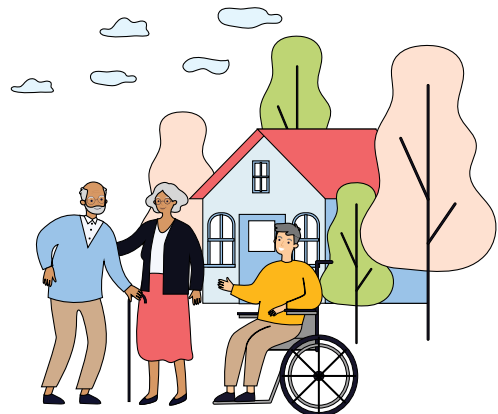


Community Hospital

After being discharged from the hospital, some patients may need support for a few weeks. Community hospitals can provide short-term care as patients recover.

Nursing Home

Nursing homes are long-term residential care facilities that provide assistance to residents who need help in most of their Activities of Daily Living and/or have daily nursing care needs.



Centre

Centre-based care caters to a client's physical, social, and recreational needs. Staff will also help with meals, transportation, and support with Activities of Daily Living.

Day Rehabilitation: Therapy sessions help clients with physical impairment to regain strength and function. Trained therapists provide personalised physiotherapy and/or occupational therapy.

Dementia Day Care: A special programme to stimulate the mind and body for Persons Living With Dementia.



Home

Most people prefer to live and be cared for in a familiar environment. Home care helps a person to receive professional care in the comfort of one's home.



Home Medical: A care professional provides treatment for chronic conditions such as diabetes, hypertension and high cholesterol.

Home Nursing: A nurse helps with wound dressings, injections and changing of feeding tubes.

Home Personal Care: Trained care staff will help clients with Activities of Daily Living, and tasks such as grocery shopping and light housekeeping.

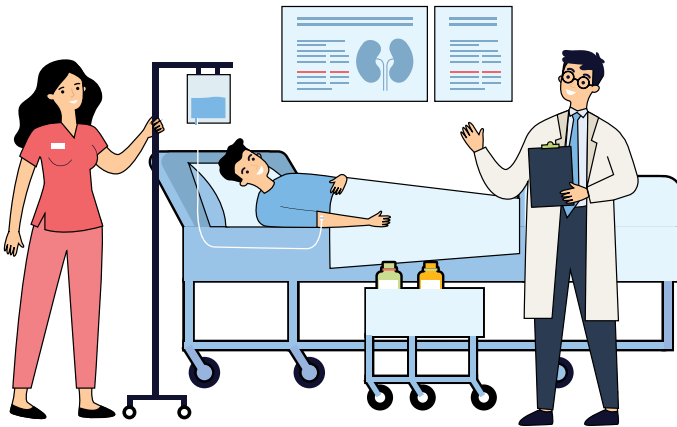
Home Therapy: A therapist helps clients to regain or maintain their ability to carry out daily activities.

Meals-on-Wheels: Clients can get food delivered to their doorstep, if they are unable to buy or cook their own meals.



Care options at the end-of-life

This section is meant for individuals who are at the end-of-life. The 'right' choice will depend on an individual's condition, care needs, and finances. This is a good opportunity to talk with your healthcare provider, and discuss what options would best suit your situation.



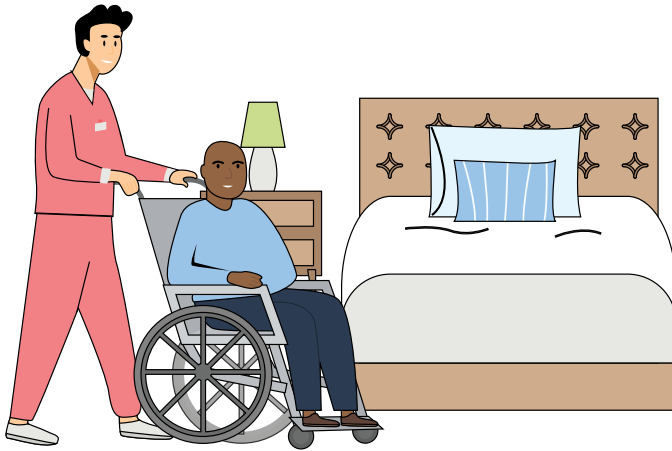
Hospital

Hospitals have access to a full range of medical facilities. This option is appropriate if a person's care needs are complex or requires close supervision.

Nursing Home

Nursing homes provide round-the-clock help with daily activities and tasks. The focus is on the quality and frequency of care.





Hospices

Hospices specialise in offering symptom relief to people in the final stages of an incurable disease. The focus is on making life as comfortable as possible for the time they have remaining.

Home

Many people choose to live at home as it gives them a sense of familiarity and comfort. Hospice home care provides a person with the physical, emotional, and mental support to live out their final days at home.





My preferred end-of-life care

☉ Circle where applicable.

These are important to me during my last days:

To be pain-free and comfortable

To receive all available treatment possible

To not be on life support for a long time

To reduce stress on my family

To be surrounded by loved ones

To ensure my loved ones know my end-of-life wishes

To be cared for in the place of my choice

To not be connected to machines

To be able to say a proper goodbye to my loved ones

Others:



Section Four

My Next Steps

Where and how to complete your ACP, and other planning tools.



Scan this QR code for a list of providers who can help you with an ACP.

**Some ACP providers can also help you to make a Lasting Power of Attorney.*



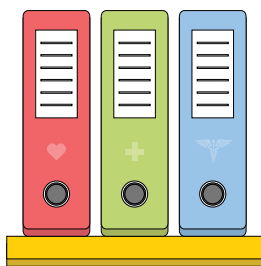
Where to keep your Advance Care Plan

After completing your Advance Care Plan with a facilitator, it will be available on the National Electronic Healthcare Record (NEHR). This allows your healthcare team to easily access and refer to your Advance Care Plan.



Remember!

You may change your Advance Care Plan as long as you have mental capacity.



You should also keep a copy for yourself and your family.

Please request for a printed copy of your ACP from your facilitator.

Ideas for storing your Advance Care Plan:

- In your medical records file at home
- With your other future planning documents

Review your ACP

Your Advance Care Plan is a reflection of you. As your life changes, you may make new decisions. It is a good idea to review your Advance Care Plan with an ACP facilitator to ensure it reflects your current preferences. You should also review your Advance Care Plan after:

- Every decade of life
- A new medical diagnosis
- A significant decline in daily functioning
- A death in your life, as your perspective may change, or your NHS may no longer be around

At a later stage in life, think about:

- What's important to you
- What you expect to happen
- What important milestones you'd like to be there for, if possible
(e.g. *important events or milestones such as anniversaries or weddings*)

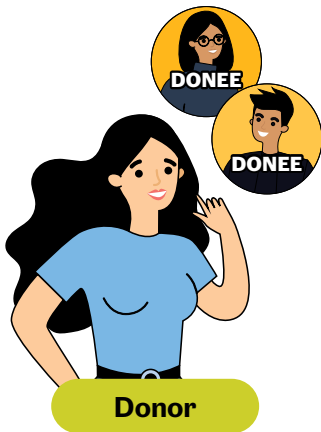
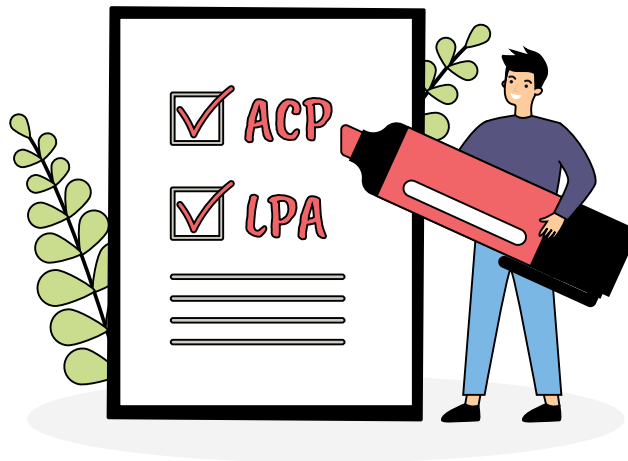


After you update your ACP, be sure to inform your loved ones so they will always be aware of your latest wishes.



Lasting Power of Attorney

Now that you have completed your ACP and chosen your NHS, you might also want to consider making your Lasting Power of Attorney (LPA)*.



An LPA is a legal document which allows you (“donor”), to voluntarily appoint one or more persons (“donee”) to make decisions and act on your behalf should you lose mental capacity one day. A donee can be appointed to act in the two broad areas of **personal welfare** and **property & affairs** matters.

You may want to consider making your NHS and donee the same person so that it will be easier for him/her to look after you and handle your affairs in the event that you lose mental capacity.

*Some ACP providers can also help you to make a Lasting Power of Attorney.



Visit www.aic.sg/acp for the latest information on Advance Care Planning and other related initiatives.

The Heart of Care



Click
www.aic.sg



Call
1800 650 6060



Visit
AIC Link

The Agency for Integrated Care (AIC) aims to create a vibrant care community for people to live well and age gracefully. AIC coordinates and supports efforts in integrating care to achieve the best care outcomes for our clients.

We reach out to caregivers and seniors with information on staying active and ageing well, and connect people to services they need.

We support stakeholders in their efforts to raise the quality of care, and also work with health and social care partners to provide services for the ageing population.

Our work in the community brings care services and information closer to those in need.