

Alignd 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.

Patient Full Name	
ID Number	
Date of birth	
Address	

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 Number	

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 Number	

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

--

Care provision

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 of my condition & 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 of 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 living in a nursing home	I'm not sure yet	I want to be cared for at home with home-based care

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:

Item	Location
Will	
Power of Attorney	
Electronic passwords	
Social media passwords	
Other (e.g. organ donor)	

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

With thanks to:

Association of Palliative Care Centres of South Africa (<https://apcc.org.za/>)

The Conversation Project (<https://theconversationproject.org>)