

A practical guide to living with and after cancer

YOUR LIFE AND YOUR CHOICES: PLAN AHEAD (SCOTLAND)



About this booklet

This booklet is about some of the ways you can plan ahead and make choices about your future care if you live in Scotland. It is for anyone who wishes to plan ahead, whether they have a serious illness or not.

Planning for your future care is important in case you ever become unable to make choices and decisions for yourself. For example, this could be if your health were to change and you became unconscious or lost capacity (the ability) to make decisions about treatments.

In this booklet, we tell you about some of the ways you can plan ahead. It includes information on:

- **Your wishes for your care** – these include your wishes for how and where you would like to be cared for if your health changes or you are reaching the end of your life (see pages 32–39).
- **Power of Attorney** – this is when you give someone you trust the power to make decisions on your behalf about your property and money, or your welfare and healthcare, or both (see pages 42–45).
- **Advance Directive** – this is a document that lists your decisions about specific treatments that you don't want to have in specific situations, if they were to happen in the future.

This booklet also has information about **making a will** (see pages 24–29), **organ and tissue donation** (see pages 60–63), and **funeral planning** (see pages 66–71).

We hope this booklet will help you:

- think about what's important to you and the ways you can plan ahead
- talk about your plans with the people close to you, and with the health and social care professionals involved in your care
- start writing down your plans so that the people involved in your care know what's important to you
- be able to talk about any worries you have about what might happen in the future.

You may hear your health or social care team use the terms Advance Care Planning and Anticipatory Care Planning. Both are about thinking ahead and planning for your future care.

Advance Care Planning is usually about planning for what you may or may not want to happen about your treatment and care if you are reaching the end of your life. Anyone who is able to make decisions about their health and care can make an Advance Care Plan. In Scotland, an Advance Care Plan is not legally binding. But it is used by health professionals to help them make treatment decisions in line with a person's wishes.

Anticipatory Care Planning is about planning for changes in your condition or care that might be expected, for example if you have a long-term illness. Everyone in Scotland can choose to have an Anticipatory Care Plan recorded by their GP in a Key Information Summary (KIS). This is a secure record about your current health problems. It also records any plans for your treatment and care if your condition gets worse for any reason.

For example, this could be if your heart stopped and you do not want to have treatment to start your heart again. It also tells people where you would prefer to be cared for, for example in a hospice rather than a hospital. It can be read by NHS 24 staff and hospital staff. NHS 24 is Scotland's online and out-of-hours phone service providing health advice and information 24 hours a day 365 days a year.

You can ask your health and social care professionals (for example your doctor, nurse or social worker) for more information about Advance and Anticipatory Care Planning.

How to use this booklet

You may want to read the booklet through first and then focus on the sections that are most helpful for you. You can use the contents on page 7 to help you.

We can't advise you about the best ways to plan ahead. You may find it helpful to discuss what's best for you with a health or social care professional, and the people close to you.

Remember that it's your choice if you want to plan ahead and use some of the ways we've suggested in this booklet. Planning ahead can be daunting. But it's a good way to be well prepared in case your health gets worse. People who plan ahead are more likely to have the sort of treatment and care they would want. Most people feel better knowing they have prepared for the future.

If you don't want to plan ahead, or if you need more time to think about it, that's fine too. Some people start with one thing and then think about other plans later on. Any plans you make can be changed if your wishes or situation change.

Throughout the booklet we have included comments from people who have been involved in planning ahead. Some are from members of our Online Community (macmillan.org.uk/community) and from the website healthtalk.org Others are from people who have chosen to share their experiences with us.

There is a document at the back of this booklet called **What's Important To Me**. You may want to use this to help you think about and write down your wishes for your future care (see pages 32–39). There's also a **Planning Ahead checklist** which you may find helpful to fill in.

Pages 38–39 have the story of Dennis, who used the What's Important To Me document to write down his wishes for his future care. We have included pictures of Dennis's family throughout this booklet along with some quotes, which we hope you'll find helpful.

Further information

Pages 87–90 have contact details for organisations that may be useful to you. There's also space for you to write down any notes or questions you may have for a health or social care professional (see page 91–92).

If you have cancer, or care for someone with cancer, you may want to talk about it with one of our cancer support specialists. You can call the Macmillan Support Line free on **0808 808 00 00**, Monday–Friday, 9am–8pm. If you're hard of hearing, you can use textphone **0808 808 0121**, or Text Relay. For non-English speakers, interpreters are available. Alternatively, you can visit **macmillan.org.uk**



**'We hope this
booklet supports
you to plan ahead
for your future care.'**

**Adrienne, Macmillan Programme
Manager and Dennis's daughter-in-law**

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Why plan ahead?

Many people think that they don't need to make decisions about their future care unless they reach a time when they have a serious illness. This might be advanced cancer, heart disease, chronic obstructive pulmonary disease (COPD), motor neurone disease (MND) or early dementia.

However, planning ahead is important, whether you have a serious illness or not. This is because none of us can say for sure whether we'll always be able to make our own decisions about our care. For example, you may become very ill suddenly. This may mean you're unable to make decisions about your healthcare or financial affairs.

It's also important because it's not always possible for health or social care professionals to know exactly how you would like to be cared for in certain situations. For example, they might not know what you would choose if you became unwell and were unable to talk to them.

'My husband made sure there was something in his notes for all care providers saying they could share information with me and I had no problems organising things.'

Lynda

Remember that you are the expert on what you want and how you want to be treated. Only you know how and where you would like to be cared for. Even your closest family and friends may not know exactly how and where you would wish to be cared for if you haven't told them in advance. This might mean you aren't cared for in the place or way you would have chosen.

For example, if you had an illness that couldn't be cured and your condition suddenly got worse, you may want to be cared for at home. If your family or health or social care team did not know this, and you are too ill to tell them, you may be admitted to hospital and be offered treatments that you may not want to have.

Knowing your wishes can make it easier for your family to make decisions on your behalf at what can be a distressing time. If you plan your care in advance, there's more chance that your care will be right for you. Planning ahead can also help you to feel more in control of your life. You will still be able to alter your plans if you change your mind later on.

'The GP helped us to do a treatment plan. It was a very difficult subject but made so much easier when there is a professional involved. Don't think you have to do everything all at once. Just take it one step at a time and use all the professional support you can. Take care of yourself and each other.'

Denise

Ways you can plan ahead

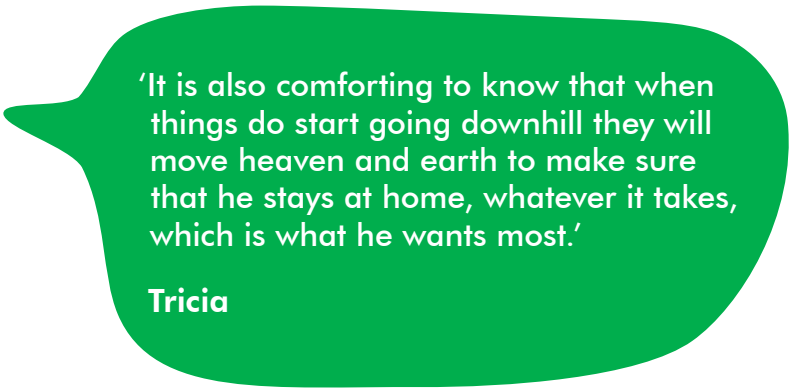
There are several ways people can make plans in advance. We list several ways here, but you don't have to use them all. Many people find it helpful to start with the ones that are most relevant to them.

A will

A will is the only way to make sure that your wishes are carried out after you die. It can make sure your family and friends are provided for in the way you want. A will includes who you would like to have your property, personal things and money after you die. It may also include who you'd like to look after anyone dependent on you (your dependants) such as a child or an elderly relative. Making a will means you can make the best arrangements possible. It is easier to do this when you are feeling well. In your will you can include any funeral arrangements you want. We have more information about making a will on pages 24–29.

Your wishes for your care

You can tell people your wishes and what matters to you, but it is usually better to write them down. These will be your specific wishes about how you would like to be cared for if you ever become unwell. They can include where you would like to be cared for. This may be at home, or in a hospital, care home or hospice. There's more information about your wishes for your care on pages 32–39.



'It is also comforting to know that when things do start going downhill they will move heaven and earth to make sure that he stays at home, whatever it takes, which is what he wants most.'

Tricia

Power of Attorney (PoA)

Creating a PoA means putting in writing the name of someone you trust to make decisions on your behalf. There are three types of PoA:

- a **Financial PoA** gives powers to deal with your money and property
- a **Welfare PoA** gives powers to make decisions about your personal welfare or health care and treatment
- a **Combined PoA** gives finance and welfare powers.

A PoA is a legal document and needs to be registered with the Office of the Public Guardian. A Welfare PoA can only be used if you become unable to make decisions yourself. A Financial PoA can be used when you still have the ability to make your own decisions but are not able to manage your money and other financial or practical affairs. You can find more information about Power of Attorney on pages 42–45.

Advance Directives

You can also write down your decisions about any treatments you don't want to have in the future, in case you're not able to tell your doctors or family at the time. These are known as Advance Directives. See pages 48–57 for more about Advance Directives.

Organ and tissue donation

You may choose to write down your wishes about organ and tissue donation. You might want to donate your body for medical research or teaching. We have more information about organ and tissue donation on pages 60–63.

Funeral planning

You may wish to be involved in planning your funeral. This can be helpful if you know how you would like your funeral to happen. It's also possible to pay for your funeral in advance. We have more information about funeral planning on pages 66–71.

Who can help you with planning ahead?

Planning ahead for our healthcare isn't something we usually think about. If we're well, we don't expect to become seriously ill. We may think that we'll always be able to make decisions for ourselves even when we're unwell. But this isn't always the case.

For many people with cancer or other illnesses, planning ahead may feel difficult. You may already be struggling to cope with fears and uncertainties about the future. It's important you don't feel alone when planning ahead. There are healthcare and other professionals who can help you, as well as your family and friends.



Professionals

There are many professionals who can help you plan ahead. You can ask your GP, district nurse, specialist nurse, social worker or hospital doctors who is the best person to speak to. If you're thinking about making a will or creating a Power of Attorney, you can contact a solicitor. Some people may be able to get some help towards legal fees, depending on their circumstances. A solicitor can advise you on this.

It's fine to talk about your plans with one of these professionals. But starting a conversation may feel difficult. You could start with something like this:

'I've been thinking about making plans for my future care, just in case something happens to me and I can't make decisions for myself. I wonder whether you could help me, or point me in the direction of someone who could help me explore what options I have and what I need to do?'

Family and friends

Involving people who are close to you, such as your family and friends, can be really helpful. They may be able to help you think through some of the issues so that you can plan ahead better. It will also help them to know what your wishes are so they can help make sure they are carried out.

Your plans may involve your family or friends taking on more responsibility for your care or making decisions for you. It's important to discuss this with them. For example, you may wish to die at home. You can talk with your family and friends about whether they think they will be able to help look after you and what worries they might have about looking after you. You can also talk to the health and social care professionals looking after you. They can tell you more about the support that might be available to help you and your family or friends and about other care options.

Sometimes family and friends don't want to talk about planning ahead. They may appear to ignore the fact that you want to think about the future. They may play down your anxieties or change the subject. If this upsets or hurts you, try explaining why it is important for you to plan ahead. You could ask them to read this booklet so that you can talk about it together when you all feel ready. Perhaps start by reassuring them that this is something you want to do and it would help if you could talk to them about it. You could try saying something like this:

'I know it's difficult to talk about this, but I'd really like to talk through how I would like to be cared for if I became very unwell.'

Coping with your emotions

Planning ahead can make you feel all sorts of emotions, particularly if you're already coping with an illness. You may be feeling sad, anxious and scared. These are normal reactions to coping with uncertainty about your future. Even if you're well, thinking about how you would like to be cared for if you were to become seriously ill can cause mixed feelings.

There are many people who can help you cope with your feelings and talk to you about your worries. Talking to close family or friends can help. Health and social care professionals can also give you support. This includes your GP, community nurse, nurse specialist, social worker or hospital doctor. You may also find it helpful to join a support group or talk things through with one of the organisations on pages 87–90.

If you feel you need more support, you can ask your GP, nurse specialist, social worker or hospital doctor about finding a counsellor. Counsellors can be very helpful, particularly if you don't feel like talking about your feelings with people close to you.

Planning ahead can be hard. But it may help give you a feeling of control over your life and your future.

'It gave us an incredible honesty in our communication. We had to say the things that needed to be said because we knew there would come a time when we couldn't say them.'

Jane

How to plan ahead

You can plan ahead in simple steps. Don't feel you need to follow all these steps in order – just do what feels right for you and take your time.

- **Find out about the different ways you can plan ahead.**

You can find more information in this booklet. Or you may want to contact one of the organisations listed on pages 87–90. Remember it's always your decision whether you use just one or two ways to plan ahead, or all of them.

- **Talk to your family and friends.** They will be able to help you decide on your plans. It may also help them feel involved.

- **Talk to a health or social care professional.** It may take some time to discuss your plans and talk everything through. The professionals helping you won't expect you to rush into making any plans unless you're sure about them. It may take months before you feel happy to make plans for your future care or treatment.

- **Write your plans down.** Ask your health or social care professionals if they have a specific document for writing down your wishes for your care or making an Advance Directive. These are also known as **Living Wills**.

- **Key Information Summary.** Your health and social care professionals may record some of this information on a Key Information Summary (KIS). This document makes sure that key information about your wishes is available to the different professionals involved in your care when your GP surgery is closed. This includes out-of-hours GPs or paramedics. Your health and social care team can tell you more about a Key Information Summary.

- **Keep your documents safe.** Make sure they can be easily and quickly found by your family, friends, and health or social care professionals. Your family and your GP should know where they are kept.
- **Review your documents regularly.** This is to make sure they reflect your most recent wishes about how you would like to be cared for. Your wishes can change over time, especially if your circumstances change. You can review your documents with your health and social care professionals. It's important to include people who are close to you too.
- **You can change the plans you've made at any time.** If you do change any of your plans, make sure that everyone involved in your care knows. This includes your GP and other health professionals. You should write down (document) your new wishes, even if this isn't a legal requirement for the plan you want to change. Writing down your wishes and sharing them makes sure that everyone who's involved in your care knows what they are. Updating your Key Information Summary (KIS) document will ensure this happens.

If you want to make a will (see pages 24–29) or create a Power of Attorney (see pages 42–45), it's important to see a solicitor, as these are important legal documents. You can also talk to a solicitor about making an Advance Directive (see pages 48–57).

There is a Planning Ahead checklist at the back of the booklet which you might find helpful. You can use it to keep a record of the ways you have planned ahead, important contacts and where you keep certain documents. Make sure someone close to you knows where you keep this checklist.



Last will and testament

Amy Dent

Last will
of me
in words

MAKING A WILL

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Why make a will?

Whatever your age, having an up-to-date and valid will is essential. Dying without a will means that your wishes for who you would like to leave your estate to (your property, personal things and money) can't be guaranteed.

If you die without a will, this is known as **dying intestate**. When someone dies intestate, it often takes much longer to deal with the estate and it can be more complicated and difficult for the family members responsible for sorting out your affairs. There are strict rules known as **intestacy rules**, which set out who should deal with the deceased's affairs and who should inherit their estate. This may mean that the people who inherit your estate aren't the people you would have chosen.

'My friend made me the Executor of her will and set up Power of Attorney should she become unable to manage her own affairs. With everything in place, we were able to forget about legalities and concentrate on her care. It's so important to have everything in place and just hope they are never needed. Maybe it's something we should do in life before this or any other illness strikes you. It's a hard conversation but I believe it is one we should all have.'

Julie

Involving a solicitor

A professionally written will is the only way to reduce any problems or disputes in the future. Although you can write a will yourself, it's best to use a solicitor when making or updating your will. Having a solicitor makes sure that you follow legal procedures and that your will is valid. The process doesn't have to be lengthy or expensive. It's worth shopping around or asking for several quotes before committing yourself to a specific solicitor.

If you need help to find a local solicitor, you can contact the Law Society of Scotland (see page 89).

Macmillan has a discounted will writing service. We suggest some organisations you can trust and who offer will writing at a reduced price. You don't have to leave a gift to Macmillan to get a discount. The organisations offer a range of online, telephone and face-to-face services. Visit **macmillan.org.uk/willwriting** or call **0300 1000 200** to find out more.



Things to think about when making your will

It will help to think about the following things before you meet with a solicitor.

What you have to leave in your will and the value of your estate

You may want to start by making a list of everything you own (assets) and how much they're worth. This might include your house, car, jewellery, bank and building society accounts, saving accounts and life insurance policies.

Then make a list of all the money you owe (liabilities). This may include how much is left on your mortgage and any overdrafts, credit card debts and bank loans.

Add up the value of everything you own and take away the total amount you owe. This will give you the value of your estate.

Who to include in your will

Make a list of the family and friends you want to remember in your will and consider what you want to leave them. For example, you might want to give someone a specific amount of money, or a piece of jewellery. You may also want to think about leaving money to an organisation or a charity.

Other important information

Other things you'll need to think about include:

- who you want to appoint to carry out the instructions in your will (known as executors)
- who you want to be the legal guardian(s) of your children (if you have children and they are under 18)
- who you want to look after anyone dependent on you (your dependants)
- what, if any, funeral instructions you have
- who you would like to look after your pets, if you have any.

If you need help or more information, talk to your solicitor. They can also tell you about the role of your executors.

We have information about making a will that has a checklist of what to include. Call our support line on **0808 808 00 00** to order a copy.

You can also find more information about making a will from organisations such as Age Scotland (see page 87), Citizens Advice Scotland (see page 88) and the Law Society of Scotland (see page 89).

Meeting with a solicitor

When you meet with your solicitor, it will help to take your completed lists of:

- the things you want to leave in your will
- who you want to include in your will
- names of the people you want to be responsible for carrying out the instructions in your will (your executors)
- names of who you want to be guardians for your children and who you want to look after anyone dependent on you.

After your first meeting with a solicitor, you should arrange a follow-up appointment to check that your will has been drafted according to your wishes. Once you're happy with it, it will need to be witnessed and signed.

It's important to keep your will updated to reflect any big changes in your life. For example, if you've had children or grandchildren, or met a new partner, you might need to update it to include them. Or you may need to update it to take account of changes in your finances.

It's a good idea to leave your up-to-date will somewhere safe and easily found. This could be with your solicitor. Keep a copy for yourself and make sure those responsible for carrying out the instructions in your will know where it is.



YOUR WISHES FOR YOUR CARE

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Thinking about how you would like to be cared for

As part of planning ahead, it's important to think about how and where you would like to be cared for. This is in case your health changes and you become unable to tell other people what you want to happen.

It's best to write down your wishes and preferences. This is so your family and health or social care professionals know how you'd like to be cared for.

These statements about your preferences aren't legally binding. But they will be very helpful for health and social care professionals when they make decisions about your care.

You may sometimes hear the terms **Anticipatory Care Planning** or **Advance Care Planning** used to describe your written wishes and preferences for your care.

There are a number of different documents that can be used to record your wishes. You can ask your health care professional which documents are used in your area.

Before you write down your wishes and preferences, it can help to talk through your plans with your family or a close friend. This can be particularly helpful if you want them to be involved in your care or make decisions on your behalf. You should also talk through your plans with one or two of the professionals looking after you, such as your GP or nurse.

It's also important to discuss whether your choices and wishes are realistic. If they aren't, try to think of some alternatives. For example, you may prefer to die at home but have no family members or close friends able to support you there. So it may be more realistic for you to be cared for in a care home, hospital or hospice.

It may not always be possible for your wishes and preferences to be met at the time when you become less well. For example, you may want to be cared for at home by a family member, but if they become ill or overtired they may be unable to care for you. In this case, health and social care professionals may be able to arrange care for you so you can stay at home. If this isn't possible, they will plan for you to have the best possible care somewhere else. This might be in a care home, hospital or hospice.

What to include in your wishes for your care

As far as possible, you should include anything that's important to you. If you're worried about a particular part of your care, you can make a plan for what you would like and write this down. You could include the following:

- Where you would most like to be cared for when you can no longer look after yourself. For example, this could be at home or in a hospital, care home or hospice.
- Where you would most like to be cared for when you are dying. This might be at home or in a hospital, care home or hospice.
- What kind of care and treatments you would like. You can't demand particular treatments.
- Information about specific spiritual or religious practices that you'd like to be carried out or reflected in your care.
- Who you would like to be involved in your care. For example, this could be your family or close friends.
- The person or people you would most like to be asked to make decisions about your care if you are unable to make them yourself. You may want to create a Power of Attorney (see pages 42–45) so that others can act on your behalf.
- Who you would like to look after any pets.
- Whether you would like someone to tell you how serious your condition is and what might happen in the future.

Writing down your wishes for your care

You can ask your health or social care professional if they have a document where you can write down your wishes and preferences. They may have a specific document that's used in the area where you live.

You can use the **What's Important To Me** document at the back of this booklet to help you.



Example of some of the information included on a What's Important To Me document:

Your preferences and priorities

In relation to your health, what has been happening to you?

My doctors have told me that I am now only receiving care to control my symptoms. Curing my illness is no longer possible.

What are your preferences and priorities for your future care?

If I were to become less well I'd like my wife to be involved in making decisions about my care and I'd like to be kept fully informed about what's happening to me.

Where would you like to be cared for in the future?

I don't mind where I am cared for as long as my family are close by.

Signed *Joe Smith*

Date *23.5.16*

Once you have completed the document, you should share it with anyone who is, or is likely to be, involved in your care. This may include:

- a family member
- a close friend
- your nurse
- your GP or hospital doctor.

Your health or social care team should keep a copy for their records. You should also keep a copy in a safe place and let people involved in your care know where it is.

It's important to review your wishes regularly and keep them up to date. You can change your mind at any time. But remember you'll need to make sure you record your changes. You will also need to let your family, community nurse, GP and/or hospital doctor know, and give them an updated copy of the document. Having a KIS (see page 20) will ensure everyone knows what your wishes are.

If you're admitted or transferred to a hospital or hospice, take your document with you. This will let the staff know what your wishes and preferences are for your care.

Over the next two pages, Adrienne talks about how her father-in-law Dennis wrote down his wishes for his care.

'In February, my father-in-law Dennis was diagnosed with small cell lung cancer. Unfortunately, the treatment didn't work and in August the doctors told him that he wouldn't benefit from any further active treatment. Although disappointed, Dennis was relieved to stop as it was exhausting him.

During the course of the next few months, Dennis was referred to the Community Macmillan Nurse who helped him and my mother-in-law, Joyce, talk to each other about the fact that he was dying.

As an ex-district nurse myself, I was keen for the district nurses to discuss with Dennis and Joyce his wishes for his care and write them down. The district nurses were reluctant but when I spoke again to them they said Dennis had expressed a wish to die in a hospice. I knew this was not the case as he was petrified of hospices and had previously refused to attend the day hospice centre. I asked the district nurses to go back and speak to Dennis about his wishes, and help him document them using a What's Important To Me document.

One of the district nurses phoned me back to say Dennis had stated, and written down, that he wanted to die at home (and not in a hospice as the district nurses had suggested) as long as Joyce could cope. As a family, we knew this was what he wanted and we all agreed to help Joyce cope.

Over the next few weeks, Dennis grew weaker. GPs suggested transferring him to the hospital or hospice, but each time we were able to show them his written What's Important To Me document and insist he stayed at home.

We had nurses overnight some nights and the family took it in turns the other nights. In October, Dennis died at home, in his own bed, with his dog Murphy lying beside him and his granddaughter Lauren holding his hand. It was a great comfort to Joyce and the rest of the family to know that Dennis's wish to die at home had been fulfilled.'





POWER OF ATTORNEY

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What is a Power of Attorney (PoA)?

A Power of Attorney is a legal document. It allows a person to choose other people to make decisions on their behalf.

The people chosen to make decisions on your behalf are known as **attorneys**. You can have more than one attorney.

There are different types of Power of Attorney in Scotland:

- **Financial PoA** – This allows your attorney(s) to make decisions about things such as paying bills, dealing with the bank and selling your house. You may choose for your attorney(s) to have this power straight away or at a later date. For example, they may have this power when you are no longer able to make decisions for yourself (you lack **mental capacity** – see pages 78–79).
- **Welfare PoA** – This allows your attorney(s) to make decisions about things such as your treatment, care, medication and where you live. This power will only come into effect when you are not able to make these decisions for yourself. This means that even if you make a Welfare Power of Attorney, you remain in control of making decisions about your welfare for as long as you are able to make decisions for yourself.
- **Combined PoA** – This gives financial and welfare powers.

Many people choose to make both Powers of Attorney at the same time. But you can just make one if you prefer.

Why a Welfare PoA may be helpful

A Welfare PoA can give you peace of mind because you know that someone you trust will act on your behalf if you become seriously ill.

For example, a person may decide to give Welfare PoA to their adult children. They can then discuss their thoughts about any future healthcare decisions with them. The person can then be sure that their care instructions will be followed if they're unable to make their own decisions.

If you do appoint someone to be your attorney, choose someone who is like-minded and has a good idea of your wishes. They are more likely to make the decisions you would want.

**'Whatever your loved one decides,
that's the way forward really.'**

Carl, Dennis's son

Making a PoA

You can only create a PoA if you are aged 16 or over, and are able to understand what it is and what it means for you (have mental capacity – see pages 78–79). You can find example forms for each of the Powers of Attorney on the Office of the Public Guardian Scotland’s website (visit **publicguardian-scotland.gov.uk**).

Although you can create your own PoA, you may want to get help from a solicitor. The solicitor will make sure that it meets all the requirements of the law.

A PoA must include a certificate signed by a solicitor or a medical doctor to say that you are capable of making the PoA. It will also need to be registered with the Office of the Public Guardian before it can be used.

There is a fee to register a PoA. You can phone the Office of the Public Guardian Scotland to find out the exact fees (see page 90).

If you’re on certain benefits, you may not have to pay the fee or you may only have to pay part of the fee. The Office of the Public Guardian Scotland will be able to advise you on this.

You may find it helpful to talk to a solicitor before making a PoA. They can guide you through the process of making one. You may be able to have legal assistance to help with legal fees. This means you may not have to pay the solicitor’s fees for helping you make a PoA, or you may only have to pay part of them. To find out more about legal aid, speak to your solicitor or contact The Scottish Legal Aid Board (visit **slab.org.uk**). It is also helpful to let your GP know if you have made a PoA, so they can add this to the Key Information Summary.

Welfare PoA and Advance Directives

If you make an Advance Directive (see pages 48–57), your welfare attorney will need to follow your decisions in the Directive. This is only if your Advance Directive is up to date, relevant to your situation at the time and is known to still reflect your views.

Other things to think about

The power of your attorney stops as soon as you die. So if you have a Financial Power of Attorney, your attorney is not able to manage your property or finances after you have died. This means that your property and finances will be looked after according to the instructions in your will (see pages 24–29). Bank accounts are also frozen at the time of a person's death and can't be used. So if you have a partner, you may want to consider putting bank accounts into both your names.



ADVANCE DIRECTIVES

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What is an Advance Directive?

An Advance Directive (sometimes called a Living Will) is a written statement of your wishes to refuse a particular treatment. It may also include the specific situation in which you wish to refuse the treatment. It is a way of making sure that everyone knows what treatment you don't want to have if you're unable to make your own decisions in the future.

For example, you may decide that:

- If your illness couldn't be cured and you became very unwell after all possible treatment, you wouldn't want to be kept alive by being fed or given fluids through a feeding tube or drip.
- If you are being fed or given fluids through a feeding tube or drip, you don't want this to continue if your condition were to worsen and it isn't improving your quality of life.
- You do not want to be given antibiotics for an infection if you're only expected to live for a few days.

An Advance Directive can't include a request to have treatment or to have your life ended.

It's important to be as clear as possible about:

- the circumstances when you'd like your Advance Directive to apply
- what type of treatment you would like to refuse.

Who can make an Advance Directive and who should be involved?

You can make an Advance Directive if you are aged 16 years or over and you have mental capacity (see pages 78–79).

Before making an Advance Directive it's important to discuss the decisions you'd like to make with one of your healthcare professionals. This may be your GP, or a doctor or nurse specialist looking after you at the hospital. They will be able to tell you the likely effects of stopping a treatment. They will also make sure your Advance Directive meets legal requirements.

You may also want to contact a solicitor. They can help you to put together an Advance Directive and make sure that it accurately reflects your choices and meets any legal requirements.

Occasionally, some people may be able to have legal assistance to help with costs. This means they may not have to pay, or only have to pay part of, their solicitor's costs for making an Advance Directive. To find out more about legal aid, you can speak to your solicitor or contact The Scottish Legal Aid Board (visit slab.org.uk).



Advance Directives and the law

In Scotland, adults with mental capacity may choose to refuse a medical treatment. If you make an Advance Directive, you will still have the right to refuse treatment if you lose capacity and are no longer able to tell others what you want.

Although not tested by the Scottish courts, an Advance Directive is likely to be treated as legally binding in Scotland if it meets certain criteria. This means your healthcare team will almost certainly follow it, provided they know about it. Examples of criteria are:

- You must be able to make the decision in the first place (legal capacity).
- The treatment you have chosen to refuse in your Advance Directive applies to your specific circumstances now.

Your healthcare team or solicitor will be able to tell you more about this.

What should be included in an Advance Directive?

Although most Advance Directives can be made verbally (spoken), it's better to write it down. This helps avoid confusion later on.

Your healthcare team or a solicitor will be able to tell you exactly what your written Advance Directive should include.

Once you have written your Advance Directive, it will need to be signed by you and witnessed by someone else. A solicitor can be there while you do this. The solicitor will usually want to make sure that you understand the document and that you have not been influenced by another person when writing your Advance Directive. In some cases, it may be better for you to have a Welfare PoA (see pages 42–45) instead of or as well as an Advance Directive. You could ask for help from your healthcare team or your solicitor to work out which option is best for you.

Who should know about my Advance Directive?

When you've made your Advance Directive, it's important to let the people caring for you know about it. This will usually include your healthcare professionals, next of kin, family and friends, and your welfare attorney if you have one. This can help to avoid any confusion if your condition changes.

People often keep copies at home and give copies to their welfare attorney, GP and specialist nurse. Your healthcare professional can advise you about who else should know about it. It is helpful if your GP creates a Key Information Summary highlighting that there is an Advance Directive along with a list of the main decisions in it. This means other health professionals can know about your wishes if you need to call for urgent medical help when your GP practice is closed.

Reviewing your Advance Directive

Remember to review your Advance Directive regularly so you can be sure it's up to date and reflects your current wishes. This is important as your wishes may change if your condition changes.

If you decide to cancel your Advance Directive, tell your health and social care professionals and the people close to you.



Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)

A **cardiac arrest** is when the heart stops beating. If breathing stops, it is called a **respiratory arrest**. They commonly happen together, which is known as a cardiopulmonary arrest. **Cardiopulmonary resuscitation (CPR)** is a way of trying to restart the heart and breathing when they have stopped.

You may hear doctors or nurses talk about a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decision or form. This is a written document stating to not give cardiopulmonary resuscitation (CPR) if someone's heart or breathing stops.

A CPR decision may be made and recorded on a Scottish DNACPR form if:

- a person asks for a DNACPR form because they do not want CPR under certain circumstances
- your health is getting worse and your doctors feel that CPR would not work.

If you haven't made a decision about CPR and you want to, you should discuss this with your medical team or specialist nurse. You may also want to talk this through with your family, a close friend or a spiritual carer such as a chaplain.

Your medical team will be able to tell you how successful CPR is likely to be in different situations. They will take into account any other health problems you have. For example, you may have a cancer that can't be cured but you are expected to live with the condition for a long time, sometimes years. In this situation, you may want to know about CPR and the doctor will make sure that you have all the information you need to make a decision. They will tell you what is likely to happen if you have CPR, how this might extend your life and what your quality of life might be.

If your healthcare team are sure that CPR won't work or will have a poor outcome, they can decide in advance not to try it. They will write this down on a DNACPR form. If your doctor feels that CPR will not be successful, but you don't agree, you can ask for a second medical opinion from another senior doctor. They should also involve your family in these discussions, unless you have specifically asked them not to.

Your healthcare team will take your wishes about CPR into account. However, you cannot insist a doctor attempts CPR if, in their clinical judgement, they think it will not work.

A senior doctor or nurse who has responsibility for your care signs the DNACPR form after a decision has been made with you and involving those close to you. The form is kept in your records if you are in hospital, at home with you, or by care home staff. The Key Information Summary (KIS) has a record of any CPR decisions.

If your healthcare team decide not to try CPR, it's important to know that this won't affect any other care or treatment you have.

If you're at home, you'll be asked to keep a written record of your DNACPR form where it can be found easily. Emergency services, such as out-of-hours ambulance services and doctors, can then see it, even if your Key Information Summary is not available or up to date. If you go to hospital, take the form with you.

NHS Scotland has an information leaflet called **Decisions about cardiopulmonary resuscitation**. You can download it at scotland.gov.uk/resource/doc/924/0109760.pdf You can also ask someone in your healthcare team for a copy.



ORGAN AND TISSUE DONATION

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Thinking about organ and tissue donation

Many people think that if they have a medical condition such as cancer, they won't be able to donate their organs (such as a kidney) or tissue (such as the corneas of the eye) to another person when they die. Having, or having had, cancer doesn't mean you can't donate organs or tissue. But it may affect what you can donate.

If you have a medical condition such as cancer, a healthcare professional will review your medical history after you have died. They will then decide whether one or more of your organs or tissues are suitable for donation. This means that while you're alive you won't know whether your organs or tissues will be suitable. Only your family will know this after you have died.

It is important to discuss donation with the people closest to you so that, if the time ever comes, they will find it easier to carry out your wishes.

Corneal transplants

The cornea is one type of tissue that's usually suitable for donation if a person dies with cancer.

The cornea is the clear tissue at the front of each eye. It lets light into the eye and focuses it on the retina so we can see. If the cornea becomes damaged, it can mean you may no longer be able to see. Corneal transplants can replace the damaged tissue with a disc of healthy tissue from a donor's eye(s). This can successfully allow the person to see again.

Finding out more about organ and tissue donation

You can find out more about donation by visiting the Organ Donation Scotland website (organdonationscotland.org). They keep a register of people who wish to donate their organs or tissue after their death. You can join the register online, by phone or by text (see page 90).



Donating your body for medical research and teaching

Some people want to donate their body for medical research. If you're thinking about donating your body, it's important to talk about it with your GP, hospital or palliative care team. You can also talk about it with your family or close friends. As part of the donation process, you and your next of kin will be asked to sign a consent form. You can get this form from your local medical school. A copy should be kept with your will.

If you want your body tissue to be used for a specific type of research, you will need to let the health and social care professional who is dealing with the consent form know. Your wishes will need to be written on the consent form.

Not everyone who wishes to donate their body will be able to. This may sometimes be due to medical reasons. The Human Tissue Authority (see page 88) can give you information about donating your body for medical research.



FUNERAL PLANNING

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Why plan your funeral

Funerals allow family, friends and others to pay their respects to the person who has died. They play a big part in helping people to:

- express their grief
- acknowledge someone's death
- celebrate their life
- say goodbye.

Many people die without making any plans for their funeral. For family or close friends who are left behind, arranging a funeral can be stressful. They may not know exactly what type of funeral service a person wanted.

If you tell your family or friends what you want, your funeral is much more likely to reflect your wishes. It may also be one less thing for your family or friends to worry about.

'Before he died, my husband and I worked through all the practicalities, finance, will, funeral poems, music, burial site, coffin etc. I had no hard decisions to make, just a plan to put into action. I had the comfort of knowing that I was doing what he wanted, and not trying to decide for him. I could tell his family it was his choice.'

Lynda

What you might include in a funeral plan

Although it can be hard to talk about, discussing your funeral plans with close family and friends can be helpful. They may have ideas and suggestions for arrangements that may help them to celebrate your life, say goodbye and remember you.

Here are some suggestions of what you may want to include in a funeral plan:

A burial or cremation

A burial is usually in a churchyard or other designated burial place. It's also possible for people to be buried in other places, such as a garden. If you want to be buried on property that you own or in a place that you love, you can get information from the Natural Death Centre (see page 89). They also have details of a number of natural burial grounds such as woodlands.

A cremation takes place in a designated crematorium, which usually has one or more chapels where a service can be held. After a cremation, your ashes are given to your next of kin in a container. You can talk to your family about what you want done with your ashes. For example, you may choose to have them scattered in a favourite place.

A religious or non-religious service

If you have a spiritual or religious faith, you may have a clear idea who you want to carry out the funeral. Even if you don't have a faith, you can still contact your local minister, priest or religious leader to discuss your funeral. Most funeral directors can provide you with contact details. However, you don't have to have a religious service or a religious leader for a funeral or memorial service. You could choose to have a humanist service instead. The Humanist Society Scotland can give you more information about humanist funerals and memorials (see page 88).

Other things to include

You may also want to think about whether you want:

- specific songs or readings
- flowers
- donations given to specific charities
- to wear certain clothes – for some people this can be important. For example, a person may want to wear clothes that were significant to them during their lives, such as a military uniform.



Recording your funeral plans

You can document your wishes for your funeral in your will (see pages 24–29). Or you can keep a record of them and leave them in a safe place that your family or friends know about. The Dying Matters Coalition and the National Association of Funeral Directors (NAFD) have a form called **My Funeral Wishes**, which you can use to record your wishes. You can download it at dyingmatters.org/page/my-funeral-wishes

If you don't want to write down your plans, you can simply tell your family members or friends what your wishes are.

Paying for a funeral and choosing a funeral director

Funerals can be expensive so you may want to pay for your funeral in advance by taking out a funeral pre-payment plan. You can find out more from your local funeral director or the NAFD (see page 89). It's best to look into prices first. Make sure that you know what services are included in the price as these can vary.

You may find choosing a funeral director difficult if there are several in the area where you live. Some people choose one they have used before. If you don't have any experience of using funeral directors, it's best to choose one that you know has a high standard of practice. Those that are members of the NAFD are regularly monitored to make sure their practice standards are high. You can contact the NAFD to find out if a funeral director is a member.



'As a family we knew this was what he wanted and we all agreed to rally around to help Joyce cope with his care.'

Adrienne, Dennis's daughter-in-law

MANAGING YOUR CARE IF YOU HAVEN'T PLANNED AHEAD

Who will make decisions about your care?

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'I don't think my dad could have had any better end to his life. Him being in his own surroundings was great.'

Carl, Dennis's son



Who will make decisions about your care?

You may worry about who will make decisions about your care if you haven't planned ahead and were to become seriously ill and unable to make decisions for yourself.

Usually your carers and family will be involved in making everyday decisions about your care. However, sometimes a very important or very difficult decision may need to be made about your medical care or treatment.

If there is an emergency and you don't have capacity to make your own decisions, a senior healthcare professional will make the decision about giving you a treatment. They will use principles set out in the Adults with Incapacity (Scotland) Act 2000 to make their decision. They must be satisfied that any treatment they give will benefit you. Their decision should also take into account:

- your wishes, if your healthcare professionals know them or can find them out
- the views of anyone caring for you, such as a family member, friend or carer.

In a non-emergency situation, the same principles apply but the doctor recommending the treatment must assess your capacity. If you are assessed to be unable to make the decision about the treatment yourself, the doctor will complete a certificate of incapacity. Your doctor or your attorney (if you have one) will then make the treatment decision on your behalf. If possible they will find out what your likely wishes would be. See pages 42–45 for more information about having a Power of Attorney.



MENTAL CAPACITY

The Adults with Incapacity (Scotland) Act 2000

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The Adults with Incapacity (Scotland) Act 2000

The Adults with Incapacity (Scotland) Act 2000 applies to people aged 16 and over in Scotland.

The Act aims to protect people who can't make a decision for themselves. It means that a person can plan ahead for a time when they may not be able to make decisions themselves. It clarifies who can make decisions, in which situations, and how they should go about it. There are many parts to the Act, including parts on Powers of Attorney (see pages 42–45).

The Act states that a person lacks capacity if they are unable to act, make decisions, communicate decisions, understand decisions or remember making decisions. This may be because of a mental disorder or a physical disability that prevents communication. The Act also takes into account that a person's mental capacity can change, for example if their health improves.

A person will have capacity if they're able to meet one of the following criteria:

- Understand what the treatment is, its purpose and why it is being suggested.
- Understand the benefits or risks of the treatment or if there are alternatives.
- Understand what will happen if they do not have the treatment.
- Retain the information for long enough to use or weigh it up so that they can make a decision.



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About our information

We provide expert, up-to-date information about cancer. And all our information is free for everyone.

Order what you need

You may want to order more leaflets or booklets like this one. Visit **be.macmillan.org.uk** or call us on **0808 808 00 00**.

We have booklets on different cancer types, treatments and side effects. We also have information about work, financial issues, diet, life after cancer and information for carers, family and friends.

All of our information is also available online at **macmillan.org.uk/cancerinformation**. There you'll also find videos featuring real-life stories from people affected by cancer, and information from health and social care professionals.

Other formats

We also provide information in different languages and formats, including:

- audiobooks
- Braille
- British Sign Language
- Easy Read booklets
- ebooks
- large print
- translations.

Find out more at **macmillan.org.uk/otherformats**

If you'd like us to produce information in a different format for you, email us at **cancerinformationteam@macmillan.org.uk** or call us on **0808 808 00 00**.

Help us improve our information

We know that the people who use our information are the real experts. That's why we always involve them in our work. If you've been affected by cancer, you can help us improve our information.

We give you the chance to comment on a variety of information including booklets, leaflets and fact sheets.

If you'd like to hear more about becoming a reviewer, email **reviewing@macmillan.org.uk** You can get involved from home whenever you like, and we don't ask for any special skills – just an interest in our cancer information.



Other ways we can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we're here to support you. No one should face cancer alone.

Talk to us

If you or someone you know is affected by cancer, talking about how you feel and sharing your concerns can really help.

Macmillan Support Line

Our free, confidential phone line is open Monday–Friday, 9am–8pm. Our cancer support specialists can:

- help with any medical questions you have about your cancer or treatment
- help you access benefits and give you financial advice
- be there to listen if you need someone to talk to
- tell you about services that can help you in your area.

Call us on **0808 808 00 00** or email us via our website, **macmillan.org.uk/talktous**

Information centres

Our information and support centres are based in hospitals, libraries and mobile centres.

There, you can speak with someone face to face.

Visit one to get the information you need, or if you'd like a private chat, most centres have a room where you can speak with someone alone and in confidence.

Find your nearest centre at **macmillan.org.uk/informationcentres** or call us on **0808 808 00 00**.

Talk to others

No one knows more about the impact cancer can have on your life than those who have been through it themselves. That's why we help to bring people together in their communities and online.

Support groups

Whether you are someone living with cancer or a carer, we can help you find support in your local area, so you can speak face to face with people who understand. Find out about support groups in your area by calling us or by visiting **[macmillan.org.uk/selfhelpandsupport](https://www.macmillan.org.uk/selfhelpandsupport)**

Online community

Thousands of people use our online community to make friends, blog about their experiences and join groups to meet other people going through the same things. You can access it any time of day or night. Share your experiences, ask questions, or just read through people's posts at **[macmillan.org.uk/community](https://www.macmillan.org.uk/community)**

The Macmillan healthcare team

Our nurses, doctors and other health and social care professionals give expert care and support to individuals and their families. Call us or ask your GP, consultant, district nurse or hospital ward sister if there are any Macmillan professionals near you.

'Everyone is so supportive on the online community, they know exactly what you're going through. It can be fun too. It's not all just chats about cancer.'

Mal

Help with money worries

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. If you've been affected in this way, we can help.

Financial guidance

Our financial guidance team can give you advice on mortgages, pensions, insurance, borrowing and savings.

Help accessing benefits

Our benefits advisers can offer advice and information on benefits, tax credits, grants and loans. They can help you work out what financial help you could be entitled to. They can also help you complete your forms and apply for benefits.

Macmillan Grants

Macmillan offers one-off payments to people with cancer. A grant can be for anything from heating bills or extra clothing to a much-needed break.

Call us on **0808 808 00 00** to speak to a financial guide or benefits adviser, or to find out more about Macmillan Grants. We can also tell you about benefits advisers in your area. Visit **[macmillan.org.uk/financialsupport](https://www.macmillan.org.uk/financialsupport)** to find out more about how we can help you with your finances.

Help with work and cancer

Whether you're an employee, a carer, an employer or are self-employed, we can provide support and information to help you manage cancer at work. Visit **[macmillan.org.uk/work](https://www.macmillan.org.uk/work)**



Macmillan's My Organiser app

This free mobile app can help you manage your treatment, from appointment times and contact details, to reminders for when to take your medication. Search 'My Organiser' on the Apple App Store or Google Play on your phone.

Other useful organisations

There are lots of other organisations that can give you information or support.

Age Scotland

Causewayside House,
160 Causewayside,
Edinburgh EH9 1PR

Tel 0800 4 70 80 90

www.ageuk.org.uk/scotland

Provides information and advice for older people via the website and advice line. Also publishes impartial and informative fact sheets and advice guides.

Alzheimer's Scotland

22 Drumsheugh Gardens,
Edinburgh EH3 7RN

Tel 0808 808 3000

Email info@alzscot.org

www.alzscot.org

Provides a wide range of specialist services for people with dementia and their carers.

Cancer Support Scotland

The Calman Centre,
75 Shelley Road,
Glasgow G12 0ZE

Tel 0800 652 4531

Email info@

cancersupportscotland.org

www.

cancersupportscotland.org

Runs cancer support groups throughout Scotland. Also offers free complementary therapies and counselling to anyone affected by cancer.

Chest, Heart

& Stroke Scotland

3rd Floor, Rosebery House,
9 Haymarket Terrace,
Edinburgh EH12 5EZ

Tel 0808 801 0899

Email admin@chss.org.uk

www.chss.org.uk

Improves the quality of life for people in Scotland affected by chest, heart and stroke illness.

Citizens Advice Scotland

www.cas.org.uk

Provides advice on a variety of issues including financial, legal, housing and employment issues. You can also find advice online in a range of languages at **www.citizensadvice.org.uk/resources-and-tools/languages**

COSCA Counselling & Psychotherapy in Scotland

16 Melville Terrace,
Stirling FK8 2NE

Tel 01786 475 140

Email info@cosca.org.uk

www.cosca.org.uk

Provides help with finding a counsellor or psychologist.

Good Life, Good Death, Good Grief

CBC House,
24 Canning Street,
Edinburgh EH3 8EG

Tel 0131 272 2735

www.goodlifegriefdeath.org.uk

Aims to raise awareness of ways of dealing with death, dying and bereavement and promote community involvement.

The website includes information resources, links to organisations that can help, and links to relevant information on wills, Power of Attorney, and more.

Human Tissue Authority

151 Buckingham Palace Road,
London SW1W 9SZ

Tel 020 7269 1900

www.hta.gov.uk

Provides information about tissue donation. Licenses and inspects organisations that store and use human tissue for research, patient treatment and teaching.

Humanist Society Scotland

Hayweight House,
Lauriston Street,
Edinburgh EH3 9DQ

Tel 0131 281 0885

www.humanism.scot

Represents non-religious people and supports those who wish to live humanist lives, including through the provision of humanist ceremonies. Promotes equal treatment in law and policy regardless of religion and belief.

The Law Society of Scotland

Atria One, 144 Morrison Street
Edinburgh EH3 8EX

Tel 0131 226 7411

www.lawscot.org.uk

Represents solicitors in Scotland and can provide details of local solicitors.

Marie Curie Cancer Care

89 Albert Embankment,
London SE1 7TP

Tel 0800 090 2309

Email

info@mariecurie.org.uk

www.mariecurie.org.uk

Provides free end-of-life care to people with cancer in their own homes, 24 hours a day, 365 days a year. There are also Marie Curie hospices across the UK.

Mental Welfare Commission for Scotland

Thistle House,
91 Haymarket Terrace,
Edinburgh EH12 5HE

Tel 0131 313 8777

www.mwscot.org.uk

Supports and promotes decision-making for people with mental impairment or disability who would like to plan for their future.

National Association of Funeral Directors (NAFD)

618 Warwick Road, Solihull,
West Midlands B91 1AA

Tel 0121 711 1343

www.nafd.org.uk

Monitors standards of funeral directors in the UK and gives help and advice on what to do in the event of a death. Also advises on arranging funerals and has information on what you should expect from a funeral director.

The Natural Death Centre

In The Hill House, Watley Lane,
Twyford, Winchester SO21 1QX

Tel 01962 712690

Email

rosie@naturaldeath.org.uk

www.naturaldeath.org.uk

Aims to support those dying at home and their carers. Also helps people to arrange inexpensive, family-organised and environmentally friendly funerals.

NHS 24

Tel 111

www.nhs24.com

111 is the NHS non-emergency number. It is available 24 hours a day, 365 days a year.

NHS Inform

Tel 0800 224488

www.nhsinform.co.uk

Provides health and care information.

NHS Inform:

Palliative Care Zone

Tel 0800 22 44 88

(Daily, 8am–10pm)

[www.nhsinform.co.uk/](http://www.nhsinform.co.uk/palliativecare)

palliativecare

Provides online information about planning for your future care.

The Office of the Public Guardian Scotland

Hadrian House,
Callendar Business Park,
Callendar Road,
Falkirk FK1 1XR

Tel 01324 678300

(Mon–Fri, 9am–5pm)

Email opg@scotcourts.gov.uk

www.publicguardian-scotland.gov.uk

Has a range of functions under the Adults with Incapacity (Scotland) Act. It provides information, advice and guidance with regard to Powers of Attorney.

Organ Donation Scotland

Tel 0300 123 23 23

[www.](http://www.organdonationscotland.org)

[organdonationscotland.org](http://www.organdonationscotland.org)

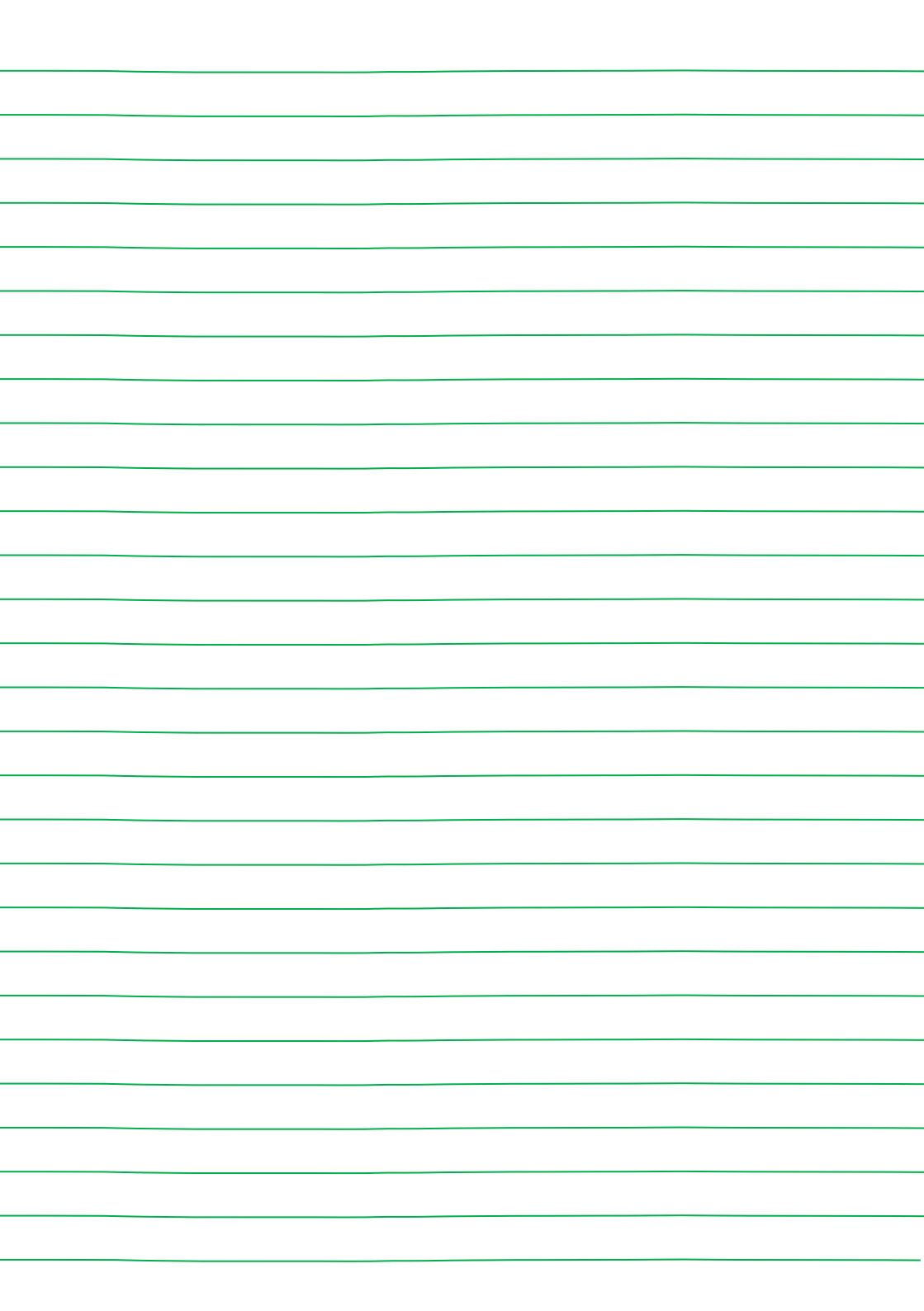
Provides information about organ and tissue donation. You can also register to be a donor through Organ Donation Scotland.



You can search for more organisations on our website at **macmillan.org.uk/organisations** or call us on **0808 808 00 00**.

YOUR NOTES AND QUESTIONS

A series of horizontal green lines for writing notes and questions. The lines are evenly spaced and extend across the width of the page, providing a structured area for text entry.



Disclaimer

We make every effort to ensure that the information we provide is accurate and up to date, but it should not be relied upon as a substitute for specialist professional advice tailored to your situation. So far as is permitted by law, Macmillan does not accept liability in relation to the use of any information contained in this publication, or third-party information or websites included or referred to in it. Some photographs are of models.

Thanks

This booklet has been written, revised and edited by Macmillan's Cancer Information Development team. It has been approved by our Senior Medical Editor, Dr Sara Booth, Macmillan Consultant in Palliative Care.

With thanks to: Dr Paul Baughan, Lead GP, Cancer and Palliative Care; Dr Kirsty Boyd, Consultant in Palliative Medicine; Sandra Campbell, Macmillan Nurse Consultant for Cancer and Palliative Care; Dr Francesca Gray, Macmillan GP, NHSGGC; Anne McGee, End of Life Care Project Manager, Macmillan Cancer Support. Thanks also to the people affected by cancer who reviewed this booklet, and those who shared their stories.

The legal content of this booklet has also been reviewed by our legal reviewer, Mr Gavin McEwan, Partner, Tucan Connell.

Sources

We've listed a sample of the sources used in the publication below. If you'd like further information about the sources we use, please contact us at **bookletfeedback@macmillan.org.uk**

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Can you do something to help?

We hope this booklet has been useful to you. It's just one of our many publications that are available free to anyone affected by cancer. They're produced by our cancer information specialists who, along with our nurses, benefits advisers, campaigners and volunteers, are part of the Macmillan team. When people are facing the toughest fight of their lives, we're there to support them every step of the way.

We want to make sure no one has to go through cancer alone, so we need more people to help us. When the time is right for you, here are some ways in which you can become a part of our team.



Share your cancer experience

Support people living with cancer by telling your story, online, in the media or face to face.

Campaign for change

We need your help to make sure everyone gets the right support. Take an action, big or small, for better cancer care.

Help someone in your community

A lift to an appointment. Help with the shopping. Or just a cup of tea and a chat. Could you lend a hand?

Raise money

Whatever you like doing you can raise money to help. Take part in one of our events or create your own.

Give money

Big or small, every penny helps. To make a one-off donation see over.

Call us to find out more

0300 1000 200

macmillan.org.uk/getinvolved

Please fill in your personal details

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Name

Surname

Address

Postcode

Phone

Email

Please accept my gift of £

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I enclose a cheque / postal order /
Charity Voucher made payable to
Macmillan Cancer Support

OR debit my:

Visa / MasterCard / CAF Charity
Card / Switch / Maestro

Card number

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Signature

Date / /

Don't let the taxman keep your money

Do you pay tax? If so, your gift will be worth 25% more to us – at no extra cost to you. All you have to do is tick the box below, and the tax office will give 25p for every pound you give.

- ☐ I am a UK tax payer and I would like Macmillan Cancer Support to treat all donations I make or have made to Macmillan Cancer Support in the last 4 years as Gift Aid donations, until I notify you otherwise.

I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I understand Macmillan Cancer Support will reclaim 25p of tax on every £1 that I give.

Macmillan Cancer Support and our trading companies would like to hold your details in order to contact you about our fundraising, campaigning and services for people affected by cancer. If you would prefer us not to use your details in this way please tick this box. ☐

In order to carry out our work we may need to pass your details to agents or partners who act on our behalf.



If you'd rather donate online go to macmillan.org.uk/donate

Please cut out this form and return it in an envelope (no stamp required) to:
Supporter Donations, Macmillan Cancer Support, FREEPOST LON15851,
89 Albert Embankment, London SE1 7UQ

More than one in three of us will get cancer. For most of us it will be the toughest fight we ever face. And the feelings of isolation and loneliness that so many people experience make it even harder. But you don't have to go through it alone. The Macmillan team is with you every step of the way.

We are the nurses and therapists helping you through treatment. The experts on the end of the phone. The advisers telling you which benefits you're entitled to. The volunteers giving you a hand with the everyday things. The campaigners improving cancer care. The community there for you online, any time. The supporters who make it all possible.

Together, we are all Macmillan Cancer Support.

For cancer support every step of the way, call Macmillan on 0808 808 00 00 (Mon–Fri, 9am–8pm) or visit macmillan.org.uk

Hard of hearing? Use textphone 0808 808 0121, or Text Relay.

Non-English speaker? Interpreters available.

Braille and large print versions on request.

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