

## Advance Directives

### Procedure Responsibilities and Authorisation

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### Procedure Review History

Version	Updated by	Date Updated	Description of Changes
04	Julie Kneebone	May 2017	Updated with current electronic process. Inclusion of indicator. Person centred flow for advance directives development

## Advance Directives

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## Advance Directives

### 1. Overview

#### 1.1 Purpose

This procedure outlines the steps to be followed when:

- Guiding a service user / tāngata whaiora to make an advance directive
- How to proceed when a service user / tāngata whaiora presents with an advanced directive
- What to do when a service user / tāngata whaiora revokes their advance directive

#### 1.2 Scope

This procedure is applicable across the Mental Health and Addictions service

#### 1.3 Patient / client group

Mental Health and Addictions service users / tāngata whaiora

#### 1.4 Exceptions / contraindications

Nil

#### 1.5 Definitions

An "Advance Directive" is defined in the Health and Disability Service Standards (2008) as a written or oral directive:

- By which a service user makes the choice about a possible future health procedure; and
- That is intended to be effective only when they are not competent"

A service user may use an advance directive to give health care direction in advance.

### 2. Clinical Management

#### 2.1 Competency required

A Psychiatrist / treating clinician must check the person is legally competent when deciding the validity of an advance directive

#### 2.2 Equipment

Clinical Record  
Advance Directive template - electronic

#### 2.3 Procedure

This procedure is divided into four sections:

Section One: Person Centred Care approach to advance directives

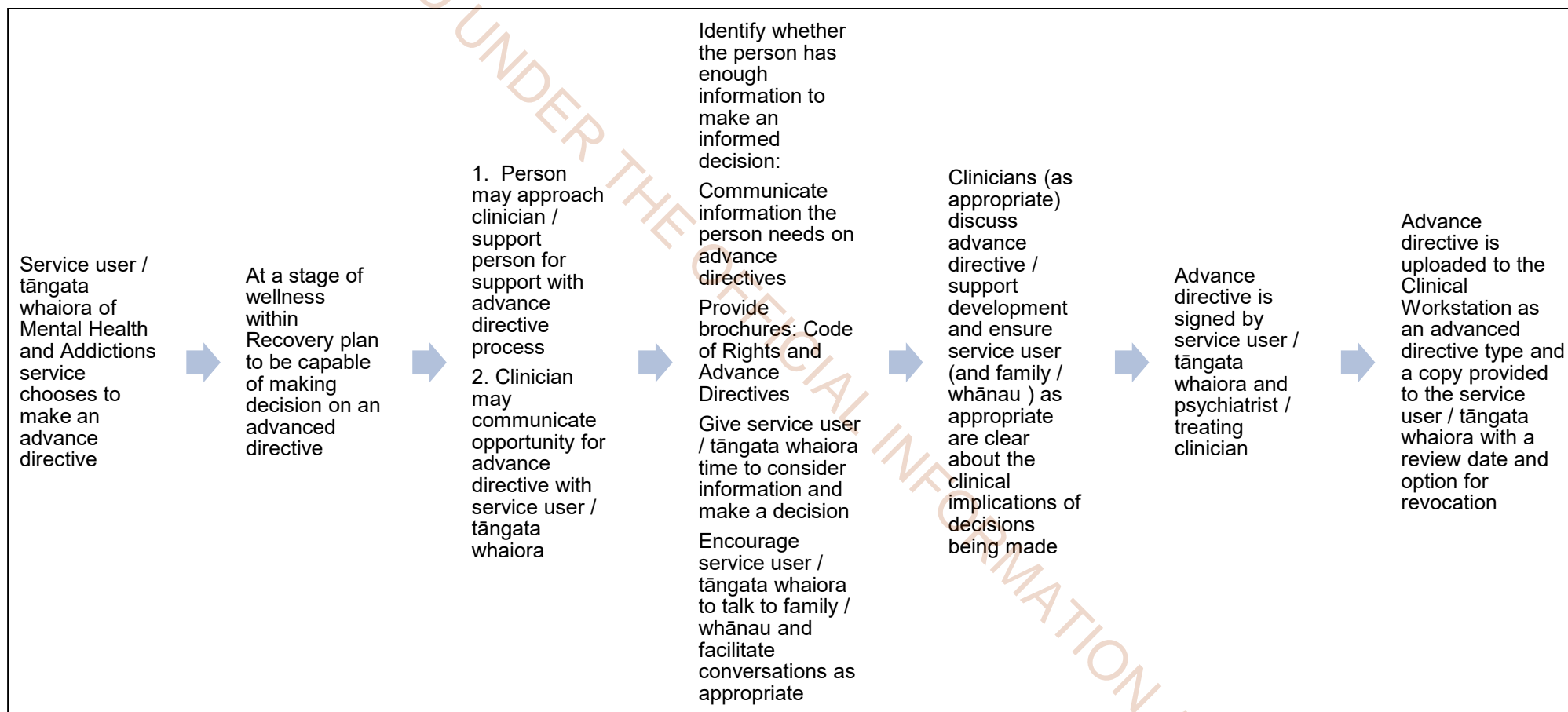
Section Two: Procedure for Mental Health Professionals when a service user / tāngata whaiora request guidance / support to make an advanced directive

Section Three: Procedure for Mental Health Professionals when a service user / tāngata whaiora presents with an advance directive

Section Four: Procedure for Mental Health Professionals when a service user / tāngata whaiora revokes their advance directive

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### Section One: Person centred care approach to making an advance directive



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## Section Two: Procedure for Mental Health Professionals when a service user / tāngata whaiora requests guidance / support to make an advance directive

### 1. Action:

Ensure that the service user / tāngata whairoa has been provided with enough information to make an informed decision inclusive of the Advance directive information for service users (G1452MHF) brochure. For example does the service user / tāngata whairoa realise what the consequences or risks of their decisions are especially in relation to refusal of particular medications e.g. anti-psychotics

## Rationale

A well-informed service user / tāngata whaiora is more likely to make wise decisions

## 2. Action:

Encourage the service user / tāngata whaiora to think about whether they would like any of their family / whānau members to have a copy of their advance directive.

## Rationale

Family / whānau members having a copy of the advance directive may help when the service user / tāngata whaiora is admitted to an acute inpatient unit outside of working hours.

### 3. Action:

Encourage open discussion about the clinical nature and impact of the service user's / tāngata whaiora's decisions before the advance directive is made. Encourage involvement of the service user's / tāngata whaiora's keyworker

## Rationale

Service user is aware of options for best treatment from a clinical perspective.

#### 4. Action:

If the service user / tāngata whaiora is not legally competent at the time of wishing to make an advance directive, inform him / her that he / she will be unable to make an advance directive until they are well as it will be invalid due to their lack of competence.

## Rationale

Service user / tāngata whaiora needs to be competent to make an advance directive that will have validity

## 5. Action:

If the service user / tāngata whaiora is fully informed, not unduly influenced or pressured and is capable to make an advance directive, the service user / tāngata whaiora completes the

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advanced directive in their time. Staff provide the service user / tāngata whaiora with the relevant information. To be uploaded to the clinical workstation the advanced directive must be signed by the service user / tāngata whaiora and the clinician. The advanced directive must be signed and scanned into the clinical workstation to be valid for use.

## Rationale

Standardised process is used

## 6. Action:

The psychiatrist / treating clinician signs the top section of the advance directive

## Rationale

An advance directive signed by a psychiatrist / treating clinician will hold more validity.

## 7. Action:

Once signed by a psychiatrist / treating clinician the advanced directive is entered into the electronic system, and the hard copy is provided to the service user / tāngata whaiora within five working days, and a copy placed on the service user's / tāngata whaiora clinical record with their approval.

## Rationale

To ensure consistency across the service

### Section Three: Procedure for Mental Health Professionals when a service user / tāngata whaiora presents with an advance directive

### 1. Action:

When an advance directive is presented the psychiatrist / treating clinician must check the validity of the advance directive by:

- Checking for the statement of competence from doctor at top of page one. If this is not present it does not, on its own, mean that the advance directive is invalid
- Check that the advance directive is current and mental health specific (not revoked)
- Ask service user / tāngata whaiora / family / whānau members, as appropriate if advance directive is to be followed in presenting situation
- Consult with service user's / tāngata whaiora's keyworker

## Rationale

Need to ascertain service user / tāngata whaiora was legally competent at time of making the advance directive.

Need to ensure these are the service user / tāngata whaiora's actual wishes.

Need to ascertain that the service user / tāngata whaiora was fully informed about the decisions and possible clinical consequences of wishes stated in the advance directive.

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Occasionally older people from rest homes may have an advance directive (care plan) that is not mental health related.

### 2. Action:

After checking the validity of the advance directive the psychiatrist / treating clinician may:

- Follow the advance directive if he or she has reasonable grounds to believe it is valid and the treatment outlined is appropriate
- Decline to follow the advance directive if she or he has reasonable grounds to override on the basis of wellbeing for the service user tāngata whaiora
- If the service user / tāngata whaiora is under the Mental Health Act 1992, consideration should still be given to following the advance directive if clinically appropriate to do so.

### Rationale

If you do not follow the directions of an advance directive and there is no reason to doubt the validity and 'reasonableness' of the advance directive, it could be seen as a breach of Right 7 of New Zealand's Health and Disability Service users' Rights "*Right to Make an Informed Choice and Give Informed Consent (rule 7 (5) states that Every Service User may use an Advance Directive in accordance with the common law*").

### 3. Action:

The psychiatrist / treating clinician must document the rationale for the above decision in the service user's / tāngata whaiora individual clinical record.

At an appropriate point in the service user / tāngata whaiora journey, information on the rationale for not following the advance directive should be offered to the service user / tāngata whaiora.

### Rationale

Record of decision made

## Section Four: Procedure for Mental Health Professionals when a service user / tāngata whaiora revoke their advance directive

### 1. Action:

When a service user informs any health professional that they wish to revoke their advance directive you need to discuss the decision with the service user / tāngata whaiora and discuss with appropriate members of the multidisciplinary team.

### Rationale

The service user tāngata whaiora can choose to terminate their advanced directive at any time. The Psychiatrist / treating clinician will need to assess the choices made in line with the ability of the service user / tāngata whaiora at the time.

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HDSS Right 7 (4) “*provider may provide services where it is in the best interests of the consumer and reasonable steps have been taken to ascertain the views of the consumer*”

### 3. Action:

If the psychiatrist or treating clinician finds the service user / tāngata whaiora is competent they need to:

- Ask the service user / tāngata whaiora if they wish to alter the advance directive or make a new one rather than just revoke the existing one
- Document in the service user's / tāngata whaiora current clinical record the revocation and document the revocation on page 3 of the advance directive
- Inform the service user's / tāngata whaiora keyworker

### Rationale

The service user / tāngata whaiora is given choices to continue to use an advance directive or not.

To ensure that the service users / tāngata whaiora wishes are current.

### 3. Patient Information

Health and Disability Commissions information pamphlet on advance directives  
Advance directive information for service users (G1452MHF)  
Advanced directive template  
Revocation template

### 4. Audit Indicators

#### 4.1 Indicators

Number of service users / tāngata whaiora with signed advanced directives

#### 4.2 Tools

Quarterly monitoring of signed advanced directives

### 5. Evidence Base

#### 5.1 Summary of Evidence, Review and Recommendations

#### 5.2 References

##### Associated documents

Advance Directive Template and Revocation template - electronic  
Health and Disability Commissions information pamphlet on advance directives  
Advance directive information for service users (G1452MHF)  
Waikato DHB Informed Consent Policy (0182)



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### References

Health and Disability Services Standards NZS8134:2008

The Code of Health and Disability Services Consumers' Rights (1996)

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