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Supporting the spirit of life: Planning for your death

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We spend time planning life events, coming of age, marriage, birth, big birthdays and retirement. Planning our dying and death seems to be ignored in today's culture, despite the inevitability. Having 'difficult' conversations with patients or one's own family members need not be seen as morbid or depressing. Encouraging others to talk about their preferences and priorities at the end of life facilitates planning for the future. Making an advance care plan (ACP) detailing your preferences and sharing this information with those important to you can unburden you allowing you to enjoy the life remaining to you. A pro-forma ACP offers a structured approach to planning which could be useful if you become unable to make decisions for yourself. It offers a range of planning options, guardian ship of loved ones, care of pets, who to contact, where the keys are etc. The document can be altered as circumstances change, with the only proviso that any changes in the document are also conveyed to others with knowledge of your ACP. Your ACP can also incorporate an Advance Decision to Refuse Treatment or ADRT, your tissue or organ donation preferences, details of your Lasting Power of Attorney or LPA as well as any preferences for your funeral arrangements. Knowing that they are fulfilling your preferences after you have died helps those important to you to come to terms with their loss and bereavement. Talking about death and dying, planning ahead and enjoying life—what can possibly be morbid about that?

Biography

Rosalynde Johnstone manages a range of palliative care projects, the all-Wales Integrated Care Priorities (ICP) for the Last Days of Life, Advance Care Planning and raising awareness, encouraging discussion and planning for death and dying is of particular interest. She has published regularly in peer reviewed journals on various aspects of end of life care as well as giving personal and poster presentations at national and international conferences. She is also interested in identifying the most appropriate methodology for use in clinical trials involving dying patients seeking to establish an evidence base to underpin quality care of the dying patient.

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