

## **PATIENT END-OF-LIFE CARE BILL OF RIGHTS**

1. Sufficient Fluids will be given to me by mouth, by tube, to the stomach, or by drip into a vein or under the skin to relieve thirst and keep me hydrated, unless I decide against this.
2. My Nutrition will be maintained by any reasonable means unless I specifically forbid this.
3. Unless I decide it, I will be given what treatment is needed to keep me as pain free as possible preferably without being sedated.
4. I will not be sedated unless this is thought necessary. If this need arises either I or my relative will be informed.
5. If I am thought to be dying, I will have the right to ask for a second opinion on my diagnosis and the likely outcome.
6. I have the right to see the pastor of my choice.
7. I will be involved in all medical and nursing decisions that are potentially life altering, and no medication will be given to me by syringe driver without my agreement or that of a spouse or close relative.
8. DNR orders will not be written up without my consent or that of my relatives.
9. Any decision to reduce the level of active care, such as stopping antibiotics or relieving the oxygen supply or withdrawing medication will not be made without my consent or that of my relatives.
10. Should I lose the ability to make decisions about my case (Mental Capacity) for example in the situations such as those considered above, my spouse or relative who is acting for me should be consulted or if I have no living relative, a trusted independent advocate should be appointed to take these decisions. For disabled people ask for either: the DISABILITY LIASON NURSE to be present and help with ALL decisions. Or request the presence of an Independent Mental Capacity Advocate (IMCA) this person should have an in-depth knowledge of the Act and must work for the good of the patient.

**Written in consultation with the Medical Ethics Alliance.**