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My journey,

my needs

Care Plan

|  |  |
| --- | --- |
| Name | Add |
| Contact number | Add |
| Case number | Add |

# Care Plan Assisted Dying Services

This care plan has been designed specifically to help you think about your needs when accessing assisted dying services. It will help to capture your journey through the process and document what matters most to you and your whānau.

The conversations you have with your whānau and loved ones while thinking about your care plan are important. This plan can help guide those conversations. You may like to share this plan with your health care team as well as your whānau (including extended family, partners, friends, guardians, or other representatives).

This care plan will ensure everyone you choose is aware of your needs and how best to support you during the process.

This care plan is about you and your wishes; use it any way to best meet your needs. You may already have an advanced care plan, if so, you may wish to use this care plan alongside.

## Documenting your care plan

The following pages provide a series of topics to help you identify your needs. The tables provide a series of bullet point prompts to record useful information to help you on your journey.

# Things I need to know

|  |  |
| --- | --- |
| Use the space below to record your response | You may want to think about |
| Enter here, note the field will grow as you type | * What information do I need? * What information will I need to provide? * Who do I want to tell (if anyone)? * What steps are needed to check if I am eligible? * What if I change my mind? * Can I choose my doctors? * Does my other health care and support continue? * Anything else? |

# Things that matter to me

|  |  |
| --- | --- |
| Use the space below to record your response | You may want to think about |
| Enter here, note the field will grow as you type | * My concerns? * Decisions I have made? * What are my priorities? * What are my cultural, religious, or spiritual beliefs? * What do I want others to know so they may respect my needs? |

# What I need from my support network

|  |  |
| --- | --- |
| Use the space below to record your response | You may want to think about |
| Enter here, note the field will grow as you type | * What (if any) are my special support needs? * Things to do, or not do include * What do others need to know about my culture? * What do others need to know about my religion or spirituality? * What examples demonstrate respect shown by others towards me? * What examples demonstrate the meaning of empathy (such as no food or flowers) to me? |

# What matters to my whānau?

|  |  |
| --- | --- |
| Use the space below to record your response | You may want to think about |
| Enter here, note the field will grow as you type | * What support do my whānau need? * What information do others need, to know how to support them? * Time required for loved ones to arrive who are travelling. * Do their beliefs align with mine? * Do they have any access requirements or other specific needs? * Can my pets be present/visit? |

# What I need to have sorted before I die

|  |  |
| --- | --- |
| Use the space below to record your response | You may want to think about |
| Enter here, note the field will grow as you type | * Do I have a Will, and is it up to date? * Who knows where my Will is held? * What is my emotional Will? * What items do I have stored electronically? * Who has access to the usernames and passwords? * Is there anyone else I need to inform usernames and passwords? * Do I need someone to help manage information to my whānau? * Are people aware of how I want my body to be handled? |

# What I want on the day of my death

|  |  |
| --- | --- |
| Use the space below to record your response | You may want to think about |
| Enter here, note the field will grow as you type | * Where will I die? * Think about a date and time. * Who do I want there? * Are there cultural, religious, or spiritual activities I want on the day? Who would perform those on my behalf? * What does my attending health practitioner/s need to know? * Do I want people to take photographs or video on the day? *Note, there are restrictions about what can be published so check first.* |

# What I want to happen after my death

|  |  |
| --- | --- |
| Use the space below to record your response | You may want to think about |
| Enter here, note the field will grow as you type | * What support do my whānau need? * Are there any post-cultural, religious, or spiritual activities planned? * When should the funeral director arrive? * When is it ok for the health practitioner/s to leave? |

# Other questions

Use the table below to record any other questions you may have, or any other information you may require.

| Other questions/information |
| --- |
| Add |

# My notes

Use the spaces below to record any notes, thoughts, feelings, or ideas relevant to your journey.

| Notes |
| --- |
| Add |

| Thoughts |
| --- |
| Add |

| Feelings |
| --- |
| Add |

| Ideas |
| --- |
| Add |

# My key contacts

Below is a list of whānau and health professionals (including GP, specialist and support people) involved in my care.

|  |  |  |
| --- | --- | --- |
| Name | Relationship | Phone/Email |
| Clinical Advisors | Ministry of Health | 0800 223 852/ [AssistedDying@health.govt.nz](mailto:AssistedDying@health.govt.nz) |
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