

Anticipatory life and care plan (ALCP)



Three points to note

1 - This document is an anticipatory life and care plan, please keep it at home or by a third party (relative or institution). Please specify where it is located (give your contact details or those of the third party holding it)

2 - You have the possibility, at any given time, to change your ALCP, to better fit the evolution of your wishes.

3 - The ALCP will only be used in case you are no longer able to express yourself.

My administrative information

My name and first name - H F

My phone number

My national registration number

Institutions and/or persons of contact (provide name and phone number)

Institution(s) (nursing home, reference hospital...)

General practitioner

Contact person(s)

Substitute Decision-Maker (healthcare)

Extrajudicial authorized representative

Trustee

Person(s) of trust

My care plan

Overall project (intensity of care)

- Maximum care (if you tick this box, go directly to the back)
- Usual care
- Comfort/palliative care
- Early declaration on euthanasia signed on

For equal care, I would rather be

- In my home
- In my institution
- At the hospital
- In a palliative care unit

Refused therapies

- Antibiotherapy
- Hydrating perfusion
- Dialysis
- Palliative sedation
- Consciousness altering treatment

- Artificial feeding:
 - Enteral (through the nose)
 - Parenteral (intravenous)
 - Gastrostomy probe (in the stomach)

- Breathing support:
 - Oxygen therapy
 - Non-invasive ventilation (NIV)
 - Intubation

Accepted types of hospitalisation

- Hospitalisation **with** resuscitation
- Hospitalisation **without** resuscitation
- Exceptional hospitalisation (fracture, occlusion, etc.)

Comments

My end-of-life wishes

For my final days, I prefer - if possible - to be in my usual living environment: Yes No No preference

I would like assistance (you can choose multiple) Psychological Philosophical Religious
 Spiritual Other None

For my assistance, I would like in particular

To me, the most important is

My other wishes

My wishes for after my passing

I consent to donate my organs: Yes No
 No preference

I donate my body to science: Yes No
 No preference

I wish to be: Incinerated Buried
 No preference

I have a pacemaker: Yes No

I leave the choice of my funeral to my loved ones: Yes
 No

Having answered "no" to the above question, I would like the following rite(s)/ ritual(s) (ceremony, dispersal of ashes...) to be respected:

Details of the funeral home of my choice

I have funeral insurance: Yes No

If yes:

Name of my company:

My policy number:

My other wishes

Signature

Date

Signature of my authorised representative (if appointed)

His/her relation to me

Signature of the doctor (facultative)