



Advance and future decision-making

Distinguish legally binding advance refusals from broader statements and clinical plans, and check validity, applicability and jurisdiction before relying on a future decision-making document.

Estimated learning time	Sources checked	Review due
45 minutes	17 September 2026	2026-12-17

Clinical safety: This educational module does not replace current law, statutory guidance, local policy, legal advice or patient-specific clinical judgement. Jurisdiction-specific rules must be checked for the nation in which care is delivered.

Your reflection is private. After completing the assessment you may optionally save a reflection in your Clinical Education account. Reflection is not part of this downloadable reading file, is not shown on the module certificate and is not exposed through the site administrator interface. Do not put identifiable patient, colleague or confidential employer information into reflective notes.

Learning objectives

- Distinguish legally binding advance refusals from broader statements of wishes and future-care preferences.
- Check validity, applicability and scope before relying on an advance decision.
- Recognise jurisdictional differences in future decision-making mechanisms.
- Integrate prior wishes with current participation and clinical circumstances.

Learning material

Why plan ahead?

Future-care planning allows people to record what matters to them before illness makes communication or decision-making more difficult. It can improve continuity across settings, help families understand preferences and support clinicians when urgent decisions arise.

Different documents have different legal effects. The safest approach is to identify what the document is, which jurisdiction applies, whether it is current and relevant, and what authority it carries.

Advance refusals and legal effect

In England and Wales the Mental Capacity Act provides for advance decisions to refuse treatment. Formal requirements become particularly important where life-sustaining treatment is refused. A document should not be treated as binding without checking validity and applicability to the exact treatment and circumstances.

Other UK jurisdictions use different legal routes and terminology. Do not assume that an “advance directive” has identical status everywhere.

Advance statements and preferences

A written statement of wishes, values or preferences can be highly relevant even when it is not a legally binding refusal. It may explain what outcomes the person would find unacceptable, who they want involved, where they

prefer care or how they balance longevity and independence.

These statements inform patient-centred reasoning; they should not be mislabelled as binding treatment refusals if that is not their legal status.

Clinical plans are different

Emergency or future-care plans such as ReSPECT are clinical recommendation processes. They can be extremely useful, but they are not the same thing as a legally binding advance refusal. A plan may need review when the person's health, goals or treatment options change.

Validity, applicability and scope

When a future decision-making document is found, ask: does it relate to this person, is it valid under the relevant law, has it been withdrawn or superseded, does it cover this treatment, and do the current circumstances match those contemplated?

In an emergency, information may be incomplete. Document what was available, what checks were possible and why a particular course was followed.

Current wishes, review and sharing

Where the person currently has capacity, their present decision takes priority over a prior statement made for future incapacity. Where they lack capacity, current behaviour, preferences and distress can still be relevant alongside the prior plan.

Plans should be accessible to the teams likely to need them and reviewed when circumstances change, subject to confidentiality and information-governance requirements.

Key terms for review

advance decision, advance refusal, advance directive, advance statement, future care planning, validity, applicability, LPA, welfare attorney

Documentation exercise

Produce a checklist-style note documenting what future-planning document was reviewed, how its validity/applicability was considered and what current information was taken into account.

Official sources and further reading

The links below are the authentic official sources used for this module. They should be rechecked for time-sensitive clinical or legal decisions.

MC-EW-01 - Mental Capacity Act 2005

<https://www.legislation.gov.uk/ukpga/2005/9/contents>

MC-S-04 - Adults with incapacity: continuing and welfare attorneys - code of practice

<https://www.gov.scot/publications/code-practice-continuing-welfare-attorneys-second-edition-updated-february-2018/>

EOL-NI-01 - Advance Care Planning: For Now and For The Future - Northern Ireland

<https://www.health-ni.gov.uk/publications/advance-care-planning-now-and-future>

EOL-W-04 - Welsh Government - Advance care planning statement

<https://www.gov.wales/written-statement-advance-care-planning>

EOL-UK-04 - Resuscitation Council UK - ReSPECT

<https://www.resus.org.uk/respect>

EOL-UK-05 - Resuscitation Council UK - FAQs: decision making and CPR

<https://www.resus.org.uk/professional-library/faqs/faqs-decision-making-cpr>

Next step

Return to clinicaledu.uk to take the module assessment. After a pass, you may obtain the module certificate and, separately, add an optional private reflection and generate a learner-controlled Learning & Reflection Record.

This module is independent educational material and is not externally accredited CPD unless explicitly stated otherwise.