

People have different views about what care or treatments they would want if they were suddenly ill and could not make choices. ReSPECT conversations allow a person and their health professionals to plan together for such a future emergency. If a person does not have capacity to participate, ReSPECT conversations should include their legal proxy (if they have one), family members or other carers.

1

Ensure that all involved in the conversation understand the purpose of ReSPECT.

2

Start the ReSPECT process with one or more conversations between each person and their health professionals to establish and record in **section 2** a shared understanding of the person's present condition or situation and how these might change....

3

Next, discuss, agree and record in **section 3** those things that the person thinks would matter most to them (values and fears) if they suddenly became less well, both in their daily lives and as a possible outcome of future emergency care and treatment.

Living as long as possible matters most to me

Quality of life and comfort matters most to me

Using the scale may help you to discuss and agree priorities. Use the discussed / agreed goals of care to guide further planning discussions

4

Then discuss, agree and record in **section 4** recommendations about those types of care or realistic treatment that:

- would be wanted (to try to achieve the goals of care),
- would not be wanted,
- that would not work in this person's situation.

As part of this, discuss, agree and record a recommendation about CPR.

5

Clinicians should fill in sections 5 - 7 to document the process of creating the ReSPECT plan. Finally, in **section 8** include appropriate emergency contact details. Those involved in the plan can optionally choose to sign it to show they have been actively involved in the conversation.