

Charity Commission Whistleblowers investigating claims that complain of bullying soldiers' welfare at risk as seven staff quit

# By Mark Nicol DEFENCE CORRESPONDENT

BRITAIN'S biggest veterans' charity is being investigated amid claims it failed some of the heroes it cares for – leaving at least one soldier on the brink of suicide.

The Mail on Sunday can reveal that

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decorated in a unique way – starting from £305 per night. Visit kamehagrandzuerich.com

## You've heard of birth plans... Now write your own death plan

**By Barney Calman** 

HEALTH EDITOR

ERMINALLY ill patients are to be encouraged by an NHS Trust to write their own 'end-of-life plan' instructing doctors, nurses and family about their wishes for their final months, days and hours

days and hours.

The document is based on birth The document is based on birth plans that pregnant women commonly draw up with their midwives, and takes the form of a single-page grid detailing the personal wishes of the patient about every aspect of their care.

Subsections include: 'What will be

of their care.
Subsections include: What will be important to me..., 'How to support me and those I love...' What MUST happen...' and 'What MUST happen...' and 'What MUST NoT happen...' when the patient has months, weeks, and then just days to live, at the time of their death, and then afterwards.
The scheme was developed by father of four Max Neill, 49, a former community nurse who is suffering from incurable bowel cancer and is endorsed by UK support service Dying Matters, part of the National Council for Palliative Care, and Hospice UK, the national charity for hospice care.
Campaigners hope the form will eventually become available online for anyone to download.
To create his plan, Neill worked in conjunction with Helen Sanderson Associates who have pioneered similar so-called 'one-page profiles' for social care, education and health-care organisations.
After showing the plan to his palliative care team at Lancashire Teaching Hospitals NHS Foundation Trust, doctors showed interest in making the template widely available, as did staff at St Catherine's Hospice, who are also involved in Neil's case.
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Neili's case.

Palliative care nurse Sarah Russell, Head of Research and Clinical
Innovation at Hospice UK, the
national charity for hospice care,



said they were looking at ways to roll the service out nationally.

'We are going to be taking Max's concept forward and providing information to health service providers throughout Britain about how to offer this as an option.'

She explained: 'The idea [behind one-page profiles] is to help remind healthcare professionals that patient are also people.

are also people.

'It also encourages conversations with family members, which is just

as important.' Neill, who lives in Preston with his Neill, who lives in Preston with his wife Lorraine, SO, an occupational therapist, has blogged about his condition and approached his palliative care team with the end-of-life plan concept last year.

He said: 'We had a similar plan when our son Isaac, who is now 21, was born. Lorraine had a home birth. I thought, why not have something similar for end of life care.

'I wanted to create something simple that could be filled out at home, something different to the bureaucratic "living will" forms that patients are given in hospital if



Max Neill While I have weeks to live

I should be involved and have final say in all d

Writing my appreciations for the key people in my life, especially my children and grandchildren

LAST WISHES: Max Neill, left, at St Catherine's Hospice. Above: An extract from his end-of-life plan which sets out care instructions for his final weeks

they do not wish to be resuscitated er certain circumstances.

He saw his plan as a move away from programmes like the contro-versial Liverpool Care Pathway. This was a document drawn up by

medical professionals covering medical care in the final days of life, medical care in the final days of life, such as pain relief and whether fluid and foods should be given. It was scrapped in 2014 after allegations that patients were placed on the pathway without consent or their friends' or family's knowledge.

EILL said: 'When you are terminally ill, your life can become dominated by the medical side of things. There is also a tendency to panic if there is a crisis and do everything possible

a crisis and do everything possible to extend life, such as emergency surgery that might only extend life by a few days.

"My end-of-life plan states that I do not wish for this to happen. I want to die at home. I'd like have a glass of red wine to sip, if I can. I want the people I love around me, and Lorraine to be able to make important decisions for me if I can't. And I don't want to be in pain. These are the things that are important to me,

are instructions for his final weeks
but it will be different for someone
else. You can keep adding to and
changing the plan, so it's entirely
flexible and it's not legally binding.
Neill was diagnosed with bowel
cancer in September 2014 and had
surgery then chemotherapy, but six
months later the cancer had spread
throughout his body. This plan will
give both the professionals involved
in my care and my family help in
giving me what I need. I want to
make something that's very difficult
slightly easier for everyone.
Dr Claire Capewell, Consultant in
Palliative Medicine at Lancashire
Teaching Hospitals NHS Foundation
Trust, said: 'When Max shared his
concept with me, I thought it was
fantastic. It's not easy to have discussions about end of life plans but
we know that having them increases
the likelihood of the wishes being
known and respected.

Max's plan is a beautiful example
of putting on paper what is important to him and his family and how
they can be supported.

Tayee felt inspired by Max's plan

they can be supported.
'I have felt inspired by Max's plan to look at my current practices to see how his ideas can be developed to benefit others.'

You can follow the blog at people thinkingaction.blogspot.co.uk.

with ITV chef Sally Bee

THIS WEEK: BLACK BEAN

Eat more grapes was the message last week, after research suggested that the flavonoids they contain – particularly anthocyanins which give fruit and vegetables red, blue and purple hues – reduce blood pressure and cholesterol ever the rely of and therefore lower the risk of heart disease, but also can aid

heart disease, but also can ald weight loss and improve sex. Experts believe that the compounds help with weight loss by reducing the amount of fat the body absorbs from food, reducing appetite, or raising our metabolism.

But grapes have a high sugar content, with a handful containing about 15g, or four teaspoons, close to the recommended limit of six.



Another way to get the full beneficial force of the anti-oxidants is by adding black beans to your diet. These are also low in carbs, and high in fibre and protein. I buy the canned variety which only take minutes to heat up. I love Mexican refried black beans – adding smoked beans – adding smoked paprika, chilli, diced onion and red peppers, and sauteing together until the beans start to break down and all the flavours emerge. Serve with sour cream, or crumbled cotija cheese, and

or crumbled cotija cheese, and corn chips or a cornflour wrap. You could also try aubergine, which has a low sugar content and an even higher level of antioxidants than grapes, concentrated mainly in the glossy darkest purple skin. It can sometimes be tough but I make it work in a home-made babaganoush by roasting the washed and cubed aubergine, with the skin on, and then roughly mashing with a fork alongside some finely chopped garlic, tahini, lemon juice and olive oil.

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