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GUIDE TO THE UK HEALTH & WELFARE
LASTING POWER OF ATTORNEY



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Introduction

The Netivot Guide to the UK Health and Welfare LPA was created by Ematai with the advice of many rabbis, healthcare professionals, social workers, & lawyers. This is an explanatory document to assist you in completing your LPA. Nothing in this document constitutes the offer of legal advice from Ematai. The LPA document can be downloaded at gov.uk/power-of-attorney.

What is an LPA?

An LPA, lasting power of attorney, is a legally binding document that allows you to appoint a proxy, or proxies, known as “attorney(s)”, who will have the power to make decisions related to your health and welfare only in the event that you are unable to make your own decisions. These decisions include your medical care, daily routine, moving you into a care home, and life-sustaining treatment. The LPA itself is a document created by the Office of the Public Guardian (OPG) which can be completed online at gov.uk/power-of-attorney. Once it is filled in, it will need to be printed, signed and mailed to the Office of the Public Guardian. This document works exclusively within the UK (even for people who are not formal residents or citizens of the UK). If you reside part-time in another country, you should complete the appropriate document in that country as well.

Note: This LPA is for health and welfare matters alone. For financial matters please search the OPG website for a property and financial affairs LPA.

Ematai has created this Guide to the UK LPA which includes specific instructions that are relevant and important for the Jewish community. Our goal is to provide concrete advice on how to complete this important document in a way that will ensure that your Jewish values and beliefs are articulated to your healthcare providers. You are encouraged to consult with your own lawyer for any specific questions. Nothing in this document constitutes legal advice from Ematai.

We encourage you to speak with your Power of Attorney(s) about your general healthcare goals and values. You can download our Conversation Guide to help you navigate the discussion about your general preferences within the context of Jewish law. The Conversation Guide is meant for you and your family alone. It is not a legal directive and is not meant to be signed. You can download the Conversation Guide at ematai.org/netivot.

Section 1: “The Donor”

The person appointing the attorney.

Fill in your information, including your email. Please note that the form only applies to one person. Couples must complete separate forms for each person.

Lasting power of attorney for health and welfare

**Section 1
The donor**

You are appointing other people to make decisions on your behalf. You are 'the donor'.

Restrictions – you must be at least 18 years old and be able to understand and make decisions for yourself (called 'mental capacity').

Title First names

Last name

Any other names you're known by (optional - eg your married name)

Date of birth

Day Month Year

Section 2-4: "The Attorneys"

These are the people who will speak for you as your Power of Attorney. They can be a spouse, children, siblings, relatives, close friends, or anyone else who you trust to represent your values and wishes, act in your best interests, and be available to advocate on your behalf.

The LPA offers different models of how attorneys can operate. Section two allows you to designate the primary attorney(s) who you intend to represent you.

Section four (optional) designates replacement attorneys who will be empowered only if the primary attorney(s) is permanently unable or unwilling to serve as your attorney. Any primary or replacement attorney will be required to sign their consent to fill in this role at the end of this form.

The OPG correctly suggests you name multiple attorneys. There are different models on how to structure your preferences between primary and replacement attorneys. Below we provide a recommended model utilizing multiple primary attorneys and an alternative model combining a primary attorney with replacement attorneys.

Recommended Model: Multiple Primary Attorneys

We recommend naming multiple primary attorneys who can each independently act on your behalf ("jointly and severally"). This ensures that you will have someone you trust available to advocate for your best interests.

Section 2

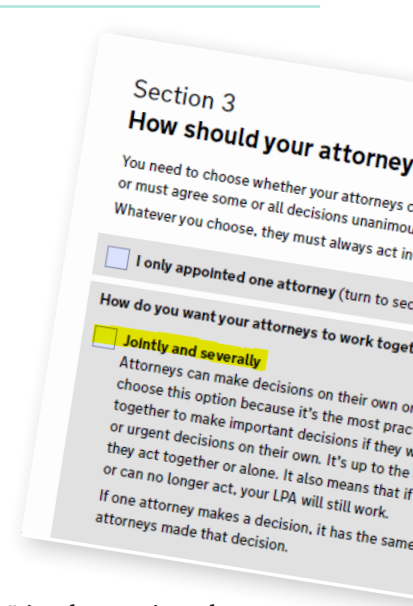
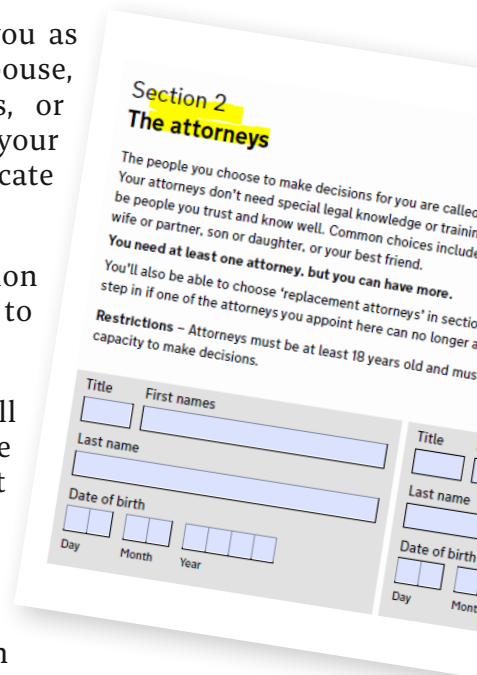
Fill in the names of anyone you would be fully satisfied to make any decisions on your behalf. If, for example, you have three children and you are equally trusting for any of them to represent you, then you should designate them all as primary attorneys. If you would only like two of your children to serve as an attorney, then only name them. You can also designate a spouse together with children or other relatives, for example. We recommend naming at least two attorneys.

Section 3

We recommend you select the **"Jointly and severally"** option so that one of the attorneys can act on their own without needing all of the attorneys to be present. If you select the other options, your attorneys will need to act as a single unit when making all decisions. This can lead to their inability to speak on your behalf if, for example, someone is unavailable.

Section 4

In this model, you do not need to name a "replacement attorney" in the optional section four since you have multiple primary attorneys. If you elect to name someone as a replacement attorney, they will serve as a backup only if your primary attorneys become permanently unavailable.





Alternative Model: Single Primary Attorney and Replacement Attorney(s)

Section 2 Name the attorney you would be fully comfortable making decisions on your behalf.

Section 3 Since you appointed only one attorney, check the top box.

Section 4 Since you designated one primary attorney in Section 2 (for example, your spouse), you designate here replacement attorney(s) should your spouse become permanently unable to speak on your behalf (such as in cases of death or loss of capacity).

If you designate multiple replacement attorneys (for example, all of your children): When they are required to act because your primary attorney can no longer serve, the default is for them to make decisions jointly as one unit. We recommend that you complete Continuation Sheet 2 and select the box “How replacement attorneys step in and act” and write in that you want your replacement attorneys to be able to act **jointly and severally** for reasons noted in the previous model.

Note: If you are only naming one person as primary attorney and do not have another primary or replacement attorney, you only need to complete their name in section two, mark the top box in section 3, and then move to section 5. As the LPA instructions assert, it is strongly recommended to have more than one person who can act on your behalf (as a primary attorney or a replacement attorney), since your LPA will automatically be invalidated if your primary attorney is permanently unable to serve in this role and no replacement is listed.

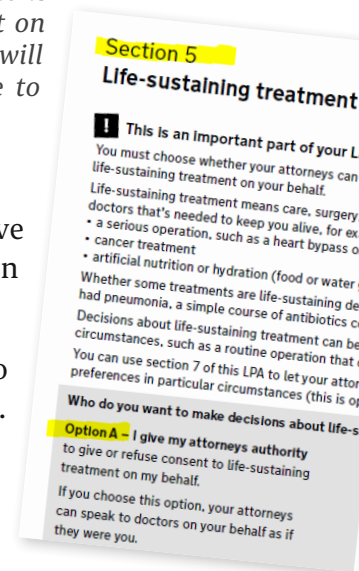
**Section 5:
Life Sustaining
Treatment
(Important!)**

You must choose whether your attorneys can give or refuse consent to life-sustaining treatment on your behalf.

We strongly recommend selecting option A to empower your attorney(s) to make these decisions. If you choose option B, then your doctors will make the decisions. This section must be signed and witnessed when you sign section nine.

**Section 6:
Person to Notify
(optional)**

Complete this optional section only if you feel it is necessary for other people to be notified about the filing of this LPA. This is generally not necessary.



Section 7: Preferences and Instructions (Important!)

This section gives you the opportunity to advise your attorney on the importance of making decisions in accordance with Jewish law. You can also advise them regarding which rabbi they should consult with to clarify these obligations. Our recommended text utilizes language appropriate for the preferences section only. This is to avoid complications for approval when registering the LPA. The instructions

section is meant for, and therefore only approved for, directives regarding specific interventions.

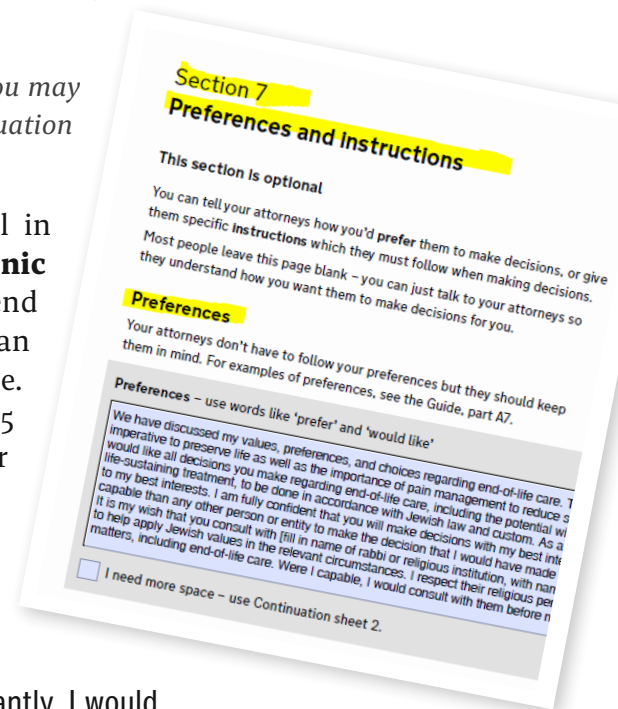
Note: If you are completing this document by hand, then you may need to write the continuation of this "preference" on Continuation Sheet 2. Check the box next to "Preferences LPA Section 7."

The following is our recommended text. Please fill in the name of the **rabbi(s), bet din, or other rabbinic institutions** in the appropriate spot. We recommend choosing a primary rabbinic consultant and an alternative in case the first rabbi is not available. You may designate our helpline (+1-646-599-3895 office@ematai.org) as an alternate backup, or your primary consultant if you do not have a rabbi.

"We have discussed my values, preferences, and choices regarding end-of-life care. This includes the primary imperative to preserve life as well as the importance of pain management to reduce suffering. Most significantly, I would like all decisions you make regarding end-of-life care, including the potential withholding or withdrawal of life-sustaining treatment, to be done in accordance with Jewish law and custom. As a Jew, I deem this to be critical to my best interests. I am fully confident that you will make decisions with my best interests in mind and are more capable than any other person or entity to make the decision that I would have made in my best interests.

It is my wish that you consult with **[fill in name of rabbi or religious institution, with email and phone number]** to help apply Jewish values in the relevant circumstances. I respect their religious perspectives on healthcare matters, including end-of-life care. Were I capable, I would consult with them before making my decision.

If this consultant is not available, it is my wish that you consult with **[fill in name of alternative rabbi or religious institution with their email and phone number.]** Nothing in this wish should be interpreted as fettering your discretion as my attorney for health and welfare, as you remain the authorized decision maker(s)."



Section 8-11: "Signatures and Witnesses"

Section 8 Legal Rights and Responsibilities

Review before signing.

Section 9 Donor and Witness Signature

Review the text and sign here with a witness. You should also sign section five at this time with your witness. The witness must be over the age of 18 and cannot be your attorney or replacement attorney.

Section 10 Certificate Provider Signature (To Be Completed After Signing Section 9)

This section must be signed by either **someone who has known you for more than two years** (e.g. friend or neighbor) or someone with relevant professional skills (e.g. your GP, a healthcare provider, or a solicitor).

The following **cannot** serve as your certificate provider:

- an attorney or replacement attorney named in this LPA or any other enduring power of attorney on your behalf
- a member of your family or of one of the attorneys' families (e.g., husbands, wives, civil partners, in-laws and step-relatives)
- an unmarried partner, boyfriend or girlfriend of yours, or one of the attorneys (whether or not they live at the same address)
- your business partner or an attorney's business partner
- your employee or an attorney's employee
- an owner, manager, director or employee of a care home where you live

Note: If the witness to your signature in section nine fulfills these requirements, he or she may also serve as your certificate provider in section ten.

Section 11 Signature(s) of Primary or Replacement Attorneys

Each person named as a primary or replacement attorney in section 2 and section 4 must sign with a witness.



Section 12-15: "How to File and Register this Document with the Office of the Public Guardian"

Registering Your LPA: The LPA may be submitted by you ("the donor" i.e., the person on whose behalf this form was created) or one of the attorneys. The person submitting the document needs to sign it in section 15.

Section 12 Indicate who is submitting the LPA (you or an attorney).

If you, the donor, is submitting, then check the "Donor" box and move to the next section.

If an attorney is submitting: One attorney can sign and submit for the registration if you selected "jointly and severally" in section three. If you selected a different option in section three, then all of the attorneys must sign.

Section 13 Select who should receive the registered LPA from the Office of the Public Guardian (OPG) and how that person would like to be contacted if the OPG has any questions about the document.

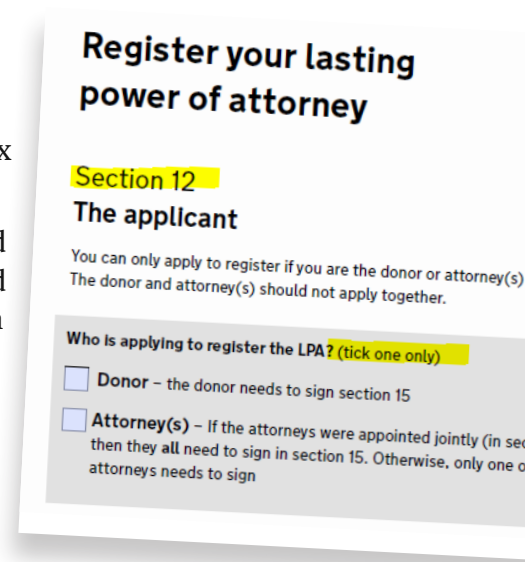
If it is you, the donor, check that box.

If it is an attorney, check that box and write the specific attorney below.

We recommend that you select "Email" as one of your choices regarding contact preferences.

Section 14 Payment

Section 15 The person submitting the document must sign to confirm that the information in the LPA is accurate.



Once you have checked that all sections have been completed and signed, and that payment has been made, you must mail the entire document (even if some pages were not used) to:

OFFICE OF THE PUBLIC GUARDIAN
PO BOX 16185
BIRMINGHAM B2 2W

When the OPG has received your LPA, you will be sent a letter confirming that it has been received and informing you of the timeline of when it will be officially registered.

Once you receive the registered LPA from the OPG, it will include an activation key for online access. You should inform your attorneys and family where you have stored the LPA document, as well as how to access it online using your activation key. You should also inform your GP that you have a registered LPA.



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For Halachic & Ethical Questions **office@ematai.org**



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Hospital & Bedside Prayers



**Advance Healthcare Directive
& Conversation Guide**



**Educational Programming
& Online Resources**



**Jewish Medical Ethics
& Public Policy**

Ematai provides these resources as a free service to the community. Your generous donation helps us expand our impact!

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through UK Toremot.

Thank you for your support!