Terry Wogan's death should make you ask yourself four things

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I never met Terry Wogan but like many of you I felt I knew him. His death, after a short, private battle against cancer, was a shock, as were those of David Bowie and Alan Rickman earlier in January. The "surprise" deaths of three prominent figures in as many weeks will have left lots of people questioning their own mortality. At least I hope it has.

Everyone dies eventually but how much thought have you given to your demise? *Times* readers are generally a savvy lot when it comes to forward planning, devoting time and effort to their retirement. Yet beyond a will, few will have prepared for death.

There is no great way to die but 30 years of caring for the sick has shown me that some deaths are less traumatic than others, and the better the preparation the easier it tends to be. My first objective is not to die on a hospital ward but at home surrounded by my family — something that fewer than half of all people achieve.

Of course, all the planning in the world won't give you a peaceful death at home if you are admitted to hospital after being hit by a bus or having a heart attack, but that is not how most of us die. You are more likely to be told you have a life-limiting illness, such as cancer, heart failure or dementia, and have plenty of time to influence what happens next.

One of the most welcome changes I have seen in the NHS during my career is a shift in resources towards improving care of the dying, ranging from the rise of palliative care as a speciality to initiatives designed to keep people at home and out of hospital whenever possible. Yet far too many still slip through the net and while forward planning is no guarantee of a good death, it should increase your chances of accessing the care you need when you need it.

Advanced care planning (ACP) is the simplest form and designed to help you and those who care for you to achieve the end you would prefer. It is not the first time I have highlighted ACP in this column, but it's worth repeating and boils down to four simple questions:

Where do you want to die? Surveys suggest that about two thirds of us would like to die in our own bed at home with most of the rest choosing a hospice. You may not get the choice but if you don't express your wishes, no one can help you fulfil them.

Is there anything you would like to do or people you want to see? If there is one regret that patients of mine consistently express as they near death, it is procrastination — putting off things they should have gone ahead and done. Write down your bucket list and get to work.

What sort of care would you like towards the end? Some people want everything thrown at them right until their last moments. Others specifically ask their carers and doctors not to intervene if the outcome is unlikely to change much. Doctors and nurses use their professional judgment in such situations but they are duty bound to err on the side of caution and that may not always fit with your wishes, so tell them what you want.

Finally, ask yourself what should happen after you have died. Have you made a will? Would you like to be buried or cremated and, if suitable, are you prepared to donate any of your organs?

No matter how distant this may all seem, next time you review your pension, your will or your retirement plans, run through the four questions; jot your wishes down and share them with your family (and carers where appropriate). Why not ask them to do the same?

Next week I shall endeavour to return to a lighter theme.

How to prepare for the one inevitable event in life

- **Although the majority of palliative care resources, including hospice and district nurse input, is directed at caring for people with cancer, most of us die of something else and are still eligible for the same sort of support.**
- **Most people who die at home with palliative care do so "in their sleep" thanks to a combination of general weakness and sedation.**
- **For more guidance on advanced care planning and other issues that influence end-of-life care visit dyingmatters.org.**