

# Acknowledgement of Country



# Advance Care Planning

This presentation has been adapted from 'Advance Care Planning: Planning your future care today' booklet developed by the Gold Coast Primary Health Network.



# Overview

- 1 ACP: What, where, why and how
- 2 Terminology
- 3 Documents
- 4 Statewide Office of Advance Care Planning
- 5 Resources and support.

# What is advance care planning (ACP)?

**Advance care planning** is the ongoing process of sharing your views, wishes and preferences with your family, friends, doctors and health professionals.

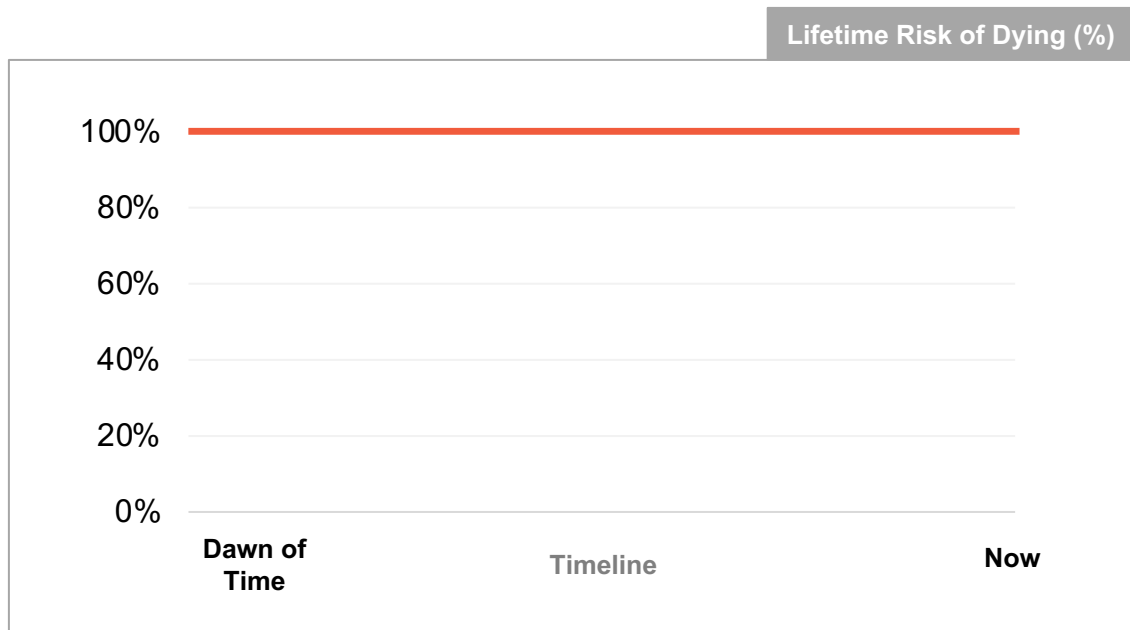


# ACP – It's not just about the end of life



# Latest Research

## The Lifetime Risk of Dying



# What are the benefits of ACP?

- ☑ Health wishes and expectations are discussed, known and more easily met by your health team.
- ☑ Reduced stress and anxiety for loved ones, families and/or others making decisions on their behalf.
- ☑ Improved family and/or decision-maker(s) satisfaction with care provided.
- ☑ Reduced hospital transfers when/if the patient preference is not to go.





**BE**  
**OPEN**  
—



# Advance care planning

- 1 If you were suddenly injured or seriously ill, **who would know your wishes?**
- 2 Who would speak for you if you couldn't?
- 3 Would they know **the important things?**



# 5 Easy Steps to Advance Care Planning

# Step 1. Think about views, wishes and preferences

Think about your personal views, wishes and preferences for future health care and who could make decisions on your behalf.



Scan to visit discussion starters on the Palliative Care Australia website.





## Substitute Decision-maker

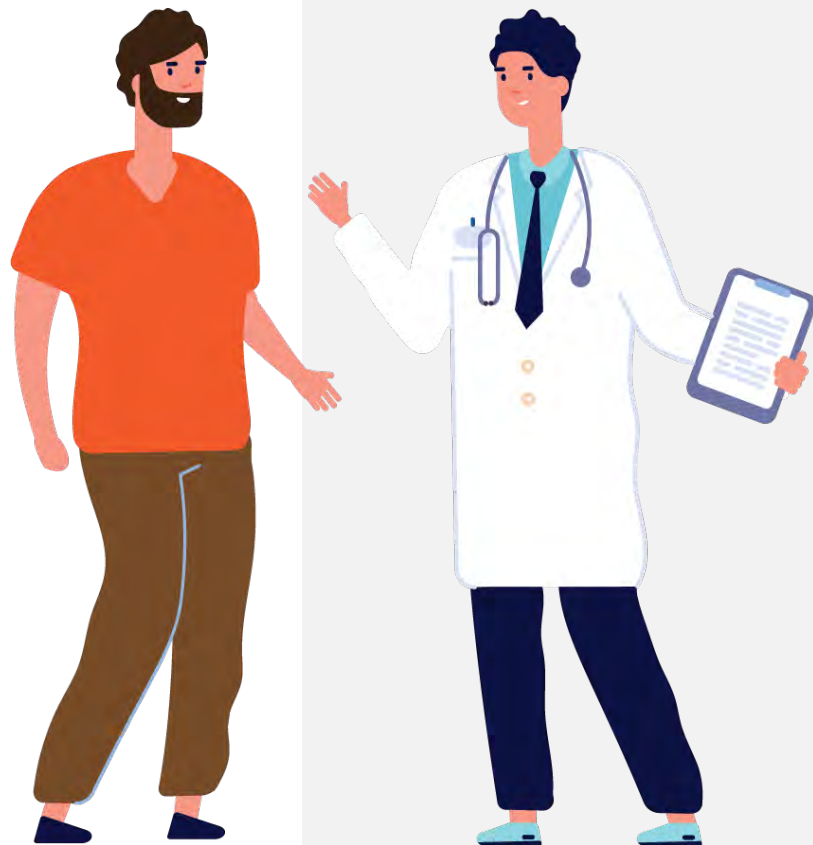
A trusted person who has legal power to make decisions on behalf of an adult when that person is no longer able to make their own.

*Can be formally appointed.*



## Step 2. Start the conversation

- ☒ Start the conversation with your doctor and loved ones.
- ☒ Choose a person you trust to make medical treatment decisions on your behalf.





## Initiating the conversation

“I am keen to do some forward planning just in case, would you help me out by listening to my ideas?”

“I don’t want to leave you with difficult decisions to make. Can I let you know what I’ve decided?”

“Just in case I can’t tell people myself, I want you to know what I would like regarding my future health care.”

“My memory is not so good lately. Would you mind listening to my ideas about how I want my healthcare if I can’t tell the doctor myself?”

**“Hello Dr. – I’d like to discuss my advance care plan.”**



## Step 3. Documenting preferences

- ✓ Understand decision-making capacity.
- ✓ Nominating a substitute decision-maker.
- ✓ QLD ACP documents.





# Capacity

All adults are presumed to have capacity.

If you are concerned about a person's capacity seek advice from the person's Doctor.





# QLD ACP Forms

The image displays three Queensland ACP forms side-by-side. Form 1 is titled 'Advance health directive (Queensland)' and includes instructions on how to complete it, a section for the patient's details, and a section for the directive itself. Form 2 is titled 'Enduring power of attorney - short form (Queensland)' and includes instructions on how to complete it, a section for the patient's details, and a section for the attorney-in-fact's details. Form 3 is titled 'Enduring power of attorney - long form (Queensland)' and includes instructions on how to complete it, a section for the patient's details, and a section for the attorney-in-fact's details. All three forms are issued by the Queensland Government.

Power of attorney and advance health directive forms

The image shows a 'Statement of Choices FORM A' document. It is a form for patients to express their preferences for medical treatment. The form includes sections for patient details, a section for the patient's preferences, and a section for the healthcare provider's details. The form is titled 'Statement of Choices FORM A' and includes the text 'For patients who want to express their preferences for medical treatment'. The form is issued by the Queensland Government.

Based on RPC (2002 – Austin Health)

Statement of Choices Form

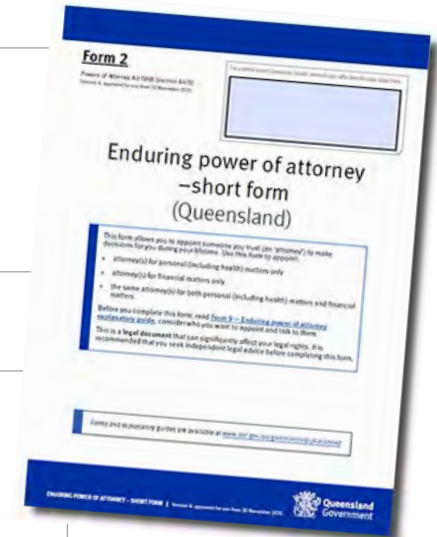
# Advance Health Directive

<b>Document purpose</b>	This document can be used in certain circumstances to provide directions about future health care preferences for specific medical treatments and to appoint an attorney for health matters.
<b>Legally binding</b>	Yes.
<b>Signatures required</b>	<ul style="list-style-type: none"> <li>• Person <b>with capacity</b></li> <li>• GP/Doctor</li> <li>• Justice of the Peace (JP)/ Commissioner of Declarations (C. Dec)/ Notary Public/ Lawyer.</li> </ul>



# Enduring Power of Attorney

Document purpose	This document allows a person to legally nominate one or more person/s to make health and/or financial decisions on their behalf.
Legally binding	Yes.
Signatures required	<ul style="list-style-type: none"> <li>Person <b>with capacity</b></li> <li>Justice of the Peace (JP)/ Lawyer/ Commissioner of Declarations (C. Dec)/ Notary Public/ Lawyer.</li> </ul>



# Statement of Choices

<b>Document purpose</b>	This values-based document informs the substitute decision-maker, family/friends and health professionals about the person's views, wishes and preferences for future health care.
<b>Legally binding</b>	No. This document is not legally binding but does have legal effect.
<b>Signatures required</b>	<ul style="list-style-type: none"> <li>Person <b>with capacity</b> (Form A)</li> <li>Substitute decision-maker (Form B)</li> <li>GP/Doctor/Nurse Practitioner.</li> </ul>

The image shows a physical copy of the 'Statement of Choices' form. The top section is a purple banner that reads 'Combined Form A and B'. Below this, the form is divided into several sections with checkboxes and text boxes. The sections include 'Personal Information' (Name, Address, Phone), 'Advance Health Directive (AHD)' (Yes/No), 'Trusted/appointed guardian' (Yes/No), 'Enduring Power of Attorney (EPOA)' (Yes/No), and 'Details of Person Completing' (Name, Address, Phone). The form is titled 'Statement of Choices' and 'Combined Form A and B'.

# Statement of Choices



For people who **can** make health care decisions for themselves.

It is a good idea to include the clinicians, family, and substitute decision-maker/s in the process to ensure they understand your wishes.

The image shows the 'Form A' titled 'Statement of Choices' from Queensland Health's Advance Care Planning service. The form is designed for individuals who can make their own health care decisions. It includes sections for personal information (URN, Family Name, Given Name, Address, Date of Birth, Sex, Medicare No.), a section for appointing a substitute decision-maker (SDM) with checkboxes for 'I have the following' (Advance Health Directive, Tribunal-appointed guardian, Enduring Power of Attorney (EPOA)), and a 'My Contacts' section for listing family members or friends. The form also includes a section for appointing a person as a decision-maker in the future. The form is labeled 'Form A' in a large purple box. The bottom of the form indicates it is '4/2019, 2 pages, 3.0 KB'.

# Statement of Choices



A record of understanding of values and preferences of a person **without** decision-making capacity.

QUEENSLAND HEALTH  
Advance Care Planning  
Statement of Choices  
(FORM B)

(If the patient identification label here)

LRN:  
Family Name:  
Given Name:  
Address:  
Date of Birth: Sex: ☐ M ☐ F ☐ I

Address:  
DOB: Sex: ☐ M ☐ F ☐ I Medicare No:  
The person has the following:  
1. Advance Health Directive (AHD) Yes No  
2. Tribunal-appointed guardian Yes No  
3. Enduring Power of Attorney (EPOA) (personal health matters) Yes No  
If a decision-maker for personal health matters has been legally appointed, they should be the one completing this document. If no legal decision-maker has been appointed you can still write the values and wishes of the person to help guide future health care decisions.

Details of person completing  
Your details, as the person assisting to complete this form:  
Name:  
Address:  
Phone: Relationship:  
I have been legally appointed as a decision-maker in an AHD, EPOA or by a tribunal: Yes No  
Other Contacts  
Name: Phone:  
Relationship: This person is appointed in an EPOA or AHD: Yes No  
Name: Phone:  
Relationship: This person is appointed in an EPOA or AHD: Yes No  
If there are more than 3 substitute decision-makers please attach details on a separate sheet and tick this box:  
please turn over...

Advance Care Planning - Statement of Choices (FORM B)

# Safeguards



# What's been said...

*"I would like my priest called to comfort my family."*

**"If I cannot look after my self – can't shower toilet feed myself then I wouldn't want to be kept alive."**

*"I am a registered organ donor."*

*"She hates being in bed all the time."*

**"I don't want to be kept alive on machines."**

*"I love the football – never miss a game of NRL."*

*"She doesn't like the TV on all day – play some music"*

**"I love spending time  
in the garden."**





## Step 4. Store

- ☒ Keep your completed original advance care planning documents in a safe and accessible place.
- ☒ Give copies of your completed ACP documents to those you trust who may need to be involved in decisions about your future health care (family and/or close friends) and doctors.
- ☒ Provide copies of your completed ACP documents to the **Statewide Office of Advance Care Planning (OACP)** in Queensland.
- ☒ Upload your ACP documents to My Health Record.



# Where do I find the QLD ACP forms?



[www.mycaremychoices.com.au](http://www.mycaremychoices.com.au)



Phone the Statewide Office of Advance  
Care Planning 1300 007 227



Ask your GP



# Advance care planning forms

[www.mycaremychoices.com.au](http://www.mycaremychoices.com.au)



A screenshot of the 'My Care, My Choices' website. The header features the Queensland Government logo and navigation links: Home, About advance care planning, How to complete an advance care plan, Queensland advance care planning forms, Information for GPs, ACP resources, FAQ, and About us. The main banner shows an elderly couple walking on a beach with the text 'My Care, My Choices Advance Care Planning'. Below the banner, a sidebar menu highlights 'Queensland advance care planning forms'. The main content area includes a section titled 'My Care, My Choices' with a description of the initiative, a 'What is advance care planning?' section with an '...explained' graphic, a 'How to complete an advance care plan' section with a photo of a family, and a section for 'Queensland advance care planning forms' which lists 'The Statement of Choices, Advance Health Directive, Enduring Power of Attorney and revocation of enduring'. A right-hand sidebar contains social media links (Facebook, Twitter, LinkedIn), contact information for the Statewide Office of Advance Care Planning, and a 'What's new' section about the Advance Care Planning Tracker.

## Step 5. Revise and Update

Your advance care planning documents should be reviewed:

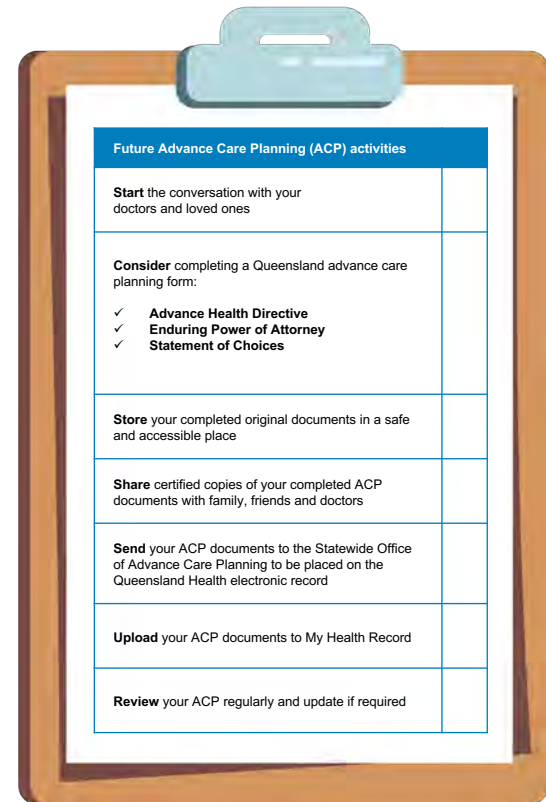
- ☒ When your health, personal or living situation changes.
- ☒ When your preferences change.
- ☒ If you wish to change who you have appointed as your attorney for health.
- ☒ Every 12 months.



# Your Future Health Care Checklist

## Advance care planning is a voluntary process

1. Start the conversation with your doctors and loved ones
2. Consider completing a Queensland advance care planning form:
  - Advance Health Directive
  - Enduring Power of Attorney
  - Statement of Choices
3. Store your documents in a safe place
4. Share certified copies of your documents with family, friends and doctors
5. Send to the Statewide Office of Advance Care Planning
6. Upload to My Health Record
7. Review and update if required



Future Advance Care Planning (ACP) activities	
<b>Start</b> the conversation with your doctors and loved ones	
<b>Consider</b> completing a Queensland advance care planning form: ✓ <b>Advance Health Directive</b> ✓ <b>Enduring Power of Attorney</b> ✓ <b>Statement of Choices</b>	
<b>Store</b> your completed original documents in a safe and accessible place	
<b>Share</b> certified copies of your completed ACP documents with family, friends and doctors	
<b>Send</b> your ACP documents to the Statewide Office of Advance Care Planning to be placed on the Queensland Health electronic record	
<b>Upload</b> your ACP documents to My Health Record	
<b>Review</b> your ACP regularly and update if required	

# Thank you!

