

IRT Group Advance Care Planning - Qld Information Pack



Dear resident, family and friends

At IRT, we encourage our residents and customers to plan for their future health and care needs to ensure their values and preferences are respected and honoured. We've put together some information to help you and your family consider advance care planning, if you haven't already done so.

Advance care planning is the process of enabling a person to record their wishes, values, life goals and preferred outcomes or directions about care. This is particularly important if you are frail, have a chronic illness, multiple diseases, an early cognitive impairment, or are approaching the end of your life. IRT can help guide you on the appropriate advance care planning documents for each state and territory.

The enclosed Advance Care Planning Information Pack includes:

- 1. Relevant state and territory advance care planning documents and fact sheets*.
- 2. Fact sheet, What Matters to Me: Conversation Guide.
- 3. Fact sheet, What do you want for your end of life care?

We believe it is a basic human right to have your values, beliefs and preferences respected by family, carers and medical professionals if you can no longer express your wishes, so we encourage you to consider this information carefully. If you have any questions about advance care planning, please don't hesitate to contact your Care Manager.

Yours sincerely

Nia Briguglio EGM – Aged Care Centres

^{*}Please note for NSW residents who do not have capacity to express their own preferences, IRT recommends the use of the Queensland Health Statement of Choices document. This is because there is no statewide Statement of Choices document available in NSW.

Cardio Pulmonary Resuscitation (CPR)

Information for residents, customers, representatives and family



IRT's position on Cardio Pulmonary Resuscitation (CPR)

IRT understands it has a duty of care to its residents and customers, while also recognising that death is inevitable and a natural part of life. Our approach to life-prolonging measures such as CPR is guided by these two principles.

IRT has taken the position that our employees will not perform CPR on all residents/customers who are found unresponsive and not breathing normally (i.e. residents/customers who have suffered cardiac arrest).

However, in some emergency situations designated employees working in our aged care centres or providing home care services may perform CPR. An ambulance will always be called if CPR has been commenced.

When CPR will not be performed

Our employees will not perform CPR in the following circumstances:

- The resident/customer has a palliative approach in place, nearing the end of their life. (see CPR in an emergency situation, for residents with Advanced Care Planning documents)
- The resident/customer has expressly communicated their wish not to be resuscitated under any circumstances, via an Advance Care Directive or Statement of Choices.
- The cardiac arrest does not appear to be the result of an emergency situation.

CPR in an emergency situation

Employees who are trained in CPR are supported to perform CPR in the following circumstances:

- The cardiac arrest appears to be the result of an emergency such as an accident, fall, choking event or medical episode as distinct from a natural ending of life.
- The cardiac arrest does not appear to be the result of an emergency but the employee knows the resident/customer has expressly communicated their wish for CPR to be performed in all cases, via an Advance Care Directive or Statement of Choices.

IRT aged care centres and home care employees do not have access to Automatic External Defibrillators. If CPR is commenced an ambulance will always be called and defibrillation will only be performed by ambulance officers.

Advance care planning

IRT supports all residents/customers to be given the opportunity to complete an Advance Care Directive (ACD). A Statement of Choices (SoC) can be completed by the resident/customer's substitute decision-maker where the resident/customer does not have capacity to make decisions relating to their advance care planning.

ACD is a legally enforceable document, whilst a SoC helps guide decision making at a future time when the resident is unable to communicate their own wishes. SoC is not a legally enforceable document.

Form 10

Powers of Attorney Act 1998 (section 161) Version 1: approved for use from 30 November 2020.

Advance health directive explanatory guide

(Queensland)

Your guide to completing an Advance health directive (Queensland)

Read this guide before you begin filling in Form 4 — Advance health directive. It provides detailed explanatory notes about the information required to complete the form. It also has a step-by-step guide to each section of your advance health directive form.

Forms and explanatory guides are available at www.qld.gov.au/guardianship-planahead



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Checklist for completing your advance health directive

Checklist items in **bold** must be completed for your advance health directive to be valid.

Read Form 4 — Advance health directive to understand what kind of information you need.
Read Form 10 — Advance health directive explanatory guide (this document).
Talk to close family and friends about what is important to you.
If you want to appoint an attorney(s) for health matters, consider who you want to appoint and talk to them about your wishes.
Consider how making an advance health directive may impact any previous documents you have completed.
Talk to your doctor who can explain the treatment options noted in the advance health directive.
Complete the details in your advance health directive, either by hand or on a computer.
Your doctor must sign section 5 'Doctor certificate'.
Sign your advance health directive in the presence of an eligible witness (such as a justice of the peace (JP), commissioner for declarations or lawyer).
Have your eligible witness sign the form.
After your eligible witness has signed, have your attorney(s) (if appointed) sign section 8 'Attorney(s)' acceptance' of the original form.
Make certified copies (see pages 18–19 to find out how to do this).
Keep the original in a safe place.
Give certified copies to people who need to know about its contents (e.g. family, doctor etc.).
Let your close family and friends know you have made an advance health directive.

About advance health directives

What is an advance health directive?

At some point in the future, you may be unable to make decisions about your health care and special health care, even temporarily. This might be due to an accident, dementia, a stroke or a mental illness.

An advance health directive lets you (the 'principal') give directions about your future health care. It allows your wishes to be known and gives health professionals direction about the treatment you want.

You can also use an advance health directive to appoint someone you trust to make decisions about your health care on your behalf. This person is called your 'attorney' and you can appoint more than one if you choose. They don't need any legal experience to carry out this role.

Who can make an advance health directive?

To make an advance health directive, you must be at least 18 years old and have capacity to understand the document you are signing and the powers it gives. You must also be able to make your advance health directive freely and voluntarily. You must not be pressured into making it by someone else.

To find out more about capacity to make an advance health directive see the *Queensland Capacity Assessment Guidelines 2020*.

When will my advance health directive be used?

Your advance health directive can be used only during times when you do not have capacity to make your own healthcare decisions. Having capacity to make a decision for a health care matter means that you are capable of:

- » understanding the nature and effect of decisions about the matter
- » freely and voluntarily making decisions about the matter
- » communicating the decisions in some way.

For more information about capacity to make a decision for a health care matter, refer to the *Queensland Capacity Assessment Guidelines 2020*.

Preparing to make your advance health directive

Read through the advance health directive form and this guide carefully to see what kind of information you will need to complete it. You should also:

- » think about your views, wishes and preferences for your future health care—think carefully about what living well means to you now and what health outcomes and quality of life would, and would not, be acceptable for you into the future.
- » talk to your family and friends discussions with your family and friends can be helpful. It is important that the people closest to you understand your preferences regarding your future health care.
- » talk to your doctor—it is strongly recommended that you discuss your advance health directive with your doctor before completing it. Your doctor will have access to your medical history and can help you understand how a particular illness may affect you. They can discuss treatment options and the effects of those treatments. A doctor must sign your advance health directive to confirm that you have capacity at the time of making it.

Health matters are a personal matter and relate to decisions about your health care. Health care includes most medical treatments, procedures and services to treat both physical and mental conditions. When you are nearing the end of your life, health care also includes treatments aimed at keeping you alive or delaying your death (life-sustaining treatments).

Special health matters relate to decisions about your special health care. Special health care includes special procedures such as removal of tissue for tissue donation to another person, sterilisation, termination of a pregnancy, participation in a special medical research, experimental health care, electroconvulsive therapy (ECT) or non-ablative neurosurgical procedure.

Instructions for completing your advance health directive form

A step-by-step guide through each section of Form 4 — Advance health directive.

SECTION 1: YOUR PERSONAL DETAILS

You **must** fill in your full name, date of birth and address so you can be identified. Your phone number and email address are optional but recommended.

If you currently use, or have previously used, different legal names, or if your identification documents contain different names, please also indicate those other names here. Depending on your circumstances you may also need to complete a statutory declaration that you are one and the same person and keep it with this document—you may need to discuss this with the person who witnesses this document. It is not necessary to list nicknames.

A change in your address, phone number or email will not make your advance health directive invalid.

SECTION 2: YOUR HEALTH CONDITIONS AND CONCERNS

You are not required to fill in this section. You should cross it out if you do not want to complete it. If you do complete this section cross out any space in the box that you do not use.

You may want to list your major health conditions and concerns.



Examples

- 1. I have previously been diagnosed with breast cancer and there is a chance it may return.
- 2. I have a condition, macular degeneration, which means my eyesight will gradually get worse.

SECTION 3: YOUR VIEWS, WISHES AND PREFERENCES

You are not required to fill in this section. You should cross it out if you do not want to complete it. If you do complete this section cross out any space in the boxes that you do not use.

You are letting your attorney(s) and other people know about your views, wishes and preferences about your health care now and into the future in this section, but **you are not giving instructions**. An attorney (if you have appointed one) must also take your views, wishes and preferences into consideration when making healthcare decisions on your behalf. Section 4 allows you to make legally binding directions about your health care.

(a) These things are important to me:

What does living a good life mean for you? Think about what matters most to you and what is important for your quality of life now and into the future. What would you miss most if you couldn't continue to live as you do now?

Examples

- 1. My priority is spending as much time with my family and friends as possible. I don't mind where I live as long as I can continue to see and talk to the people close to me.
- 2. The most important thing to me is that I live in my own home.

(b) These things worry me about my future:

What possible health outcomes would be unacceptable for you? Talk to your doctor about your concerns. Think about when you would want your health care to focus on allowing a natural death, rather than continuing treatment aimed at keeping you alive.



Examples

- 1. My life would be unacceptable if I can no longer recognise my family and friends.
- 2. It would be okay to be on a breathing machine for a short time, but if I required it indefinitely to keep me alive, I would not like to live like this.
- (c) These are the cultural, religious or spiritual values, rituals or beliefs I would like considered in my health care:

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Examples

- 1. I am (of this religious domination) and when I am nearing death I want the following to occur: ______.
- 2. It is important to my culture, which is_______, that the usual customs of my culture are respected, which include______.

(d) When I am nearing death, the following would be important to me and would comfort me:

What would you like to happen as you are nearing death? You may wish to spend your last days at home, or you may prefer to be in a hospital. You might want certain people to be close by.



Examples

- 1. I would prefer to die with my husband and my children close by.
- 2. I have always loved the song ______and would like it to be played to me.
- 3. My preference is to die at home.

(e) I would prefer these people to be involved in discussions about my health care:

Among your family and friends, who would you like consulted about your health care? Your health providers or attorney(s) (if you have appointed one) may want to talk to your family and friends to understand more about your views, wishes and preferences for health care. Nominate people who you know will respect your wishes.

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Examples

- 1. My regular GP is Dr_____who has been familiar with my condition for years. I would like my regular GP to be consulted before any major decisions are made regarding my health care.
- My daughter_____ and I have spent a long time discussing my wishes for health care. I would be comfortable if you spoke to her.

(f) I would prefer these people not be involved in discussions about my health care:

Relationships can become complicated or strained. Although you are close to someone, you may not trust that person to make a decision you would agree with. Nominate people here who you do not wish to be involved in decisions about your health care, or particular aspects of your health care.



Examples

- 1. I do not want my sister to be involved in decisions around my health care.
- 2. Although I love and respect my father, we do not share the same beliefs. Therefore, he should not be consulted around my healthcare decisions.

SECTION 4: YOUR DIRECTIONS

You can make legally-binding directions about your future health care in this section. It is strongly recommended that you first discuss your directions with your doctor. Only give directions if you fully understand the treatment options you refer to and whether you want them or not.

This section is divided into three parts:

- » directions about life-sustaining treatment
- » directions about other health care
- » directions about blood transfusions.

DIRECTIONS ABOUT LIFE-SUSTAINING TREATMENT

This part is focused on health care when you are nearing the end of your life. It allows you to give directions about life-sustaining treatments.

Think about the answers to the questions in section 3 'Views, wishes and preferences'. You should also discuss these options with your doctor who can provide expert advice.

What is life-sustaining treatment?

When you are nearing the end of your life, life-sustaining treatment is health care aimed at sustaining or prolonging your life. Some examples of life-sustaining treatment include:

- » CPR (cardiopulmonary resuscitation)
- » assisted ventilation (e.g. a machine which assists your breathing through a face mask or a breathing tube)
- » artificial nutrition (e.g. a feeding tube through the nose or stomach).

Will my health provider always need to follow my directions?

Your directions about life-sustaining treatment will only apply if you are unlikely to regain capacity to make your own decisions about health care and one of the following applies:

- » you are so unwell due to a terminal illness or condition that, in the opinion of two doctors, you are reasonably likely to die in the next 12 months
- » you are so unwell due to an injury or illness that there is no reasonable prospect that you will recover to the extent that you can live without life-sustaining treatment
- » you are permanently unconscious (with no reasonable prospect of regaining consciousness)
- » you are in a persistent vegetative state (involving severe and irreversible brain damage).

A health provider does not have to follow directions in an advance health directive that are not consistent with good medical practice or that will not benefit you. A health provider also does not have to follow directions that are uncertain or where circumstances, including advances in medicine, have changed to the point that your directions are no longer appropriate.

What options are provided?

There are four options in this part of the advance health directive. **You can only choose one option**. Read all four options before making a decision.

The four options are:

- 1. I consent to all treatments aimed at sustaining or prolonging my life: this means that in most cases your health provider must provide you with treatments aimed at keeping you alive or delaying your death.
- 2. I refuse any treatments aimed at sustaining or prolonging my life: this means that in most cases your health provider must not provide you with treatments aimed at keeping you alive or delaying your death.
- 3. I cannot decide at this point. I want my attorney(s) to make decisions about life-sustaining treatment on my behalf at the time the decision needs to be made using the information in this advance health directive and in consultation with my health providers and the people I have listed in section 3: this means your attorney(s) will make decisions about your treatments to sustain or prolong your life.
- 4. **I give the following specific directions about life-sustaining treatment:** if you tick this option you can **give different directions** about different types of life-sustaining treatment. If you tick option (4)(c) for any of these treatments, you must specify the circumstances in which you would consent to the treatment.

Whatever option you choose, your health providers will focus on keeping you as comfortable as possible when you are nearing the end of your life, including providing treatments that minimise pain, even if you choose to refuse all life-sustaining treatment.

NOTE: See 'Will my health provider always need to follow my directions?' on page 7 to understand when your health provider must follow your directions.



Example

Marge's story

Marge has been previously treated for breast cancer. She has just been told that her cancer has returned and her doctor has said that this time treatment is very unlikely to prolong her life beyond six months. Marge's mother had breast cancer and Marge has strong feelings about the treatments that she received that prolonged her life and her suffering. Marge has decided that this time she does not want any more treatment that would delay her death and wants her health care to focus on keeping her as comfortable and as pain-free as possible.

Marge chooses:

Option 2



I refuse any treatments aimed at sustaining or prolonging my life.



Example

Ali's story

Ali has been diagnosed with emphysema (a chronic disease of the lungs). He is 70 years old and knows his condition will only worsen. While he feels he would still have a good quality of life living at home, even if this meant using oxygen, he wouldn't want to be permanently placed on a breathing machine in a nursing home or hospital.

Ali chooses:

Option 4



I give the following specific directions about life-sustaining treatment. He ticks box (c) for assisted ventilation and provides the following details:

Only if temporary and if I could then return home, even with oxygen. I do not want to permanently be on a breathing machine in hospital or at a nursing home.

He ticks box (b) for all the other treatments — refusing all other life-sustaining treatments.

DIRECTIONS ABOUT OTHER HEALTH CARE

Give directions about health care and special health care, other than life-sustaining treatments.

Health care includes most medical treatments, procedures and services to treat both physical and mental conditions. You can specify a particular health condition (e.g. high cholesterol) and provide directions about health care but you do not have to do this. Your directions, however, must be clear.

Special health care includes special procedures such as:

- » removal of tissue for tissue donation to another person
- » sterilisation
- » termination of a pregnancy
- » participation in special medical research
- » experimental health care
- » electroconvulsive therapy (ECT)
- » non-ablative neurosurgical procedure.

NOTE: You can consent to receiving electroconvulsive therapy (ECT) under your advance health directive. Before you consent to this treatment, it is very important that you discuss the treatment with your doctor. You can also state in your advance health directive that you do not wish to consent to ECT.

Examples	
Health condition	Directions about my health care
High cholesterol	Do not give memedication. It causes the most side effects.
N/A	I am willing to participate in medical research or experimental health care if ther is a chance it would benefit any condition I have.

DIRECTIONS ABOUT BLOOD TRANSFUSIONS

Consent to, or refuse a blood transfusion in this part. You can specify the circumstances in which you would consent to a blood transfusion or list specific types of transfusions you consent to or refuse. A blood transfusion is the transfer of blood, including blood products (e.g. red cells, platelets and plasma) from one person to another. If you tick 'other' you can specify the circumstances or types of transfusions that you consent to or refuse (e.g. 'I consent to a transfusion of blood products but not blood').

SECTION 5: DOCTOR CERTIFICATE

A doctor must complete, sign and date this section before you and the witness sign section 7 'Declarations and signatures' of the advance health directive form. After your doctor signs, you must sign section 7 in front of an eligible witness (a person other than the doctor) as soon as possible (see section 7 'Declarations and signatures' of this guide).

While your eligible witness does not need to sign the form in front of the doctor, if you and the witness sign the advance health directive as soon as possible after the doctor signs the doctor certificate, this helps confirm your capacity to make the advance health directive.

It may also reduce the chances of others questioning your capacity to make an advance health directive.

NOTE: Your doctor should read 'Information for the doctor' on page 20.

NOTE: A doctor referred to in this document must be a medical practitioner registered under the Health Practitioner Regulation National Law to practice in the medical profession, other than as a student. For example, your GP or a doctor at a hospital will be able to complete and sign section 5 of your advance health directive.

SECTION 6: APPOINTING AN ATTORNEY(S) FOR HEALTH MATTERS

You are not required to fill in this section. You should cross it out if you do not want to complete it.

Only complete section 6 if you want to appoint an attorney(s) for health matters or you have already appointed one in an enduring power of attorney and you want to change it.

What is an attorney for health matters?

You can use your advance health directive to appoint someone you trust to make decisions about your health care on your behalf. This person is called your 'attorney' and you can appoint more than one if you choose. They don't need any legal experience to carry out this role.

There are benefits in appointing an attorney:

- » you will have someone you trust with the legal authority to make health decisions for you
- » it may avoid family conflict by making it clear who you want to make decisions for you
- » you can make sure the person making decisions for you is culturally appropriate and understands your views, wishes and preferences about health care.

An attorney can only make decisions about your health care at a time when you do not have capacity to make decisions about health care yourself. An attorney cannot make decisions that would be inconsistent with directions you have made about your health care in section 4 'Your directions' of your advance health directive.

When making decisions for you, your attorney must respect your views, wishes and preferences (including those in section 3). Your attorney can make decisions about health care, including life-sustaining treatment, but they cannot make decisions about 'special health care'.

What if I have already appointed an attorney in an enduring power of attorney?

If you have already appointed an attorney for personal or health matters by filling out a different form (e.g. an enduring power of attorney) then you do not have to complete this section, unless you wish to change your attorney(s) or the decision-making power of your attorney(s).

If you have already appointed an attorney(s) for personal (including health) matters in an enduring power of attorney and you appoint an attorney(s) for health matters in a later advance health directive (which may include one made in another state or territory), the later document will revoke the earlier document to the extent of any inconsistency. This means the matter may only be dealt with by the attorney(s) appointed for the matter in your most recent document.

NOTE: Your attorney(s) should read 'Information for attorneys' on pages 22–24.

WHO ARE YOU APPOINTING AS YOUR ATTORNEY(S) FOR HEALTH MATTERS?

If you are appointing an attorney(s) for health matters, you must fill in their name and address. As your attorney(s) may need to be contacted at short notice you should also include their phone number and email address.

To be eligible to be an attorney a person must:

- » have capacity to make healthcare decisions
- » be 18 years or older
- » not be your paid carer or your health provider
- » not be a service provider for a residential service where you live.

O NOTE:

A **paid carer** is someone who is paid a fee or wage to care for a person but not someone receiving a carer's pension or benefit.

A person who is living with you and receives a carer's allowance from the government can be your attorney. A health provider, such as a nurse or medical practitioner who provides care for you, cannot be your attorney.

A **residential service** is rooming accommodation regulated under the <u>Residential Services (Accreditation) Act</u> 2002. A residential service is sometimes called a boarding house.

Who should you choose as your attorney(s)?

You should choose your attorney(s) for health matters carefully. Your attorney(s) should be someone that:

- » you trust to make decisions you would agree with about your health care
- » you have discussed your views, wishes and preferences for health care with (see section 3 'Views, wishes and preferences' of the advance health directive)
- » will put your needs, rights and interests ahead of their own and others' in all decisions
- » will be available to make healthcare decisions on your behalf
- » will be confident in discussing your health care with your health providers.

If you do not feel confident that you have suitable people in your life to undertake these responsibilities, you can nominate the Public Guardian as your attorney for health matters. To find out more about appointing the Public Guardian, contact details for the Office of the Public Guardian can be found at the end of this guide.

How many attorneys can you appoint?

You can appoint more than one attorney for health matters under an advance health directive.

Having more than one attorney may be helpful, as it means more than one person may be able to make decisions if needed. If one of your attorneys in unavailable, another attorney could make the decision.

HOW MUST YOUR ATTORNEYS MAKE DECISIONS?

You do not need to complete this part if you have only appointed one attorney.

If you are appointing more than one attorney, you can choose how your attorneys make decisions. If you do not specify how your attorneys are to make decisions, your attorneys will be required to make decisions jointly (i.e. all of your attorneys must agree on every decision made).

You have four options to choose how your attorneys are to make decisions. Your attorneys can make decisions:

1. jointly

✓ all of your attorneys must agree on all decisions and exercise powers unanimously (e.g. signing documents putting a decision into action)

OR

2. severally

✓ any one of your attorneys can make the decision without having to agree with any other attorney

OR

3. by a majority

✓ if you have more than two attorneys, more than half of your attorneys must agree before a decision is made

OR

4. other

√ you must specify how your attorneys must make decisions (e.g. jointly and severally, or appointing a successive or alternative attorney)

Regardless of the option you choose, multiple attorneys **must** consult with each other regularly to make sure that your interests are always looked after.

Successive and alternative attorneys

If you tick 'other' you can appoint a successive or alternative attorney to replace an attorney.

NOTE:

Successive attorneys only have power to act when the power given to an original attorney ends. You may specify the circumstances when your successive attorney(s)' power will begin.

An attorney's power can end for a number of reasons. For example, the attorney may die, or lose capacity to make decisions for you due to illness or an accident. In this case you can nominate another replacement attorney (your **successive attorney**) to take over as your attorney and the circumstances when their powers begin.

Alternative attorneys only have power to act in particular circumstances. You must specify the circumstances where your alternative attorney(s) can act. For example, you might have appointed an attorney who often travels overseas for work. Therefore you may want to appoint an **alternative attorney** to act only when that particular attorney is overseas.



Example of a successive attorney

Laura has appointed her husband Robert as her attorney and her son Richard as the successive attorney under her advance health directive. When Laura loses capacity to make decisions, Robert begins to make decisions on behalf of Laura.

When Robert dies, Richard is able to make decisions for Laura.

Laura ticks the 'other' box and writes:

I have appointed Robert Smith as my attorney. If Robert dies or he loses capacity I want Richard Smith to be my attorney.



Example of an alternative attorney

Yusef wants to make his partner Ayah his attorney to make decisions when he loses capacity. But Ayah is often travelling overseas due to her musical career, so she may not always be available.

Yusef decides to make his friends Winston and Emir the alternative attorneys at times Ayah is overseas so that important decisions are not delayed when Ayah is not available.

Yusef ticks the 'other' box and writes:

I have appointed Ayah Aksoy as my attorney. When Ayah Aksoy is unavailable to make decisions, including when she is overseas, I appoint Emir Tekin and Winston Smith to be my attorneys. Emir and Winston must make decisions severally, that is any one of them may decide without the other's agreement.

NOTE: If you appoint more than one successive attorney or more than one alternative attorney, you will need to specify how they must make decisions. For example, will they be required to make decisions jointly, severally or by a majority?

TERMS AND INSTRUCTIONS FOR YOUR ATTORNEY(S)

You are not required to fill in this part. You should cross it out if you do not want to complete it. If you do complete this part cross out any space in the box that you do not use.

If you have appointed an attorney(s) to make decisions about your health care, you can decide how they can use their power and/or give specific instructions they must follow. This can include conditions, limitations and instructions for your attorney(s).

Remember, your attorney(s) cannot make decisions that are inconsistent with your directions in section 4 of your advance health directive.



Examples

- 1. Before any decision about life-sustaining treatment is made I want my attorney to consult with my children.
- 2. My attorney can only make decisions when there is a decision to be made about life-sustaining treatment.

SECTION 7: DECLARATIONS AND SIGNATURES

It is very important that you complete this section correctly or your advance health directive may not be valid. You must follow these steps to complete this section correctly:

- » STEP ONE Read the statement under 'Principal's signature' carefully.
- STEP TWO Sign and date where indicated in the presence of an eligible witness (a justice of the peace (JP), commissioner for declarations, notary public or lawyer). If you are physically unable to sign the form, you can instruct another person to sign for you. They must sign in the presence of you and an eligible witness.
- STEP THREE The eligible witness must witness your signature and sign and date the 'Witness certificate' confirming that they are an eligible witness and that you have capacity to make the advance health directive.

NOTE: digital (electronic) signatures cannot be used to sign an advance health directive form. If you are printing the form, you may print it in colour or in black and white.

PRINCIPAL'S SIGNATURE

You must have capacity to make an advance health directive.

When you sign this part you confirm that you:

- » are making this advance health directive freely and voluntarily—this means that no one is pressuring you to make the advance health directive, you have come to your own decision and you are making it of your own free will
- » understand the nature and effect of the document you are signing—this means you understand the directions you are giving and how and when they will operate, and, if you are appointing an attorney(s) for health matters, the powers the document gives to any attorney(s) you have appointed, including their power to make decisions and carry out affairs on your behalf.

Understanding the nature and effect of the document you are signing means that you understand:

- » the nature and likely effects of each direction in the advance health directive—that is, you understand the directions you have made (refer to section 4, pages 7–9 of this guide)
- » when your directions will operate that is, your directions will only operate when you do not have capacity to make decisions about your health care covered by the direction. Your directions about life-sustaining treatment will only operate if you are unlikely to regain capacity to make your own decisions about health care and specific circumstances apply (e.g. you are so unwell due to a terminal illness or condition that, in the opinion of two doctors, you are reasonably likely to die in the next 12 months)
- » that you may revoke a direction at any time you have the capacity to make a decision about the health matter covered by the direction that is, you can cancel your advance health directive at any time while you still have capacity to make a decision about the health matter covered by the direction
- » that at any time you do not have capacity to revoke a direction, you will be unable to effectively oversee the implementation of the direction—that is, at times when you do not have capacity to cancel an advance health directive, others (including your health providers) can apply your directions about health care (including directions about life sustaining treatment) without any supervision from you.

If you are appointing an attorney(s) for health matters, understanding the nature and effect of the document you are signing also means that you understand:

- » that you may specify or limit your attorney(s)' power and instruct your attorney(s) about the exercise of the power that is, you may set terms on the exercise of powers by your attorney(s) or give instructions to your attorney(s) about how they must exercise their power (refer to section 6, page 13 of this guide)
- » when the power given to your attorney(s) begins—that is, your attorney(s) for health matters can only begin exercising powers when you lose capacity to make those decisions for yourself. Make sure you understand the choices you have made (refer to section 6, page 10 of this guide)
- » that once the power for a matter begins, your attorney(s) will have full control and power to make decisions about the matter, subject to any terms or information included in the advance health directive—that is, when your attorney(s)' power for a matter begins, your attorney(s) will be able to make almost any decision that you could have made in relation to your affairs (unless they are limited by law or the terms and instructions in your document). Make sure you understand the types of decisions your attorney(s) can make and the powers they can exercise with regard to your affairs
- » that you may revoke your attorney(s)' appointment at any time if you are capable of appointing another attorney(s) giving the same power—that is, you can cancel your attorney(s)' appointment at any time while you still have capacity to appoint another attorney(s) giving the same power
- » that the power you are giving to your attorney(s) continues even if you do not have capacity to make decisions about the matter—that is, your attorney(s) will be able to continue to make decisions and exercise powers about your affairs even when you do not have capacity to make those decisions yourself
- » that if you are not capable of revoking the advance health directive, you are unable to effectively oversee the use of the power given to your attorney(s) by this document—that is, at times when you do not have capacity to make decisions yourself, your attorney(s) can make those decisions and exercise powers about your affairs, without any supervision from you. They will only be restricted by the law or the terms and instructions of your advance health directive. However, your attorney(s) must take into account your views, wishes and preferences in making decisions for you—no matter how you have expressed them.

It is okay if you did not understand these things until someone else explained them to you. But you must understand these things before you sign the document.



Remember, when signing this part you must do so in front of the eligible witness signing the 'Witness certificate'. Your witness will ask you questions to make sure you have capacity to make your advance health directive.

Person signing for the principal

Only complete this part if you (the principal) are physically unable to sign the form yourself, for example, due to a physical impairment.

The person signing for you must:

- » confirm that you instructed them to sign the document
- » be 18 years or older
- » not be the witness for this document
- » not be your attorney (e.g. under an advance health directive or enduring power of attorney).
- Remember, the person signing for you must sign in front of the eligible witness. You must be present too.

WITNESS CERTIFICATE

This **must** be completed, signed and dated. It is a legal requirement that an eligible person witnesses your signature.

The witness **must** tick the relevant boxes to confirm that:

- » the principal signed the advance health directive in the presence of the witness, or instructed another person to sign the advance health directive for the principal, and that person signed it in the presence of the principal and witness
- » they are eligible to witness the form.

A witness **must** be a:

- » justice of the peace (JP)
- » commissioner for declarations
- » lawyer
- » notary public.

The witness must **not** be:

- » the person signing for you
- » your attorney (e.g. under an advance health directive or enduring power of attorney)
- » someone related to you or related to your attorney
- » a paid carer or health provider for you (i.e. your health provider)
- » a beneficiary under your will.

The witness is not simply witnessing the principal's signature. The witness has an important role in:

- » verifying that section 5 has been signed and dated by a doctor
- » certifying that, at the time of making the advance health directive, you appeared to have the capacity to do so.

NOTE: If an interpreter assisted in the preparation of this document or if an interpreter is present when this document is witnessed, complete <u>Form 7 — Interpreter's/translator's statement</u> at <u>www.publications.qld</u>. gov.au

SECTION 8: ATTORNEY(S)' ACCEPTANCE

If you have appointed an attorney(s) for health matters in section 6 'Appointing an attorney(s) for health matters' of your advance health directive, then this section must be completed **by your attorney(s)**. Your attorney(s) can only sign this section **after** both you and the eligible witness have signed section 7 'Declarations and signatures' of your advance health directive. **All your attorney(s) must sign the original copy of your advance health directive.** Your attorney(s) do not have to sign it immediately after or on the same day you and the eligible witness sign. However, they must sign before they can begin making decisions on your behalf.

It does not matter which order your attorney(s) sign this section. Your attorney(s)' signature does not need to be witnessed.

By signing this section your attorney(s):

- » declare that they are eligible to be appointed as your attorney
- » confirm that they:
 - » have read the advance health directive
 - » understand that they are only permitted to make decisions in accordance with the advance health directive and relevant legislation
 - » understand their obligations as an attorney, including the obligation to apply the general principles and health care principles, when exercising a power (refer to 'The duties and obligations of an attorney' explained on pages 22–23 of this guide)
 - » understand the consequences of failing to comply with their obligations as an attorney (including civil and criminal liability if they fail to comply with their legal obligations, explained on page 24 of this guide).

NOTE: You should provide a copy of <u>Form 10 — Advance health directive explanatory guide</u> (this document) to your attorney(s) to read 'Information for attorneys' on pages 22–24.

SECTION 9: WHAT TO DO WITH YOUR COMPLETED ADVANCE HEALTH DIRECTIVE

Once you have completed your advance health directive, you do not have to lodge or register it anywhere.

However, it is strongly recommended that you:

- » keep the original in a safe place
- » give a certified copy to your attorney(s) (if appointed), doctor or other health provider(s), bank or lawyer that you expect to deal with in the future. This may include your local hospital where they may add it to your patient file (see pages 18–19 'How to make a certified copy of an advance health directive')
- » let your close family and friends know that you have made an advance health directive and where to find the document.

You should review your advance health directive every two years or if your circumstances change.

My Health Record

If you wish your document to be in My Health Record you can upload it via the My Health Record website at www.myhealthrecord.gov.au. Your document will be valid regardless of whether it is uploaded. To access your My Health Record online, you need to have a myGov account and link it to your record. Apart from you, the only people who can view or access your My Health Record are: your healthcare providers (e.g. general practitioners, specialists or hospital staff), people you invite to help you manage your record (nominated representatives) and people who manage your record for you if you are not able to (authorised representatives).

Office of Advance Care Planning

You are able to have your advance health directive uploaded to your Queensland Health electronic record. To do this, send a copy of your document to the Office of Advance Care Planning. This way it will be easily available to authorised clinicians involved in your care when it is required. A copy of your document can be sent to the **Office** of Advance Care Planning at acp@health.qld.gov.au, PO Box 2274, Runcorn, Queensland 4113 or fax 1300 008 227.

Further information

HOW TO ADD ADDITIONAL PAGES

There may be times when you are completing your advance health directive that you need additional space to add more information. For example, you may want to add more attorneys or add more terms and instructions than the space on the form allows.

You can **only** add additional pages at the time you are completing your advance health directive, **not** afterwards.

To add additional pages, follow these instructions:

- 1. physically attach (e.g. staple) an additional page to your advance health directive at the end of the form with the extra information
- clearly indicate at the top of the page what you are adding and what part of the advance health directive
 it relates to (e.g. you should state at the beginning 'This additional page is for the purposes of adding an
 additional attorney under section 6')
- 3. add all required information (e.g. if you are adding an extra attorney, in addition to their name, add their address and other contact details exactly as they appear on the form)
- 4. sign and date the additional page when signing the advance health directive in front of your witness
- 5. make sure your witness completes the total number of pages of the advance health directive (including any additional pages) in section 7
- 6. your witness should sign any additional pages attached to the advance health directive at the same time they sign section 7
- 7. You can use Form 8 Additional page for this purpose.

HOW TO MAKE A CERTIFIED COPY OF AN ADVANCE HEALTH DIRECTIVE

A certified copy of an original advance health directive can be made by having one of the following people certify a copy of the original advance health directive to the effect that it is a true and complete copy of the original:

- » the principal (the person who made the advance health directive)
- » a justice of the peace (JP)
- » a commissioner for declarations
- » a notary public
- » a lawyer
- » a trustee company under the Trustee Companies Act 1968
- » a stockbroker.

The following process is suggested to make a certified copy of an original advance health directive:

- 1. make a photocopy of the completed original advance health directive (including any additional pages)
- 2. provide the photocopy and original advance health directive to a person from the above list
- 3. the person from the above list:
 - » compares each page of the photocopy with the original advance health directive to verify that the photocopy is a true and complete copy of the original advance health directive (including any additional pages)
 - » checks that the number of pages (including any additional pages) corresponds with the number of pages indicated on the witness certificate in the document
 - » signs or initials each page of the photocopy (including any additional pages), other than the page on which the certification below is made

>>	makes a certification on the first or last page:
	This is to certify that this page document is a true and complete copy of the original page advance health directive.
	Date:
	Signed:
	Name:
	Position/Qualification:

The above suggested process is an example of one process that a person from the above list can use to make a certified copy of an advance health directive. Justices of the peace (JPs), commissioners for declarations, lawyers and other witnesses may have their own processes and certifications (stamps) which are equally as valid.

REVIEWING YOUR ADVANCE HEALTH DIRECTIVE

It is highly recommended that you review your advance health directive every two years or if your circumstances change.

REVOKING (CANCELLING) YOUR ADVANCE HEALTH DIRECTIVE

You may revoke (cancel) your advance health directive any time you have capacity to do so. See the *Queensland Capacity Assessment Guidelines 2020* for information about the capacity required to revoke an advance health directive.

You do not need to complete a specific form to cancel or revoke your advance health directive. However, any revocation must be in writing and you must take all reasonable steps to advise any attorney(s) (if appointed) that it has been revoked.

Other circumstances when your advance health directive may be revoked (cancelled)

Other circumstances in which your advance health directive may be revoked (cancelled) include if:

- » you make a later advance health directive (which may include one made in another state or territory) your earlier advance health directive is revoked to the extent of any inconsistency with any later advance health directive that you complete
- » **you die**—your advance health directive is automatically revoked on your death (your attorney, if you have appointed one, only has power to make decisions while you are alive)
- » the terms of your advance health directive provide for its revocation for example, if your advance health directive is expressed to operate only for specific period or specific purpose then it is revoked at the end of the period, or when the specific purpose is achieved
- » you get married or enter into a civil partnership unless your advance health directive states otherwise, your advance health directive is automatically revoked to the extent it gives power to someone that is not your current spouse or civil partner
- » **you get divorced or your civil partnership is terminated**—your advance health directive is automatically revoked to the extent it gives power to your previous spouse or civil partner
- » the Queensland Civil and Administrative Tribunal or the Supreme Court orders that your advance health directive is revoked.

Your advance health directive may also be revoked, to the extent that it gives power to an attorney to make decisions about health matters, if the attorney:

- » dies
- » **resigns** an attorney can resign by giving you a signed notice when you still have capacity to make another advance health directive appointing an attorney
- » does not have **capacity** for the matter for which they have been appointed
- » is or becomes your paid carer
- » is or becomes your health provider
- » is or becomes a **service provider for a residential service** where you reside.

A paid carer is someone who is paid a fee or wage to care for a person but not someone receiving a carer's pension or benefit.

INFORMATION FOR THE DOCTOR

Doctors have an important role in assisting a principal to make an advance health directive. The principal should discuss healthcare directions in the advance health directive, including the meaning and consequences of those directions, with a doctor. The directions should be sufficiently clear for a doctor to follow.

The doctor must complete section 5 'Doctor certificate' of the advance health directive by signing and dating where indicated. In signing the certificate, the doctor is certifying that the principal appeared to have the capacity needed to make the advance health directive.

Capacity to make an advance health directive means that the principal:

- » is capable of making the advance health directive freely and voluntarily
- » understands the nature and effect of the advance health directive.

More information about assessing the principal's capacity to make an advance health directive can be found in the *Queensland Capacity Assessment Guidelines 2020*.

A doctor signing this section must **not** be:

- » the person witnessing the advance health directive (in section 7)
- » the person signing for the principal in the advance health directive (in section 7)
- » an attorney for the principal (e.g. under an advance health directive or enduring power of attorney)
- » a relation of the principal or a relation of an attorney of the principal
- » a beneficiary under the principal's will.

INFORMATION FOR THE WITNESS

Who can witness an advance health directive?

An eligible witness for an advance health directive must be a:

- » justice of the peace (JP)
- » commissioner for declarations
- » notary public
- » lawyer.

The eligible witness must not be:

- » the person signing the advance health directive for the principal
- » the principal's attorney (e.g. under an advance health directive or enduring power of attorney)
- » a relation of the principal or a relation of an attorney of the principal
- » a paid carer or health provider of the principal
- » a beneficiary under the principal's will.

The role of the witness

The witness is not simply witnessing the principal's signature. The witness has an important role in:

- » verifying that section 5 'Doctor certificate' has been signed and dated by a doctor
- » certifying that the principal appeared to have capacity to make the advance health directive.

Capacity to make an advance health directive means that the principal:

- » is capable of making the advance health directive freely and voluntarily
- » understands the nature and effect of the advance health directive.

The witness should confirm the identity of the principal through an official form of identification, such as a driver's licence.

If the principal wants to add **additional pages** to the advance health directive, it is recommended that both the principal and the witness sign and date each additional page and fill in the total number of pages (including any additional pages) on the witness certificate in section 4.

Keeping a written record of your conversation with the principal

It is strongly recommended that the witness makes a written record of the conversation and the evidence that the witness relied upon to come to the conclusion that the principal appeared to have capacity to make the advance health directive.

For further information about assessing a person's capacity to make an advance health directive, refer to the *Queensland Capacity Assessment Guidelines 2020*.

NOTE: If an interpreter assisted in the preparation of this document or if an interpreter is present when this document is witnessed, complete Form 7 — Interpreter's/translator's statement at www.publications.qld.gov.au

INFORMATION FOR ATTORNEYS

When can an attorney begin making decisions?

An attorney appointed by an advance health directive can only make decisions about the principal's health care when:

- » the attorney has signed section 8 'Attorney(s)' acceptance' of the advance health directive
- » the principal does not have capacity to make their own decisions about their health care and their advance health directive does not cover the matter.

All adults are presumed to have capacity to make their own decisions until it is proven otherwise. Just because a person is older or has a diagnosed illness such as dementia does not mean that they do not have capacity to make their own decisions about health care. A loss of capacity may be temporary only, and the person may regain capacity at different times.

For a principal to have capacity to make their own healthcare decisions, they must be capable of:

- » understanding the nature and effect of the decisions they are making
- » making the decisions freely and voluntarily
- » communicating the decisions they have made in some way.

A person's capacity can be increased with support. Before deciding that a person does not have capacity to make decisions about health care they should be provided with the support and information they need to make the decision themselves.

For more information about capacity and conducting an assessment to determine if a principal has capacity to make their own decisions about health care, the attorney should read the *Queensland Capacity Assessment Guidelines 2020*.

It is strongly recommended that an attorney seek a capacity assessment from an independent person (e.g. a general practitioner or other health practitioner).

If it is unclear whether the principal has capacity to make their own decisions about health care, a medical practitioner can provide an assessment and report or the Queensland Civil and Administrative Tribunal (QCAT) or the Supreme Court can make a declaration about the principal's capacity.

The duties and obligations of an attorney

An attorney has important legal duties and obligations that they must comply with. It is strongly recommended that a person seek advice from a professional (such as a lawyer) when considering whether to accept an appointment as an attorney.

An attorney's legal duties and obligations include:

» Applying the general principles and the health care principles

In making decisions about health care for the principal an attorney must apply the general principles and the health care principles under the <u>Guardianship and Administration Act 2000</u> and the <u>Powers of Attorney</u> Act 1998.

The **general principles** require an attorney to:

- » presume that the principal has capacity to make their own decisions
- » recognise and protect the principal's right to make their own decisions
- » if possible, support the principal to make and communicate their own decisions
- » when making decisions on behalf of the principal, recognise and take into account their views, wishes and preferences.

The general principles also reflect important human rights, such as the right to privacy, and require the attorney to make decisions in a way that is least restrictive of the principal's rights, interests and opportunities.

When making a decision about health care for the principal, the **health care principles** also require an attorney to take into account the views and wishes of the principal (including those in the principal's advance health directive).

An attorney must also consider information from the principal's health provider, and if health care is proposed, consider the following:

- » any alternative health care available
- » any significant risks associated with the health care
- » if the health care can be postponed because a better option may become available within a reasonable time, or the principal may regain capacity to make their own decision
- » the consequences for the principal if the health care is not carried out
- » the benefits and burdens of the proposed health care for the principal
- » the effect of the health care on the principal's dignity and autonomy

For further information see <u>Factsheet</u>: <u>General principles and health care principles under Queensland's</u> quardianship framework.

» Exercising powers in accordance with the terms and conditions of the advance health directive

Any attorney appointed under an advance health directive should read the document first. It will contain important information about how they may exercise their power to make healthcare decisions on behalf of the principal. For example, the advance health directive will state:

- » the principal's directions about health care (section 4) the attorney cannot make decisions that are inconsistent with those directions
- » if there are multiple attorneys, how the attorneys must exercise their powers (section 6) the attorney must exercise their powers jointly, severally, by a majority or any other way specified by the principal
- » terms and instructions for the attorney (section 6) the principal may decide to set terms on the exercise of powers by an attorney or provide instructions.

» Acting honestly and with reasonable diligence

Attorneys must be careful to act only in the principal's interests, not any other person's interests. They must also act diligently and pay reasonable attention when making healthcare decisions for the principal, so their decisions have the best chance of protecting the principal's interests. This may include, for example:

- » seeking all the relevant information about the principal's condition and treatment options before making a healthcare decision
- » seeking a second opinion for treatment that may pose a particular risk to the principal
- » making sure the principal has regular check-ups and has access to preventative care and screening relevant to their age and health conditions.

» Consulting with the principal's other attorney(s)

If more than one attorney is appointed in the advance health directive, the attorney(s) are obliged to consult with each other regularly to ensure the principal's interests are not negatively affected by a breakdown in communication between the attorneys.

» Being careful not to inappropriately disclose confidential information

Attorney(s) appointed to make decisions about health care will likely have access to confidential information about the principal, including their medical records. An attorney must be provided with all of the relevant information that is needed by them to make an informed decision. However, the attorney is obliged to protect the principal's privacy and keep this information confidential, except where it must be disclosed in performing their role as a healthcare decision-maker.

What are the consequences if I do not fulfil my obligations as an attorney?

The consequences of failing to comply with the duties and obligations described above could include:

- » **removal as an attorney** QCAT has the power to remove a person as an attorney where the attorney has not complied with their obligations
- » **criminal liability**—failing to act honestly and with reasonable diligence in your role as an attorney is a criminal offence.

If you are unsure about your role or obligations as an attorney, you should seek independent legal advice.

If I no longer want to act as an attorney, how do I resign?

You can resign as attorney for a matter by giving written notice to the principal, provided the principal has the necessary capacity. However, if the principal does not have capacity for the matter, you can only resign with the approval of QCAT or the Supreme Court.

Frequently asked questions (FAQs)

Po I have to register my advance health directive?

No. It is not a legal requirement for you to register your advance health directive.

See section 9 'What to do with your completed advance health directive' on page 17.

(?) When does my advance health directive end?

Your advance health directive continues even in you lose capacity (see the *Queensland Capacity Assessment Guidelines 2020*).

For more information about when an advance health directive may end see page 19 'Revoking (cancelling) your advance health directive'.

How do I revoke (cancel) an advance health directive?

See page 19 'Revoking (cancelling) your advance health directive'.

I completed an advance health directive under the other previous approved form for an advance health directive — is it still valid?

Yes. If your advance health directive was made correctly using an older version of the form and it was valid, it will continue to be valid.

However, if an attorney appointed under your advance health directive is a service provider for a residential service where you are a resident, then that person may no longer be eligible to act as your attorney.

(?) How do I get a certified copy of my advance health directive?

See pages 18–19 'How to make a certified copy of an advance health directive'.

How do I make changes to an advance health directive once it has been completed and signed?

If you want to make changes, you can revoke your current advance health directive and create a new one, or create a new advance health directive which will override your old document to the extent of any inconsistencies. It is not recommended that you write on your existing advance health directive once it has been signed and witnessed. For minor changes, like updating your address, you may not need to make a new advance health directive. If you want to update certain details such as your phone number, it may be better to simply let the people you have given a copy of the advance health directive to know your updated details. It is recommended that you seek advice from a lawyer about changing your advance health directive.

How do I appoint extra attorney(s) if there is not enough space in the advance health directive form?

To appoint more attorney(s) you must first tick the box in section 6 'Appointing an attorney(s) for health matters' of the advance health directive form indicating that you are appointing extra attorney(s). Then add any additional page(s) to the advance health directive with the details of the extra attorney(s) and for the attorney(s) to sign to accept their appointment. See page 18 'How to add additional pages'.

Can I record my wishes about organ and tissue donation in my advance health

No. The advance health directive does not allow you to record whether or not you wish to donate your organs and tissue **after you have died**. For more information about organ donation and to register your wishes visit donatelife.gov.au.

Types of substitute decision-making arrangements

Queensland's guardianship legislation recognises a number of substitute decision-makers and authorises the exercise of power for a matter for an adult with impaired capacity for a matter.

Depending on the type of matter, a substitute decision-maker may be:

An informal decision-maker	A member of the adult's support network acting on an informal basis (Queensland's guardianship legislation recognises that a member of an adult's support network may make decisions for them on an informal basis). An informal decision-maker cannot make an enduring document on behalf of an adult.
An attorney for personal (including health) matters	An attorney for personal (including health) matters appointed by the adult under an enduring power of attorney or advance health directive (enduring documents). The enduring document must have been made by the adult at a time when they had capacity to make the document.
An attorney for financial matters	An attorney for financial matters appointed by the adult under an enduring power of attorney. The enduring power of attorney must have been made by the adult at a time when they had capacity to make the document.
A statutory health attorney	A statutory health attorney (listed in order of priority in Queensland's guardianship legislation) is an adult's spouse, unpaid carer, or close friend or relative over the age of 18 years who has automatic authority under Queensland's guardianship legislation to make decisions about health care. If none of the above people are available or culturally appropriate, the Public Guardian is an adult's statutory health attorney.
A guardian for personal (including health) matters	A guardian may be appointed by QCAT or the Supreme Court to make decisions about the adult's personal (including health) matters.
An administrator for financial matters	An administrator may be appointed by QCAT or the Supreme Court to make decisions about the adult's financial matters.
QCAT or the Supreme Court	There are certain matters for which QCAT and the Supreme Court can make an original decision.

If you need further assistance

Online resources

For information about enduring powers of attorney, advance health directives and substitute decision-making under the guardianship framework in Queensland, guidance on assessing the capacity of an adult to make decisions or an enduring document (including the *Queensland Capacity Assessment Guidelines 2020*) and copies of all related forms and explanatory guides, visit www.qld.gov.au/guardianship-planahead

Office of the Public Guardian

Find information about the role of the Public Guardian at www.publicguardian.qld.gov.au
You can appoint the Public Guardian as your attorney for personal and health care matters.

Tel: 1300 653 187

The Public Trustee of Queensland (PTQ)

Find information about the role of the PTQ at:

www.pt.qld.gov.au

Email: Clientenq@pt.qld.gov.au

Tel: 1300 360 044 Monday to Friday, 8:15am-5pm

Queensland Law Society

For information about finding a solicitor for legal advice: www.qls.com.au

Tel: 1300 367 757 Monday to Friday, 8:30am-5pm.

Justices of the Peace Branch

Information on how to locate the services of a Justice of the Peace or Commissioner for Declarations can be found here www.qld.gov.au/findjp

Tell: **1300 301 147** Monday to Friday 8:30am – 5pm Email: jp@justice.qld.gov.au

Community Legal Centres

Call or visit your nearest community legal centre, Seniors Legal and Support Service or specialist legal centre for people with disability or mental illness. Community legal centres can provide free legal advice for your situation.

You can find local legal help at: www.communitylegalqld.org.au

Queensland Civil and Administrative Tribunal (QCAT)

Applications for guardianship and administration, as well as applications regarding capacity and attorneys can be made at QCAT.

Information about making an application to QCAT is available at: www.qcat.qld.gov.au

Tel: 1300 753 228 Monday to Friday, 8:30am-3pm.

13 HEALTH

13 HEALTH is a confidential phone service that provides health advice to Queenslanders. The service can direct you to a local GP service who can provide advice and assistance to complete an enduring power of attorney or advance health directive form.

You can phone and talk to a registered nurse 24 hours a day, 7 days a week for the cost of a local call.

Tel: 13 43 25 84

Office of Advance Care Planning

The **Office of Advance Care Planning** is a free statewide service that helps Queenslanders plan and share their healthcare wishes.

The Office of Advance Care Planning is able to upload a copy of your advance health directive, enduring power of attorney, revocation documents and Statement of Choices to your Queensland Health electronic record.

Only authorised clinicians involved in your care can access uploaded advance care planning documents.

For more information, please contact the Office of Advance Care Planning via:

Phone: 1300 007 227, email: acp@health.qld.gov.au

or visit: www.mycaremychoices.com.au.

If you need an interpreter



If you have difficulty understanding this publication and need language assistance, please call **13QGOV** (**137468**), ask for an interpreter and ask them to telephone any of the agencies in this section.

If you are deaf or have a hearing or speech impairment



Use the National Relay Service to phone any of the agencies in this section.

For more information visit: www.communications.gov.au/accesshub

Mental health resources

You can find information relating to directions for mental health at:

www.health.qld.gov.au/mental-health-act

Tel: 1300 MH CALL (1300 642255)

Form 10 — Advance health directive explanatory guide

Form 4

Powers of Attorney Act 1998 (Qld) section 44(2) Version 5: approved for use from 30 November 2020.

For	patient reco	rd purpos	es, health	services	can affix	k identification	n label here
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Advance health directive (Queensland)

Use this form to give directions about your future health care and special health care. You can also use this form to appoint an attorney(s) for health matters.

To help you complete this form, please read Form 10 — Advance health directive explanatory guide first.

You should then talk to people who are important to you and can help inform your healthcare choices including your doctor, family and friends.

Forms and explanatory guides are available at www.qld.gov.au/guardianship-planahead



What is an advance health directive?

At some point in the future, you may be unable to make decisions about your health care, even temporarily.

Your advance health directive is a legal document that allows you to give directions about your future health care and special health care.

- » Health care includes most medical treatments, procedures and services to treat both physical and mental conditions. When nearing the end of your life, the definition of health care also includes life-sustaining treatment.
- » Special health care includes special procedures such as participation in special medical research.

Your advance health directive also allows your wishes to be known and gives health professionals direction about the treatment you want.

As the person who is making this advance health directive, you are referred to as the 'principal'. Any directions you give in this advance health directive will only operate if you do not have capacity to make decisions about your health care.

Appointing an attorney (decision-maker)

You can also use this form to appoint someone that you trust to make decisions about your health care if there is a time when you do not have capacity to make decisions about your health care. The person you appoint is called your 'attorney'.

Important information about your advance health directive

- » This form can only be completed by an adult who has capacity to make an advance health directive. This means you must understand the nature and effect of the document you are signing. You must be making this document freely and voluntarily, not due to pressure from someone else to make it.
- A doctor must sign section 5 'Doctor certificate' of this form.
- You must sign this form in the presence of an eligible witness (a justice of the peace (JP), commissioner for declarations, lawyer or notary public).
- If an interpreter is required to interpret or translate this document, they should complete Form 7 Interpreter's/ translator's statement.
- » You are not required to register this advance health directive anywhere.

What to do with this advance health directive once complete:

- » give a certified copy to your attorney(s) (if appointed), lawyer, doctor or health provider(s)
- » notify your close family and friends that you have made an advance health directive and where to find the document.

SECTION 1: YOUR PERSONAL DETAILS

You must fill in your full name, date of birth and address.

Refer to section 1, page 5 of Form 10 — Advance health directive explanatory guide.

Full name			
Date of birth			
Address	Suburb	State	Postcode
Phone number	Subuib	State	Fosicode
Thore number			
Email			

SECTION 2: YOUR HEALTH CONDITIONS AND CONCERNS

Refer to section 2, page 5 of Form 10 — Advance health directive explanatory guide.

Cross out this section if you do not want to complete it. If you do complete this section cross out any space in the box that you do not use.

My n	My major health conditions and concerns are:					

SECTION 3: YOUR VIEWS, WISHES AND PREFERENCES

This section lets your health provider, family and friends know what is important to you now and into the future.

You are not giving directions about your health care (section 4 allows you to do this). You should discuss this section with your doctor before completing it.

Refer to section 3, pages 5– 6 of Form 10 — Advance health directive explanatory guide.

Cross out this section if you do not want to complete it. If you do complete this section cross out any space in the boxes that you do not use.

(a)	These things are important to me: (Describe what living well means to you now and
	into the future e.g. spending time with your family and friends, living in your own home

(b)	These things worry me about my future: (e.g. being unable to live at home, being unable to communicate)
(c)	These are the cultural, religious or spiritual values, rituals or beliefs I would like considered in my health care:
(4)	When I am nearing death, the following would be important to me and would comfort me. (e.g. you may prefer to die
(u)	When I am nearing death, the following would be important to me and would comfort me: (e.g. you may prefer to die at home or you may like a certain type of music played)
(e)	I would prefer these people to be involved in discussions about my health care:
	,, ,, ,
(f)	I would prefer these people not be involved in discussions about my health care:

SECTION 4: YOUR DIRECTIONS

Before completing section 4, it is recommended that you discuss your proposed directions with your doctor.

DIRECTIONS ABOUT LIFE-SUSTAINING TREATMENT

This part allows you to give directions about life-sustaining treatment when you are nearing the end of your life. For directions about health care other than life-sustaining treatments, complete the part 'Directions about other health care' on page 7.

Life-sustaining treatments are aimed at sustaining or prolonging your life (i.e. keeping you alive or delaying your death). Examples could include CPR (cardiopulmonary resuscitation) and assisted ventilation (e.g. the use of a breathing machine).

Your directions about life-sustaining treatment that you provide below will only apply if you are unlikely to regain capacity to make your own decisions about health care and one of the following applies:

- » you are so unwell due to a terminal illness or condition that, in the opinion of two doctors, you are reasonably likely to die in the next 12 months
- you are so unwell due to an injury or illness that there is no reasonable prospect that you will recover to the extent that you can live without life-sustaining treatment
- » you are permanently unconscious (with no reasonable prospect of regaining consciousness)
- you are in a persistent vegetative state (involving severe and irreversible brain damage).

A health provider does not have to follow directions in an advance health directive that are not consistent with good medical practice or will not benefit you. A health provider also does not have to follow directions that are uncertain or where circumstances, including advances in medicine, have changed to the point that your directions are no longer appropriate. Before completing this section, it is recommended that you discuss your proposed directions with your doctor.

aire the fellowing disections shout life are taken and

You can only choose one option.	(Please choose only one of the following four options)
Read all four options (see next page for option 4) before you make a decision.	Option 1 I consent to all treatments aimed at sustaining or prolonging my life.
Refer to section 4, pages 7–8 of Form 10 — Advance health directive explanatory guide.	OR Option 2
explanatory guide.	I refuse any treatments aimed at sustaining or prolonging my life.
	OR
	Option 3
	I cannot decide at this point. I want my attorney(s) to make the decisions about life- sustaining treatment on my behalf at the time the decision needs to be made using the information in this advance health directive and in consultation with my health providers and the people I have listed in section 3.
	OR
	See next page for option 4.

Option 4	
I give t	he following specific directions about life-sustaining treatments
(Tick one	hay ner row in the table below)

Life-sustaining treatment	(a) I consent to this treatment in all circumstances	(b) I refuse this treatment in all circumstances	(c) I consent to this treatment in the following circumstances (You must specify the particular circumstances for each treatment)
CPR (cardiopulmonary resuscitation)			
(For option (c), specify circumstances here)			
Assisted ventilation (e.g. a machine which assists			
your breathing through a face mask or a breathing tube) (For option (c), specify circumstances here)			
Artificial nutrition (e.g. a feeding tube through the			
nose or stomach) (For option (c), specify circumstances here)			
Artificial hydration (e.g. intravenous (IV) fluids)			
(For option (c), specify circumstances here)			
Antibiotics (For option (c), specify circumstances here)			
Other life-sustaining treatment (state the treatment, e.g.			
kidney dialysis) (For option (c), specify circumstances here)			

☐ I need more space.

Attach any additional pages to this form and tick the box to indicate that extra pages are attached.

DIRECTIONS ABOUT OTHER HEALTH CARE

This part allows you to give directions about health care, other than life-sustaining treatment.

You can use this part to give directions to consent to or refuse health care.

You do not need to specify a health condition but your directions need to be clear.

Refer to section 4,
page 9 of Form 10 —
Advance health directive
explanatory guide.

I give the following directions about my health care:

Health condition (if relevant)	Directions about my health care

I need more space.

Attach any additional pages to this form and tick the box to indicate that extra pages are attached.

DIRECTIONS ABOUT BLOOD TRANSFUSIONS I give the following direction about blood transfusions: A blood transfusion is the transfer of blood, (Tick one box only) including blood products I consent to a blood transfusion (e.g. red cells, platelets and plasma) from one OR person to another. I do not consent to a blood transfusion Refer to section 4, page 9 of Form 10 -OR Advance health directive explanatory guide. other: (If you tick this box you must specify the circumstances or types of transfusions that you consent to or refuse, e.g. I consent to a transfusion of blood products but not blood.) **SECTION 5: DOCTOR CERTIFICATE** A doctor must complete, By signing below, I certify that: sign and date this » I am a doctor. section. » I have discussed the contents of this advance health directive with the principal. INFORMATION FOR THE » At the time of making this advance health directive the principal appeared to me to have **DOCTOR** the capacity to make this advance health directive. The principal appeared to: Refer to section 5, » understand the nature and effect of this advance health directive pages 9-10 of Form 10 -Advance health directive » be capable of making this advance health directive freely and voluntarily. explanatory guide and » I am not: the *Queensland Capacity* Assessment Guidelines » the person witnessing this advance health directive 2020. » the person signing this advance health directive for the principal » an attorney of the principal » a relation of the principal or relation of an attorney of the principal » a beneficiary under the principal's will.

Doctor's name

SECTION 6: APPOINTING AN ATTORNEY(S) FOR HEALTH MATTERS

This section allows you to appoint one or more attorneys to make decisions about health care for you. You can choose how your attorney(s) can make decisions (e.g. jointly, severally, by a majority, successively or alternatively). You can also set terms on your attorney(s)' decision-making power or provide instructions on how your attorney(s) exercise their power.

WHO ARE YOU APPOINTING AS YOUR ATTORNEY(S) FOR HEALTH MATTERS?

Your attorney(s) must:

- » have capacity to make decisions for the matter they are being appointed for
- » be 18 years or older
- » not be a service provider for a residential service if you are a resident there
- » not be your paid carer in the previous three years or your health provider.

Note: a paid carer is someone who is paid a fee or wage to care for a person but not someone receiving a carer's pension or benefit.

Your attorney(s) cannot make decisions that are inconsistent with your directions in section 4 if those directions are clear and can be followed by your health providers.

Refer to section 6, pages 10–11 of Form 10 — Advance health directive explanatory guide.

Cross out this part if you do not want to complete it.

If you do not want to appoint an attorney(s) for health matters, or you have already appointed one in an enduring power of attorney and you do not want to change it, go to section 7.

I appoint the person(s) listed below as my attorney(s) for health matters: (in no particular order)

Full name			
Address	Suburb	State	Postcode
Phone number			
Email			
Full name			
Address	Suburb	State	Postcode
Phone number			
Email			
Full name			
Address	Suburb	State	Postcode
Phone number			
Email			
Full name			
Address	Suburb	State	Postcode
Phone number			
Email			

I am appointing an additional attorney(s) and need more space.

 $Attach\ any\ additional\ pages\ to\ this\ form\ and\ tick\ the\ box\ to\ indicate\ that\ extra\ pages\ are\ attached.$

HOW MUST YOUR ATTORNEYS MAKE DECISIONS? If you do not complete this part your attorneys must make decisions jointly. Only complete this part if you are appointing I authorise my attorneys to make decisions: more than one attorney. (Tick one box only) Refer to section 6, pages 12–13 of Form jointly (all of my attorneys must agree on all decisions) 10 — Advance health directive explanatory OR guide. severally (any one of my attorneys may decide) OR by a majority (more than half of my attorneys must agree on all decisions) OR other: (e.g. jointly and severally, or appointing a successive or alternative attorney) (If you choose 'other', please specify how you want your attorneys to make decisions) TERMS AND INSTRUCTIONS FOR YOUR ATTORNEY(S) Only complete this *Write the terms and instructions for your attorney(s) here:* part if you want to set terms on the exercise of power by your attorney(s) or provide instructions to your attorney(s) about the exercise of their powers. Refer to section 6. page 13 of Form 10 — Advance health directive explanatory guide. Cross out this part if you do not want to complete it. If you do complete this part cross out any space in the box that you do not use. I need more space to write my terms and instructions.

Attach any additional pages to this form and tick the box to indicate that extra pages are attached.

SECTION 7: DECLARATIONS AND SIGNATURES

PRINCIPAL'S SIGNATURE

As the principal you must sign this part in front of an eligible witness.

Refer to section 7, pages 14–15 of Form 10 — Advance health directive explanatory guide and the Queensland Capacity Assessment Guidelines 2020.

An eligible witness **must** be a:

- » justice of the peace (JP)
- » commissioner for declarations
- » lawyer
- » notary public.

The witness **must not** be:

- » the person signing for you
- » your attorney (e.g. under an advance health directive or enduring power of attorney)
- » someone related to you or related to your attorney
- » a paid carer or health provider for you (i.e. your health provider)
- » a beneficiary under your will.

By signing this document, I confirm that:

» I am making this advance health directive freely and voluntarily.

AND

- » I understand the nature and effect of this advance health directive including:
 - » the nature and likely effects of each direction in this advance health directive
 - » that a direction operates only while I do not have capacity for the health matter covered by the direction
 - » that I may revoke a direction at any time I have the capacity to make a decision about the health matter covered by the direction
 - » that at any time I do not have capacity to revoke a direction, I will be unable to effectively oversee the implementation of the direction.

AND

- » I understand that if I am appointing an attorney(s) for health matters that:
 - » I may specify or limit my attorney(s)' power and instruct my attorney(s) about the exercise of the power
 - » the power given to my attorney(s) begins when I lose capacity to make decisions for health matters
 - » once my attorney(s)' power begins, my attorney(s) will have full control over, and power to make decisions about, health matters subject to any terms or information included in this advance health directive
 - » I may revoke the power given to my attorney(s) in this advance health directive at any time I am capable of making an advance health directive giving the same power
 - » the power I am giving to my attorney(s) continues even if I do not have capacity to make decisions about health matters
 - » if I am not capable of revoking this advance health directive, I will not be able to oversee the use of the power given to my attorney(s) for health matters.

ONLY SIGN THIS PART IN FRONT OF AN ELIGIBLE WITNESS

Principal's signature:	Date:
,	
Witness's signature:	Date:
(Witness must also sian page 12)	

Person signing for the principal

If you are physically unable to sign this form another person who is eligible must sign the form for you.

Refer to section 7, page 15 of Form 10

— Advance health directive explanatory guide.

By signing this document, I confirm that:

- » the principal instructed me to sign this document
- this document

 » I am 18 years or older
- » I am not a witness for this advance health directive
- » I am not an attorney of the principal.

Name		
Address		
Suburb	State	Postcode

ONLY SIGN THIS PART IN FRONT OF THE PRINCIPAL AND AN ELIGIBLE WITNESS

Person signing for the principal signs here:	Date:
Witness's signature:	Date:

WITNESS CERTIFICATE This part must be By signing this document, I certify that: (Tick one box only) filled in and signed by the principal signed this advance health directive in my presence the eligible witness at the same time that OR you sign the advance in my presence, the principal instructed another person to sign this advance health health directive. directive for the principal, and that person signed it in my presence and in the presence INFORMATION FOR THE of the principal. **WITNESS** AND As a witness you are not simply » I am a: (Tick one box only) witnessing the principal's signature. justice of the peace (JP) You must also be commissioner for declarations satisfied that the principal appears to lawyer have capacity to make the advance health notary public. directive. » I am not: Refer to section 7, page 16 and pages 20-21 of » the person signing the document for the principal Form 10 — Advance » an attorney of the principal health directive explanatory guide » a relation of the principal or relation of an attorney of the principal and the Queensland » a paid carer or health provider of the principal Capacity Assessment » a beneficiary under the principal's will. Guidelines 2020. » I have verified that section 5 of this advance health directive has been signed If an interpreter assisted and dated by a doctor. in the preparation of » At the time of making this advance health directive the principal appears to me to have this document or if an the capacity to make this advance health directive. The principal appears to: interpreter is present when this document is » understand the nature and effect of this advance health directive witnessed, complete » be capable of making the advance health directive freely and voluntarily. Form 7 – Interpreter's/

This document (including any additional pages) has _____ pages.

Witness's signature: _ (Witness must also sign page 11) Witness's name: _

translator's statement at www.publications.gld.

gov.au

SECTION 8: ATTORNEY(S)' ACCEPTANCE

If you have appointed an attorney(s) under section 6 the attorney(s) must sign this section.

It does not matter which order your attorney(s) sign this section.

Your attorney(s) must sign this section of the original form after you and the witness have signed section 7.

INFORMATION FOR ATTORNEYS

An attorney has important duties and obligations.

Refer to section 8, page 17 and pages 22-24 of Form 10 — Advance health directive explanatory guide for further information about the duties and obligations of an attorney.

Note: a paid carer is someone who is paid a fee or wage to care for a person but not someone receiving a carer's pension or benefit.

In signing this advance health directive I accept the appointment in accordance with the terms of this advance health directive and confirm that:

» I have **read** this advance health directive and I understand that I **must** make decisions and exercise power in accordance with this advance health directive, the *Powers of* Attorney Act 1998 and the Guardianship and Administration Act 2000.

» | understand:

- » in exercising my powers I must apply the general principles and if I exercise powers for health care matters, the health care principles under the *Powers of Attorney Act 1998* and the Guardianship and Administration Act 2000
- » the obligations of an attorney and the consequences of failing to comply with those obligations.

» I declare that:

- » I have capacity for the matter that I am appointed for
- » I am 18 years or older
- » I am not a paid carer for the principal
- » I am not a health provider for the principal
- » I am not a service provider for a residential service where the principal is a resident.

Signature:	
Full name:	Date:
Signature:	
Full name:	Date:
Signature:	
Full name:	Date:
Signature:	
Full name:	Date:
I have appointed an additional attorney(s) and need more spa	

SECTION 9: WHAT TO DO WITH YOUR COMPLETED ADVANCE EALTH DIRECTIVE

You should:

- » keep the original in a safe place
- » give a certified copy to your attorney(s) (if appointed), doctor, other health provider(s), bank or lawyer
- » notify your close family and friends that you have made an advance health directive and where to find the document
- » review your advance health directive at least every two years or if your health changes significantly.

Refer to 'Further information' on pages 18–19 of Form 10 — Advance health directive explanatory guide for information on how to make a certified copy and how your advance health directive may be revoked.

My Health Record

If you wish your document to be in My Health Record you can upload it via the My Health Record website at www.myhealthrecord.gov.au. Your document will be valid regardless of whether it is uploaded.

Office of Advance Care Planning

You are able to have your advance health directive uploaded to your Queensland Health electronic record. To do this, send a copy of your document to the Office of Advance Care Planning. This way it will be easily available to authorised clinicians involved in your care when it is required. A copy of your document can be sent to the Office of Advance Care Planning at acp@health.gld.gov.au, PO Box 2274, Runcorn, Queensland 4113 or fax 1300 008 227.

What about registering as an organ donor?

If you are interested in donating your organs after death, visit the Australian Organ Donor Register at donatelife.gov.au

Statement of Choices

ADVANCE CARE PLANNING

This Statement of Choices can help you record your wishes, values and beliefs to guide those close to you to make health care decisions on your behalf if you are unable to make those decisions for yourself.



Advance Care Planning If you were suddenly injured or became seriously ill,

If you were suddenly injured or became seriously ill, who would know your choices about the health care you would want?

What is advance care planning?

Advance care planning (ACP) means thinking about and making choices now to guide your future health care. It is a way of letting others know what is important to you if you could not communicate for yourself. It is a voluntary process which gives you the opportunity to discuss your beliefs and values, and helps give you peace of mind that you can receive the right care, at the right time, in the right place.

Why plan ahead?

- To have your wishes known to help guide the treatment and care you receive in the future
- To let your loved ones know what you would want if they need to make difficult decisions on your behalf
- To allow your choices about health care to be considered before a crisis occurs.

When will your advance care plan be used?

Your advance care plan may only be used if you are unable to make or communicate your own health care decisions.

What if my family member or someone I care for is currently unable to make health care decisions and they do not have an advance care plan?

A Statement of Choices can still be considered for that person. The form should be based on that person's best interests, their expressed wishes and the views of their significant others. It should take into account the benefits and burdens of the person's illness and medical treatment.

Does an advance care plan apply across all health care environments?

Yes, you can give a copy of your advance care planning document(s) to all health care services to allow your wishes to be known and considered. This includes hospitals, community health centres, your GP and any other health facilities you may access.

Steps of advance care planning



Discuss with your usual doctor your health conditions and how they may affect you both now and in the future. Discuss with your family your values, beliefs and preferences for future health care.



Step 2

Record your wishes in an ACP document such as the Statement of Choices. You should also record who you may have already appointed to be your substitute decision-maker.



Share copies of ACP documents with your family, GP and hospitals. Also send copies to the Office of Advance Care Planning (see page 4 Form A & B) to share your choices with health care providers.

Step



Step 4

Review your preferences and values whenever there are changes in your health or life circumstances and update your ACP document(s) accordingly.

Think now. Plan sooner. Peace of mind later.

Statement of Choices

The Statement of Choices is a values-based document that records a person's wishes and choices for their health care into the future. Although the Statement of Choices is not included in Queensland legislation, the content can still have guiding effect by assisting substitute decision-makers and clinicians if a person is unable to communicate their choices.

Form A is used by people who **can** make health care decisions for themselves. **Form B** is used for people who **cannot** make health care decisions on their own.

Legally-binding ACP documents in Queensland

If you have strong wishes about your future health care you should consider completing these legally-binding documents.

Advance Health Directive (AHD)

This is a legally-binding document that states a person's instructions for health care in specific circumstances. It must be completed with a doctor and signed in front of a qualified witness. It can also be used to appoint your substitute decision-maker for health decisions.

Enduring Power of Attorney (EPOA)

This is a legally-binding document that can appoint one or more person(s) to make personal, health and/or financial decisions on your behalf. It must be signed in front of a qualified witness and you can choose how the responsibility of decision-making is shared.

You can obtain a copy of these documents at: www.mycaremychoices.com.au

Order of substitute decision-making

In Queensland, when a person is unable to make or communicate their own health care decisions, there is an order of priority for substitute decision-making:

- 1. Advance Health Directive
- A legally-binding document used to give consent and direct medical management in specific health circumstances.
- 2. Tribunal-appointed guardian
- A guardian appointed by the Queensland Civil and Administrative Tribunal (QCAT) to make health care decisions on behalf of a person.
- 3. Attorney appointed under an AHD/EPOA
- A person (known as an "attorney") appointed for personal/health decisions in an Advance Health Directive or Enduring Power of Attorney document.
- 4. Statutory health attorney

A relevant person who has authority to make health care decisions in the absence of the above decision-makers. See glossary for details.

Statement of Choices may help guide these decision-makers

Contact information



Office of Advance Care Planning:

PO Box 2274 Ph: 1300 007 227 Runcorn QLD 4113 Fax: 1300 008 227

Email: acp@health.gld.gov.au

GLOSSARY OF TERMS

Capacity

Capacity refers to a person's ability to make a specific decision in a particular area of their life. A person has capacity for health care decisions when they can understand the information provided by a doctor about their health and treatment options and are able to make a decision regarding their care. The person also needs to be able to communicate their decision in some way and the decision must also be made of the person's own free will.

Cardiopulmonary Resuscitation (CPR)

Cardiopulmonary resuscitation includes emergency measures to keep the heart pumping (by compressing the chest or using electrical stimulation) and artificial ventilation (mouth-to-mouth or ventilator) when a person's breathing and heart have stopped. It is designed to maintain blood circulation whilst waiting for treatment to possibly start the heart beating again on its own. The success of CPR depends on a person's overall medical condition. On average, less than one in four patients who have CPR in hospital survive to be discharged home.^{1,2}

Good Medical Practice

Good medical practice requires the doctor responsible for a person's care to adhere to the accepted medical standards, practices and procedures of the medical profession in Australia. All treatment decisions, including those to withhold or withdraw life-sustaining treatment, must be based on reliable clinical evidence and evidence-based practice as well as ethical standards. Good medical practice also requires respecting adults' wishes to the greatest extent possible.

Life Prolonging Treatment

Sometimes after injury or a long illness, the main organs of the body no longer work properly without support. If this is permanent, ongoing treatments will be needed to stop a person from dying. These treatments are collectively referred to as life prolonging and can include medical care, procedures or interventions which focus on extending biological life without necessarily considering quality of life. Certain life prolonging treatments acceptable to one person may not be acceptable to another.

Office of the Public Guardian

The Office of the Public Guardian is an independent statutory body that protects the rights and interests of vulnerable Queenslanders, including adults with impaired capacity to make their own decisions.

Organ or Tissue Donation

Donation involves removing organs and tissues from someone who has died (a donor) and transplanting them into a recipient who is on a waiting list. Organs that can be transplanted include the heart, lungs, liver, kidneys, intestine and pancreas. Tissues that can be transplanted include heart valves, bone, skin and eye tissue. Organ and tissue donation can save and significantly improve the lives of many people who are sick or dying. For additional information about donation and to register your wishes visit: www.donatelife.org.au

Statutory Health Attorney

A statutory health attorney is someone with automatic authority to make health care decisions for a person if they become unable to do so because of illness or incapacity. This attorney is not formally appointed; they act in this role only when the need arises. The statutory health attorney is the first available, culturally appropriate adult from the following list, in order: a spouse or de facto partner in a close and continuing relationship; an adult who cares for the person but is not employed to be their carer; or a close friend or relative who is not the person's employed carer. The Public Guardian may, under certain circumstances, become the statutory health attorney of last resort.

Substitute Decisionmaker

Substitute decision-maker is a general term used to describe someone who has legal power to make decisions on behalf of an adult when that person is no longer able to make their own decisions. This may be: a person appointed in an Enduring Power of Attorney or Advance Health Directive; a tribunal-appointed guardian or a statutory health attorney.

For more information and resources visit: www.mycaremychoices.com.au

^{1.} Morrison, Laurie J., et al. "Strategies for Improving Survival After In-Hospital Cardiac Arrest in the United States: 2013 Consensus Recommendations A Consensus Statement From the American Heart Association." *Circulation* 127.14 (2013): 1538-1563.

^{2.} Girotra, Saket, et al. "Trends in survival after in-hospital cardiac arrest." New England Journal of Medicine 367.20 (2012): 1912-1920.

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

(Affix patient identification	label	here)
-------------------------------	-------	-------

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex: □M □F □I

Advance Care Planning - Statement of Choices (FORM A)

Statement of Choices

FORM A

For persons with decision-making capacity.

	A. My D	etails					
	(If using a patient label please write "as above")						
	Given Names:						
	Family N	lame:					
	Preferre	d Name:			Phone:		
	Address	:					
	DOB:	Sex: M	F I	Medic	are No:		
	I have th	ne following:			If you have a legally		
	1. Adva	nce Health Directive (AHD)	Yes	No	decision-maker as pe	letails b	elow.
	2. Tribu	nal-appointed guardian	Yes	No	If you have not appostill include the detail		
		ring Power of Attorney (EPOA) onal/health matters)	Yes	No	to be involved in dis health care decis	cussion	ns about your
	My Con	tacts					
	Name:						
	Phone:		Relatio	nship:			
		I have appointed this person as a	decision-r	naker ir	n my EPOA or AHD:	Yes	No
	Name:						
	Phone:		Relatio	nshin			
	i ilono.	I have appointed this person as a		•	n my EPOA or AHD:	Yes	No
		Thave appointed this person as a	uccision-i	nakei ii	Tilly Li OA OI AIID.	163	NO
	Name:						
	Phone:		Relation	nship:			
MSH051		I have appointed this person as a	decision-r	naker ir	n my EPOA or AHD:	Yes	No
€	If there a	re more than 3 substitute decision-ma	kers please	attach c	letails on a separate sh	eet and	tick this box:

V5.1 02/2018 Professionally

	Queensland Government
CHAPT.	Government

(Affix patient identification	n label here)		
URN:			
Family Name:			
Given Names:			
Address:			
Date of Birth:	Sex: ☐ M	□F	

QUEENSLAND HEALTH Advance Care Planning Statement of Choices (FORM A) My name:	Family Name: Given Names: Address: Date of Birth:	Sex: □ M	□F	
B. Personal Values				
Describe what you value or enjoy most in your Think about what interests you or gives your life				
Consider what you would like known about you Think about your past experiences, wishes and				
Describe the health outcomes that you would fi Think about what you would not want, including		olve severe	disabi	ility.
Describe what would be important or comforting Think about your personal preferences, special		ath:		
Indicate the place where you would prefer to die Consider how you would want to be cared for a		ome)		
Think about your spiritual, religious and cultural wishes that you want noted.		ntion; and ar	y othe	er

proceed to next page...

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

(Affix patient identification	on label here)
-------------------------------	----------------

URN:

Family Name:

Given Names:

Address:

Date of Birth: Sex: \square M \square F \square I

My name:

C. Medical Conditions

My current medical conditions include:

The health impacts of the conditions listed above have been explained to me and I understand them:

Yes No If you have answered 'No' please consult a doctor before continuing with this form.

Medical and emergency preferences

Please remember, doctors need to speak with the relevant substitute decision-maker(s) at the time a decision is made. You will always receive relevant care to relieve pain and suffering.

Life Prolonging Treatments

Cardiopulmonary Resuscitation (CPR) (tick appropriate box)

I would wish CPR attempted if it is consistent with good medical practice OR

I would NOT wish CPR attempted under any circumstances OR

Other:

Other Life Prolonging Treatments (tick appropriate box)

e.g. kidney machine (dialysis), feeding tube, breathing machine (ventilator)

I would wish for other life prolonging treatments if consistent with good medical practice OR

I would NOT wish for other life prolonging treatments under any circumstances OR

Other:

Medical Treatments

If considered to be medically beneficial,

I would NOT undecided /
wish for: wish for: no preference:

A major operation

(e.g. under general anaesthetic)

Intravenous (IV) fluids

Intravenous (IV) antibiotics

Other intravenous (IV) drugs

A blood transfusion

Other:

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

(Affix patient identification	on label here)		
URN:			
Family Name:			
Given Names:			
Address:			
Date of Birth:	Sex: ☐ M	□F	

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Statement of Choices

This document remains in place until it is updated or withdrawn.

You may indicate a time period when you want to review this document (optional):

6 monthly

12 monthly

Other:

My Understanding

I have had this document explained to me and I understand its importance and purpose. This is my true record on this date and I request that my wishes, values and beliefs are respected. I understand that:

- · This document may only be used if I am unable to make or communicate decisions for myself.
- My substitute decision-maker(s) and doctors may only use this document as a guide when making decisions regarding my medical treatment in the future.
- I may complete all or part of this document and that I can change my mind regarding these choices at any time.
- It is important for me to discuss my wishes with my usual doctor, my family and my substitute decision-maker(s).
- Doctors should only provide treatment that is consistent with good medical practice.
- Regardless of any decisions about cardiopulmonary resuscitation and life prolonging treatments, I will continue to receive all other relevant care, including care to relieve pain and alleviate suffering.

I consent to share the information on this form with persons/services relevant to my health as per the privacy policy and to non-identifiable information being used for quality improvement/research purposes as per the information sheet. The privacy policy and information sheet are available at: www.mycaremychoices.com.au

Signature:	Date

Usual Doctor's Statement

As a registered medical practitioner, I believe that the person completing this form has the decision-making capacity necessary to complete this Statement of Choices. I am not an appointed attorney in this person's Enduring Power of Attorney or Advance Health Directive, a relation or a beneficiary under this person's will.

Doctor's	Name:
----------	-------

Doctor's Signature:

Date:

Hospital or Practice Stamp

This form was completed with the help of a qualified interpreter or cultural/religious liaison person:

Yes

N/A

This resource has been adapted from Austin Health copyrighted publications 2011 by Metro South Health

IMPORTANT:

To allow this document to be available to health care providers, please send a copy of all four (4) pages of FORM A to:

×

Office of Advance Care Planning

Fax: 1300 008 227
Email: acp@health.qld.gov.au
Post: PO Box 2274, Runcorn QLD 4113

For more information phone: 1300 007 227

www.mycaremychoices.com.au

BE OPEN | BE READY | BE HEARD

What is advance care planning?

If you were very unwell, and not able to communicate your preferences for care to others, who would you want to speak for you? And more importantly, what healthcare decisions would you want them to make?

Advanced illness or serious injury can sometimes mean that people cannot make their own decisions about health and personal care. This can happen to people of all ages, and especially towards end of life.

Writing an Advance Care Directive (values and/or instructional) lets you say what you would want, if you are ever unable to communicate for yourself.

Benefits for you and the people who care for you

Advance care planning:

- helps to ensure that a person's preferences, beliefs and values about health care are known and respected if they are too unwell to speak for themselves
- benefits those who are close to them. Research has shown that families of people who have done advance care planning have less anxiety and stress when asked to make important healthcare decisions for other people.

Making healthcare decisions for others can be difficult. An Advance Care Directive can give peace of mind and comfort as preferences are clear, understood and respected.



When should you make an Advance Care Directive?

You should start planning when you're healthy – before there's actually an urgent need for a plan. But having an Advance Care Directive in place becomes particularly significant towards the end of a person's life. About 85% of people die after chronic illness, not as the result of a sudden event – so it's important that your Advance Care Directive is ready in case it's required someday.

What do you need to do?

Be open

- Think and talk about your values, beliefs and preferences for current and future health care.
- Decide who you would like to speak for you if you become very sick and are not able to speak for yourself. Ask them if they are prepared to be your substitute decision-maker.

Ideally, they need to be:

- available (ideally live in the same city or region)
- over the age of 18
- prepared to advocate clearly and make decisions on your behalf when talking to your doctors, other health professionals and family members

Depending on your state/territory, you may be able to appoint more than one substitute decision-maker.

Be ready

- Talk about your values, beliefs and preferences with your substitute decision-maker and other people involved in your care, such as family, friends, carers and doctors.
- Write your plan and/or appoint your substitute decision-maker. See advancecareplanning. org.au for the relevant form or advance care planning legal factsheet. Your GP or other health professionals can help support you to document your choices.

There are different legal requirements in different Australian states and territories, so it is a good idea to ask for help. In some states and territories there are important rules regarding who can witness documents for you. See your relevant advance care planning legal factsheet.



BE OPEN | BE READY | BE HEARD

Be heard

A written Advance Care Directive will make things easier for your substitute decision-maker(s), if the need ever arises. It will give everyone peace of mind, knowing your preferences are heard and respected.

Make copies and store them with:

- your substitute decision-maker(s)
- your GP/local doctor
- your specialist(s)
- your residential aged care home
- your hospital
- myagedcare.gov.au.

You don't have to give a copy to each of the above, but make sure your substitute decision-maker and main doctor each has a copy.

- Load your Advance Care Directive into your 'My Health Record' at myhealthrecord.gov.au
- Review your Advance Care Directive regularly

 for instance each year. You should review it if
 there is a change in your health, personal or living situation.
- Give your substitute decision-maker and doctors an updated copy of your Advance Care Directive if you make changes and keep it safe.

The law and advance care planning

Different states and territories in Australia have different laws on advance care planning. When planning for your own future care, it will be helpful to understand the law in your own state/territory. See advancecareplanning.org.au for information.

Depending on the state/territory:

- A substitute decision-maker may be legally appointed as an Attorney, Enduring Guardian, Decision-Maker or Medical Treatment Decision-Maker.
- An Advance Care Directive may also be called an Advance Health Directive, Health Direction or Advance Personal Plan.

Conversation starters

To get started, choose a quiet setting where you have a lot of time, so you know that you won't be interrupted. Be patient and take your time: you and your loved ones might need a few moments to think.

Sometimes you might get a bit sidetracked and that's okay. Let the conversation happen naturally. You don't need to talk about everything all at once. Remember that advance care planning is an ongoing conversation.

Starting the conversation can be the hardest part, so here are a few ways to begin:

- I was thinking about what happened to ... and it made me realise that ...
- I would want ... to make medical decisions on my behalf if I was unable to.
- Being able to ... is the most important thing to me.
- If ... happened to me, I would want ...

Where can I get more information?

Advance Care Planning Australia

- advancecareplanning.org.au
- National Advisory Service: 1300 208 582
- learning.advancecareplanning.org.au



Statement of Choices

ADVANCE CARE PLANNING

This Statement of Choices can help you record your wishes, values and beliefs to guide those close to you to make health care decisions on your behalf if you are unable to make those decisions for yourself.



Advance Care Planning If you were suddenly injured or became seriously ill,

If you were suddenly injured or became seriously ill, who would know your choices about the health care you would want?

What is advance care planning?

Advance care planning (ACP) means thinking about and making choices now to guide your future health care. It is a way of letting others know what is important to you if you could not communicate for yourself. It is a voluntary process which gives you the opportunity to discuss your beliefs and values, and helps give you peace of mind that you can receive the right care, at the right time, in the right place.

Why plan ahead?

- To have your wishes known to help guide the treatment and care you receive in the future
- To let your loved ones know what you would want if they need to make difficult decisions on your behalf
- To allow your choices about health care to be considered before a crisis occurs.

When will your advance care plan be used?

Your advance care plan may only be used if you are unable to make or communicate your own health care decisions.

What if my family member or someone I care for is currently unable to make health care decisions and they do not have an advance care plan?

A Statement of Choices can still be considered for that person. The form should be based on that person's best interests, their expressed wishes and the views of their significant others. It should take into account the benefits and burdens of the person's illness and medical treatment.

Does an advance care plan apply across all health care environments?

Yes, you can give a copy of your advance care planning document(s) to all health care services to allow your wishes to be known and considered. This includes hospitals, community health centres, your GP and any other health facilities you may access.

Steps of advance care planning



Discuss with your usual doctor your health conditions and how they may affect you both now and in the future. Discuss with your family your values, beliefs and preferences for future health care.



Step 2

Record your wishes in an ACP document such as the Statement of Choices. You should also record who you may have already appointed to be your substitute decision-maker.



Share copies of ACP documents with your family, GP and hospitals. Also send copies to the Office of Advance Care Planning (see page 4 Form A & B) to share your choices with health care providers.

Step



Step 4

Review your preferences and values whenever there are changes in your health or life circumstances and update your ACP document(s) accordingly.

Think now. Plan sooner. Peace of mind later.

Statement of Choices

The Statement of Choices is a values-based document that records a person's wishes and choices for their health care into the future. Although the Statement of Choices is not included in Queensland legislation, the content can still have guiding effect by assisting substitute decision-makers and clinicians if a person is unable to communicate their choices.

Form A is used by people who **can** make health care decisions for themselves. **Form B** is used for people who **cannot** make health care decisions on their own.

Legally-binding ACP documents in Queensland

If you have strong wishes about your future health care you should consider completing these legally-binding documents.

Advance Health Directive (AHD)

This is a legally-binding document that states a person's instructions for health care in specific circumstances. It must be completed with a doctor and signed in front of a qualified witness. It can also be used to appoint your substitute decision-maker for health decisions.

Enduring Power of Attorney (EPOA)

This is a legally-binding document that can appoint one or more person(s) to make personal, health and/or financial decisions on your behalf. It must be signed in front of a qualified witness and you can choose how the responsibility of decision-making is shared.

You can obtain a copy of these documents at: www.mycaremychoices.com.au

Order of substitute decision-making

In Queensland, when a person is unable to make or communicate their own health care decisions, there is an order of priority for substitute decision-making:

- 1. Advance Health Directive
- A legally-binding document used to give consent and direct medical management in specific health circumstances.
- 2. Tribunal-appointed guardian
- A guardian appointed by the Queensland Civil and Administrative Tribunal (QCAT) to make health care decisions on behalf of a person.
- 3. Attorney appointed under an AHD/EPOA
- A person (known as an "attorney") appointed for personal/health decisions in an Advance Health Directive or Enduring Power of Attorney document.
- 4. Statutory health attorney

A relevant person who has authority to make health care decisions in the absence of the above decision-makers. See glossary for details.

Statement of Choices may help guide these decision-makers

Contact information



Office of Advance Care Planning:

PO Box 2274 Ph: 1300 007 227 Runcorn QLD 4113 Fax: 1300 008 227

Email: acp@health.gld.gov.au

GLOSSARY OF TERMS

Capacity

Capacity refers to a person's ability to make a specific decision in a particular area of their life. A person has capacity for health care decisions when they can understand the information provided by a doctor about their health and treatment options and are able to make a decision regarding their care. The person also needs to be able to communicate their decision in some way and the decision must also be made of the person's own free will.

Cardiopulmonary Resuscitation (CPR)

Cardiopulmonary resuscitation includes emergency measures to keep the heart pumping (by compressing the chest or using electrical stimulation) and artificial ventilation (mouth-to-mouth or ventilator) when a person's breathing and heart have stopped. It is designed to maintain blood circulation whilst waiting for treatment to possibly start the heart beating again on its own. The success of CPR depends on a person's overall medical condition. On average, less than one in four patients who have CPR in hospital survive to be discharged home.^{1,2}

Good Medical Practice

Good medical practice requires the doctor responsible for a person's care to adhere to the accepted medical standards, practices and procedures of the medical profession in Australia. All treatment decisions, including those to withhold or withdraw life-sustaining treatment, must be based on reliable clinical evidence and evidence-based practice as well as ethical standards. Good medical practice also requires respecting adults' wishes to the greatest extent possible.

Life Prolonging Treatment

Sometimes after injury or a long illness, the main organs of the body no longer work properly without support. If this is permanent, ongoing treatments will be needed to stop a person from dying. These treatments are collectively referred to as life prolonging and can include medical care, procedures or interventions which focus on extending biological life without necessarily considering quality of life. Certain life prolonging treatments acceptable to one person may not be acceptable to another.

Office of the Public Guardian

The Office of the Public Guardian is an independent statutory body that protects the rights and interests of vulnerable Queenslanders, including adults with impaired capacity to make their own decisions.

Organ or Tissue Donation

Donation involves removing organs and tissues from someone who has died (a donor) and transplanting them into a recipient who is on a waiting list. Organs that can be transplanted include the heart, lungs, liver, kidneys, intestine and pancreas. Tissues that can be transplanted include heart valves, bone, skin and eye tissue. Organ and tissue donation can save and significantly improve the lives of many people who are sick or dying. For additional information about donation and to register your wishes visit: www.donatelife.org.au

Statutory Health Attorney

A statutory health attorney is someone with automatic authority to make health care decisions for a person if they become unable to do so because of illness or incapacity. This attorney is not formally appointed; they act in this role only when the need arises. The statutory health attorney is the first available, culturally appropriate adult from the following list, in order: a spouse or de facto partner in a close and continuing relationship; an adult who cares for the person but is not employed to be their carer; or a close friend or relative who is not the person's employed carer. The Public Guardian may, under certain circumstances, become the statutory health attorney of last resort.

Substitute Decisionmaker

Substitute decision-maker is a general term used to describe someone who has legal power to make decisions on behalf of an adult when that person is no longer able to make their own decisions. This may be: a person appointed in an Enduring Power of Attorney or Advance Health Directive; a tribunal-appointed guardian or a statutory health attorney.

For more information and resources visit: www.mycaremychoices.com.au

^{1.} Morrison, Laurie J., et al. "Strategies for Improving Survival After In-Hospital Cardiac Arrest in the United States: 2013 Consensus Recommendations A Consensus Statement From the American Heart Association." *Circulation* 127.14 (2013): 1538-1563.

^{2.} Girotra, Saket, et al. "Trends in survival after in-hospital cardiac arrest." New England Journal of Medicine 367.20 (2012): 1912-1920.

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

(Affix patient identification label her	e)
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URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex: □M □F □I

Advance Care Planning - Statement of Choices (FORM

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Statement of Choices

FORM B

FURIND			
For persons without decision-making	requiring supported decision-makin	g.	
A. Person's Details			
Details of the person for whom this form	m applies: (If usin	g a patient label please write "as above")	
Given Names:			
Family Name:	Prefer	red Name:	
·			
Address:			
DOB: Sex: M	I F I Medi	care No:	
The person has the following:		If a decision-maker for personal/he	
1. Advance Health Directive (AHD)	Yes No	matters has been legally appointed a 1, 2 or 3 they should be the one comp	oletin
2. Tribunal-appointed guardian	Yes No	this document. If no legal decision-new has been appointed you can still write	
3. Enduring Power of Attorney (EPOA) (personal/health matters)	Yes No	values and wishes of the person to guide future health care decision	help
Details of Person Completing			
Your details, as the person assisting to	complete this fo	rm:	
Name:			
Address:			
Phone:	Relationship:		
I have been legally appointed as a decis	sion-maker in an A	HD, EPOA or by a tribunal: Yes	No
Other Contacts			
Name:		Phone:	
Relationship:	This person is a	ppointed in an EPOA or AHD: Yes	No

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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:

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

(Affix patient identificatio	n label	here)		
URN:				
Family Name:				
Given Names:				
Address:				
Date of Birth:	Sex:	ΠМ	□F	Пι

Name of the person for whom this form applies:	
B. Personal Values	
Describe what the person values or enjoys most in Think about what interests them or gives their life in the second secon	
Consider what the person would like known about Think about their past experiences, wishes and be	
Describe the health outcomes the person would fir Think about what they would not want, including si	nd unacceptable: tuations which may involve severe disability for them
Describe what would be important or comforting to Think about their personal preferences, special tra	
The place where the person would prefer to die: (e	.g. home, hospital, nursing home)
Consider how the person would want to be cared for Think about their spiritual, religious and cultural provishes that they would want noted.	

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QUEENSLAND HEALTH Advance Care Planning Statement of Choices

(FORM B)

(Affix patient identification la	abel here)
----------------------------------	------------

URN:

Family Name:

Given Names:

Address:

Date of Birth: Sex: \square M \square F \square I

Name of the person for whom this form applies:

C. Medical Conditions

The person's current medical conditions include:

The health impacts of the conditions listed above have been explained to me and I understand them:

Yes No If you have answered 'No' please consult a doctor before continuing with this form.

Medical and emergency preferences

Please remember, doctors need to speak with the relevant substitute decision-maker(s) at the time a decision is made. The person will always receive relevant care to relieve pain and suffering.

Life Prolonging Treatments

Cardiopulmonary Resuscitation (CPR) (tick appropriate box)

The person would wish CPR attempted if it is consistent with good medical practice OR

The person would NOT wish CPR attempted under any circumstances OR

Other:

Other Life Prolonging Treatments (tick appropriate box)

e.g. kidney machine (dialysis), feeding tube, breathing machine (ventilator)

The person **would wish** for other life prolonging treatments if consistent with good medical practice **OR**

The person would NOT wish for other life prolonging treatments under any circumstances OR

Other:

Medical Treatments

If considered to be medically beneficial, the person would undecided / would wish for: NOT wish for: no preference:

A major operation

(e.g. under general anaesthetic)

Intravenous (IV) fluids

Intravenous (IV) antibiotics

Other intravenous (IV) drugs

A blood transfusion

Other:

please turn over...

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

(Affix patient identification label here)			
URN:			
Family Name:			
Given Names:			
Address:			
Date of Birth:	Sex: □ M	□F	Пι

Name of the person for whom this form applies:

Statement of Choices

This document remains in place until it is updated or withdrawn.

You may indicate a time period when you want to review this document (optional):

6 monthly

12 monthly

Other:

Understanding of the Document

I understand the person for whom this form applies does not have capacity to make independent health care decisions or requires support to make health care decisions. I give my views based on what I believe is in their best interests. I am taking into account their wishes as they are known to me and wishes reported to their significant others and the benefits and burdens of health care treatment as I understand them. I understand the views given in this document are not legally binding but can still have guiding effect.

I request the choices recorded in this document be taken into account by health professionals as part of their application of good medical practice. I also understand that regardless of the choices expressed here the person will continue to receive all relevant care including care to relieve pain and alleviate suffering.

I consent to share the information on this form with persons/services relevant to the health of the person named as per the privacy policy and to non-identifiable information being used for quality improvement/ research purposes as per the information sheet. The privacy policy and information sheet are available at: www.mycaremychoices.com.au

Your Name:

Your Signature:

Date:

Usual Doctor's Statement

As a registered medical practitioner, I believe that the person for whom this form applies currently does not have the decision-making capacity necessary to complete a Statement of Choices on their own. I also believe that the person completing this form understands the importance and implications of this document and is acting in the best interests of the person for whom this form applies. I am not an appointed attorney in the Enduring Power of Attorney document or Advance Health Directive, or a beneficiary under the will of the person for whom this form applies.

Doctor's Name:

Doctor's Signature:

Hospital or Practice Stamp

This form was completed with the help of a qualified interpreter or cultural/religious liaison person: Yes N/A

IMPORTANT:

Date:

To allow this document to be available to health care providers, please send a copy of all four (4) pages of FORM B to:



Office of Advance Care Planning

Fax: 1300 008 227 Email: acp@health.qld.gov.au Post: PO Box 2274, Runcorn QLD 4113

For more information phone: 1300 007 227

www.mycaremychoices.com.au

BE OPEN | BE READY | BE HEARD

What is advance care planning?

If you knew someone who became very unwell and was not able to communicate their preferences to others, would you know what they wanted? Could you make healthcare decisions on their behalf?

If your loved one became more unwell or had a sudden emergency they may no longer be able to make their own decisions about health and personal care. This can happen to people of all ages, and especially towards end of life.

Writing an Advance Care Directive lets a person say what they would want, if they are ever unable to communicate for themselves.

Benefits for you and the people you care for

Advance care planning:

- Helps to ensure that a person's preferences, beliefs and values about health care are known and respected if they are too unwell to speak for themselves
- Research has shown that families of people who have done advance care planning have less anxiety and stress when asked to make important healthcare decisions for other people.



What does a substitute decision-maker do?

When a person prepares their Advance Care Directive, they may invite someone to be their substitute decision-maker. If the person loses their ability to make their own healthcare decisions, the substitute-decision maker can then make decisions on their behalf. The Advance Care Directive will provide direction and guidance.

Some state/territory laws may allow for more than one substitute decision-maker to be appointed.

How can a substitute decision-maker help with advance care planning?

Be open

■ If someone asks you to be their substitute decision-maker, think about what it might mean for you before you agree.

Ideally, you need to be:

- Available (live in the same city or region) or readily contactable
- Over the age of 18
- Prepared to advocate and make decisions clearly and confidently on the person's behalf when talking to doctors, other health professionals and family members if needed
- Comfortable with encouraging the person to talk through their preferences with their family members and close friends.

Be ready

- Talk with the person about their values, beliefs and life goals. Make sure you understand and respect their approach to health care, living well and end-of- life decisions.
- If you and the person have conflicting beliefs, be honest with them. Remember that you may be called upon to advocate for them. If your beliefs are too different, it may be better for them to choose someone else.
- Talk about any potential issues that may arise with family members or partners who have different views. How will you cope with any disagreement that could arise? Do they know you are a substitute decision-maker?
- If you agree to being a substitute decision-maker, discuss whether they want you to be legally appointed.

Be heard

- Encourage the person to write an Advance Care Directive.
- Ask for a copy of the Advance Care Directive and keep it safe. Familiarise yourself with the person's preferences and ask them to explain anything that isn't clear.
- Encourage them to review their Advance Care
 Directive every year or if there is a change in their health or personal situation.
- Encourage them to load their Advance
 Care Directive onto 'My Health Record' at myhealthrecord.gov.au

FACTSHEET FOR SUBSTITUTE DECISION-MAKERS

BE OPEN | BE READY | BE HEARD



What others say about being a substitute decision-maker

"I did what needed to be done to make her quality-of-life the best it could possibly be under the circumstances."

"I've read Dad's plan. It is so valuable to know because it's not a plan I would have ever developed myself."

"I was hoping that the decision I made was the same decision that the person I was acting on behalf of would have made."

The law and advance care planning

When you are appointed as a substitute decision-maker, it will be helpful to understand the law in your state/territory. Different states and territories in Australia have different laws regarding advance care planning. There are also common law decisions in advance care planning.

Depending on the state/territory:

- A substitute decision-maker may be legally appointed as an Attorney, Enduring Guardian, Decision-Maker or Medical Treatment Decision-Maker.
- An Advance Care Directive may also be called an Advance Health Directive, Health Direction or Advance Personal Plan.

Conversation starters

To get started, choose a quiet setting where you have a lot of time, so you know that you won't be interrupted. Be patient and take your time: you and your loved ones might need a few moments to think.

Sometimes you might get a bit sidetracked and that's okay. Let the conversation happen naturally. You don't need to talk about everything all at once. Remember that advance care planning is an ongoing conversation.

Here are some questions you may like to ask them:

- What do you currently value about your life?
- If your current health condition (e.g. cancer, dementia) got worse, what kind of medical treatment would you want and do not want?
- Describe a good day for you.
- If there was an emergency what kind of medical treatment would you want or not want?

At times, it can be challenging

Making medical decisions on behalf of someone else can be challenging.

When making decisions for someone else, you may:

- Feel uncertain about the outcomes of some decisions
- Feel that the preferences of the person for whom you are making decisions are unclear
- Question whether the decision you are making is the right one
- Have values and preferences that are in conflict with those of the person for whom you are making decisions
- Disagree with family members and/or treating health professionals over certain decisions.

Questions to ask your loved ones's doctor:

- What are the risks and likely outcomes of this treatment or procedure?
- Are there other safer options available?
- What are the financial costs of this treatment or procedure?

Self-care is important

While being a substitute decision-maker is an important role, looking after yourself is also important. If you feel overwhelmed about being a substitute decision-maker we recommend that you seek counselling and support. You can also access your religious or spiritual communities and other social networks to help you through this process.

Knowing your rights

If you feel you are not the right person or you can no longer fulfil your duties, you can resign from your appointment. Be sure to inform the person who appointed you as their substitute decision-maker so they can appoint someone more suitable for the role.

We're here to help

Free information is available from:

Advance Care Planning Australia

- advancecareplanning.org.au
- National Advisory Service: 1300 208 582
- learning.advancecareplanning.org.au



What Matters to Me:

Conversation Guide





Talking to loved ones about

Your End-Of-Life Care

1

Getting started

Talking about end-of-life care is different for everyone—some people find it overwhelming and confronting, others may be more accepting. Be prepared to give it some time and, if necessary, have a number of conversations to make your wishes fully known and understood.

- Try and find a quiet space where you can speak openly and calmly.
- Think about who you would like in the room. Is it your spouse or partner?
 Your child, sibling, or good friend?
- Remember that you can share as much or as little information as you would like.



Why are we talking about this?

Talking about 'why'

Your loved ones may be wondering why you want to talk about end-of-life care.

They may not know much about Palliative Care or Advance Care Planning.

- You could try explaining to them that, if you were to become unexpectedly sick, you don't want them to have to make stressful decisions on your behalf.
 - Remind them that this information will help them in a time of stress when emotions can run high.
 - Gently communicate that it's important that your end-of-life care happens the way you want it to.

Talking to loved ones about

Your End-Of-Life Care



I want to speak to you bout my endof-life care...









Conversation starters

Sometimes, the hardest part about difficult conversations can be knowing where to start. You could try some of the below openers to help you get started.

- "I know it might be hard to talk about, but it's really important to me."
- "We've talked a bit about what happens after I pass away, but we haven't spoken about my end-of-life care."
 - "I've been speaking to my doctor, and they have asked me to think about a few things..."

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Talking about your 'wishes'

An important part of this conversation is communicating your wishes clearly. Remember that there are no right or wrong answers—end-of-life care is very personal. If you haven't considered your end-of-life care before, the Palliative Care Australia website has useful resources that may help you. (www.palliativecare.org.au)

- "If I was no longer able to make decisions about my treatment or care, I would like this person to be my substitute decision-maker..."
- "When the end of my life approaches, I would like to be cared for at this location..."
- "This is the type of health care I would like to receive..."

These are the things that are important to me...



Talking to loved ones about Your End-Of-Life Care



Next steps

It is a good idea to end the conversation with some next steps. If you haven't already, you could start to formalise your wishes in the form of an Advance Care Plan (also known as an Advance Health Directive in some states).

This may involve making an appointment with a health professional including your GP.



Visit www.health.gov.au/palliativecare









What do you want for your end of life care?







It's normal not to want to talk about "it", that is "death or dying".

82% of Australians feel that talking about their death and dying wishes is important but when it comes down to it, most people don't actually bring themselves to have the conversation. In fact, almost half of us (43%), fall into the 'out of sight out of mind' way of thinking.

Why don't we want to talk about it?

While it's becoming more normal as we grow older to ponder our funeral plans or make a will so as to not burden loved ones, our approach to our end of life care is still very much taboo as a conversation topic.

Common reasons for this are:

- Not thinking it is necessary—because we're too healthy or too young
- Not knowing how to start the conversation
- Not wanting to upset loved ones by talking about death or dying
- Not understanding what's involved in palliative care versus end of life care and what steps you need to take to make a future plan.

Why talk about end of life care?

While talking about end of life care isn't easy, there are good reasons to start the conversation early:

- It helps empower you to take control about your end of life care and dying wishes ahead of time and in line with the things you value most
- It helps take the burden off loved ones trying to understand your desires and wishes.

Palliative Care is commonly mistaken as the medical care provided only when death or dying is imminent. Understandably, this misconception alienates many of us from having this important conversation much earlier in our lives.

What is palliative care?

Palliative care is about improving your quality of life when facing a life-limiting illness. It focuses on your individual needs and aims to prevent and relieve suffering by treating not only the physical, but also the emotional, social and spiritual symptoms.

Care may include:

- Relief of pain and other symptoms
- Resources such as medical equipment
- Assistance for families to come together to talk about sensitive issues
- Support for people to help meet cultural obligations
- Support for emotional, social and spiritual concerns
- Counselling and grief support.

What is end of life care?

End of life care is for people of any age and is about the palliative care services you and your family receive when you are facing your end of life.

It often involves many health professionals bringing together a range of skills to manage your illness. Wherever possible end of life care is provided where you and your family want care—at home, in hospital, in a hospice or a residential aged care facility.

Conversation starter.

So how do you talk about something nobody wants to talk about?

The ability to prompt discussions about end of life care will be easier for some of us. There are many factors at play—your mindset, values, beliefs, culture, health, family relationships and so on.

Some things to keep in mind:

- There is no right or wrong way to go about having a conversation—it's very personal to you, your family and friends
- The conversation doesn't have to be rushed take time to first self reflect on what's important to you
- Conversations like this are likely to happen and be resolved over time—embrace suitable opportunities as they arise
- Resources and support services are available to help you make a start when you're ready.



Taking your wishes and turning them into a plan.

The next important step after having conversations with your family and health care professionals is to create a plan that documents your wishes. This is known as an **Advance Care Plan (ACP)** and is the process of planning your medical care in advance regardless of your age or health. It is particularly important if you have a chronic illness, a life-limiting illness, or are aged over 75 years. It talks about your values, beliefs and preferences so your family and health care providers can guide decision making if you cannot make or communicate your decisions in the future.

An Advance Care Directive (ACD) is different from an Advance Care Plan—it records your preferences in a document that is recognised by common law or legislation. It is usually discussed with your doctor and ensures your decisions are informed by your health. An ACD ensures your treating doctor understands your wishes.

As part of your ACD you can choose someone you trust to make decisions on your behalf. This person is known as a substitute decision maker (SDM) and they can act as your voice, if you are no longer able to.

While end of life care planning can be overwhelming, having the conversation and documenting your wishes early will help to provide clarity and ease potential conflict with family and friends at a time when emotions run high.

For more information about having the conversation visit www.health.gov.au/palliativecare



