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# Advance care planning *information pack*

**For Health Professionals**



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# Strengthening advance care planning *in QLD*

Advance care planning (ACP) is an important part of end-of-life care. It provides people an opportunity to **think about**, **discuss**, and **document** their preferences about treatment and care for a time when they cannot communicate themselves.



## Who are we?

The Statewide Office of Advance Care Planning is a free statewide service (funded by Queensland Health) that assists clinicians to promote the important processes of advance care planning. **The service:**

- ✓ Provides information, education and resources about ACP to the public and clinicians
- ✓ Reviews and uploads ACP documents to a person's Queensland Health electronic hospital record (The Viewer)
- ✓ Shares healthcare wishes with clinicians (across service settings) involved in a person's care
- ✓ Connects people to ACP services in their local area (where available).


## What can you do next?

**Remember to send a copy/scan of completed ACP documents to the Statewide Office of Advance Care Planning.**

The Statewide Office of Advance Care Planning receives copies of **Advance Health Directives**, **Enduring Powers of Attorney**, revocation documents, Queensland Civil and Administrative Tribunal decisions and **Statements of Choices** from individuals, hospitals, health services, GPs, and aged care facilities across Queensland. Documents are reviewed, and if complete, are uploaded to the person's Queensland Health electronic hospital record (the ACP Tracker app in The Viewer). **This provides:**

- ✓ Peace of mind for individuals, knowing their ACP documents can be accessed by clinicians when needed
- ✓ Direct, real-time access for clinicians to a person's ACP documents to guide care decisions
- ✓ Confidence for clinicians in the quality of the ACP documents accessed from the ACP Tracker app in The Viewer.

## ACCESSING THE ACP TRACKER

The ACP Tracker is an online information sharing portal that enables direct and easy access to ACP documents and information across service settings. 

**Access to the ACP Tracker can occur by desktop and/or mobile devices via:**

### For Queensland Health staff

- » The Viewer Icon or;
- » The advance care planning tab in the menu of ieMR, in Digital Hospitals





### For authorised health professionals outside of Queensland Health

- » The Health Provider Portal (HPP)

Scan the QR code to learn more about the Health Provider Portal and watch a video on the ACP Tracker in The Viewer.



## Contact us

-  PO Box 2274, Runcorn QLD 4113
-  [www.mycaremychoices.com.au](http://www.mycaremychoices.com.au)
-  [acp@health.qld.gov.au](mailto:acp@health.qld.gov.au)
-  1300 007 227



**Queensland  
Government**

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## Advance care planning for health care professionals

### What is advance care planning?

Advance care planning (ACP) is the cornerstone of patient-centred care, providing an opportunity for patients to think about, discuss, and document the medical treatment and end-of-life care they would prefer if they were to lose decision-making capacity in the future. As part of this process, patients may choose to record their wishes on a Queensland-wide recognised ACP document.

Queensland ACP documents uploaded to The Viewer include:

- Advance Health Directive (AHD)
- Enduring Power of Attorney (EPOA)
- Queensland Civil and Administration Tribunal (QCAT) Decisions
- Statement of Choices (SoC) Forms A and B
- EPOA Revocation
- AHD Revocation

- Completing these documents is a voluntary process.
- Patients can complete any documents they consider relevant to their situation.
- Only patients with decision-making capacity can:
  - legally appoint individual(s) to act as their attorney for personal/health matters using the EPOA form or in the designated section of the AHD;
  - provide consent for future medical management.
- Patients can complete the SoC to record their wishes, values and beliefs and preferences for future health care. Form B is the only ACP document completed with, or on behalf of, a person who has lost capacity or requires support with decision-making.
- If a patient does not have an appropriate substitute decision-maker (SDM), they can proactively seek to appoint the Public Guardian as their SDM in an EPOA/AHD.

See over for a comparison of written documents used for health care decision-making in Queensland.

### Where do clinicians find ACP forms?

All ACP forms used in Queensland are available in writable PDF format and may be downloaded via [www.mycaremychoices.com.au](http://www.mycaremychoices.com.au). Printed SoC forms are available upon request from the Statewide Office of Advance Care Planning.

### What do clinicians do with completed ACP documents?

1. The original document is kept by the patient in a safe accessible place.
2. A copy needs to be available in the current clinical chart.
3. A copy should be sent to the Statewide Office of ACP where it will be reviewed, and, if complete, uploaded to the patient's Queensland Health electronic record, The Viewer.

### How do clinicians access a patient's ACP documents?

Clicking on the purple ACP icon from within The Viewer or the Advance Care Planning tab in the menu in ieMR (digital hospitals) will launch the ACP Tracker and enable direct access to uploaded ACP documents, and ACP comments/interactions entered by Queensland Health clinicians.

ACP Tracker comments added during an inpatient stay, and a list of all uploaded ACP documents, will be included in the Discharge Summary to GPs after a hospital admission.

August 2021

## Comparison of documents used in health care decision-making

Table 1 compares three Queensland documents relating explicitly to health care decisions. These documents are only to be used if the person is unable to make or communicate decisions at the time.

Note: The Enduring Power of Attorney (EPOA) document is not included in this table as it does not specifically describe health care choices; it legally appoints individual(s) to act as an attorney for personal/health matters and/or financial matters for the person and the terms of the appointment.

**Table 1: Comparison of documents used in Queensland for health care decision-making**

Document	PATIENT-CENTRED DOCUMENTS		MEDICAL ORDER
	Advance Health Directive (AHD) <sup>3</sup>	Statement of Choices (SoC)	Acute Resuscitation Plan (ARP)
<b>Purpose</b>	Used to direct medical management in relation to particular interventions within specific medical conditions/health circumstances  Provides consent to provide, withhold or withdraw life-sustaining measures  Can be used to appoint an attorney for personal matters	Informs SDM(s) and doctors about the person’s values, beliefs and wishes including preferences for future health care treatments, including objections to particular treatment(s)  Used to inform medical management plans	Determines goals and ceiling of care including an order to provide or not provide acute resuscitation measures including CPR and other life-prolonging treatments  Should reflect the patient’s preferences regarding health outcomes
<b>Type</b>	Legally binding document	Values-based statement of the person’s choices/wishes which may have legal effect	Medical order for clinical decision-making
<b>Completion</b>	Completed by a person with capacity	Completed by a person with capacity (Form A); OR completed by an SDM (Form B) when person does not have capacity or requires supported decision-making.	Completed by a doctor Preferably in consultation with person and/or SDM(s)
<b>Authorisation</b>	Signed by the person (Principal) or eligible signer, and doctor Must be witnessed by JP, Cdec, lawyer or notary public	Signed by person/SDM, and doctor who declares decision-making capacity of person (Form A) or suitability of SDM (Form B)	Signed by a doctor Not signed by the patient
<b>Alignment of Documents</b>	Sits at the top of the hierarchy of consent for treatment Can guide completion of ARP and SoC	Can augment AHD and inform ARP Does not replace AHD or ARP	Does not replace SoC or AHD
<b>Placement</b>	Original should remain with the person Copies should be filed in current clinical chart Alert entered on clinical record Copy sent to Statewide Office of ACP <sup>2</sup> for review and upload to The Viewer for easy access <sup>4</sup>	Original should remain with the person/SDM Copy filed in current clinical chart Alert entered on clinical record Copy sent to Statewide Office of ACP <sup>2</sup> for audit and upload to The Viewer for easy access <sup>4</sup>	Original filed in current hospital chart. Digital ARP available via ieMR menu tab  May be ‘active’ for this admission/attendance, until a specified date (not longer than 12 months), or for 12 months Alert entered on clinical record
<b>Length</b>	24 page document (Old form) 14 page document (New form) and 27 page explanatory guide	4 page document	2 page document

Note: <sup>1</sup> QCAT Decisions are not included as ACP documents but can be sent to the Statewide Office of ACP and uploaded to The Viewer.

<sup>2</sup> Completed ACP documents can be sent to the Statewide Office of ACP by fax, post or email.

<sup>3</sup> [New Advance health directive \(AHD\) and Enduring power of attorney \(EPOA\) forms](#) were approved for use in Queensland from 30 November 2020. If an AHD or EPOA was made correctly using an older version of the form and it was valid, it will continue to be valid. For more information, please read [Frequently Asked Questions](#) about the new EPOA and AHD forms and when you should use them.

<sup>4</sup> Patients may choose to upload ACP documents to their My Health Record if they have one.

### Contact information

If you have additional questions, please contact the **Statewide Office of Advance Care Planning**:

Phone: 1300 007 227 • Fax: 1300 008 227 • Email: [acp@health.qld.gov.au](mailto:acp@health.qld.gov.au) • [www.mycaremychoices.com.au](http://www.mycaremychoices.com.au)

# Guide for health professionals using the Statement of Choices

This guide is provided to help clinicians when they talk with people about advance care planning or guide them to complete a Statement of Choices document as part of an advance care planning process.

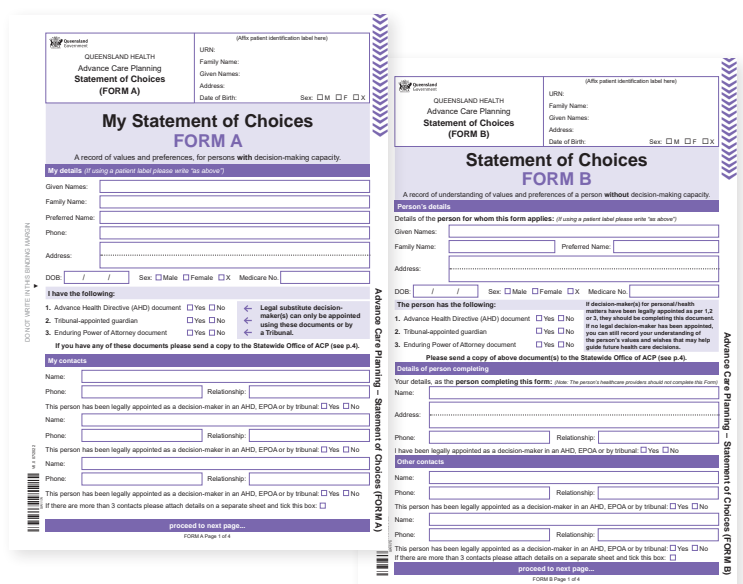
## Fast facts:

- The Statement of Choices document (SoC) provides guidance to Substitute Decision Maker(s) (SDMs) and clinicians about a person's individual views, wishes and preferences for care in the event the person is unable to make health care decisions for themselves.
- The SoC is not legally binding and does not provide consent to health care in advance.
- **Participation in any aspect of advance care planning (ACP) is voluntary.** Health professionals must not coerce or direct individuals to participate in ACP and complete documentation. They must not instruct a person to refuse or accept interventions or to limit or accept treatments against their wishes.
- All clinicians must act **only** within their scope of practice when discussing ACP or helping to complete a SoC.

## Top tips:

- Before introducing the SoC to others, familiarise **yourself** with the content of both forms:
  - Form A** – for people **who can make health care decisions for themselves**
  - Form B** – for people who **cannot make health care decisions for themselves.**
- Allow people time to think and reflect. ACP and completing the SoC may take more than one discussion.
- Explain that it is useful to complete all fields in the SoC, though not all fields are mandatory.

## Page 1



The image shows two overlapping forms. The top form is 'My Statement of Choices FORM A' and the bottom form is 'Statement of Choices FORM B'. Both forms have a header with the Queensland Government logo and 'Advance Care Planning Statement of Choices (FORM A/B)'. They include sections for 'My details' (name, address, DOB, sex, Medicare No.), 'I have the following:' (checkboxes for Advance Health Directive, Tribunal-appointed guardian, Enduring Power of Attorney), and 'Details of person completing' (name, address, phone, relationship, and decision-making capacity). There are also checkboxes for 'Legal substitute decision-maker(s) can only be appointed using these documents or by a Tribunal.' and 'If you have any of these documents please send a copy to the Statewide Office of ACP (see p.4)'. The forms are labeled 'FORM A' and 'FORM B' respectively.

## My details (Form A) / Person's details (Form B):

- ✓ Place ID sticker on each page OR ensure all details are completed including name of residential aged care facility (RACF), if applicable
- ✓ Check all identity details are correct, including date of birth, Medicare number and telephone numbers
- ✓ Tick the boxes to indicate what other documents have been completed or if a Guardian has been appointed by the Queensland Civil and Administrative Tribunal

## Details of person completing (Form B):

- ✓ Note: The person's legally appointed SDMs should be the person completing a Form B; or if not applicable, person(s) in a close and continuing relationship with the individual
- ✓ A person's health care provider should not complete the SoC on a person's behalf

## My Contacts (Form A) / Other contacts (Form B):

- ✓ Complete this section to name SDMs who may have been legally appointed to give consent for health matters. Note: SDMs will only be required to give consent when the person is unable to make or communicate decisions for themselves
- ✓ Encourage completion of all relevant lines in the box, including whether the listed person(s) is appointed as an attorney in an Enduring Power of Attorney (EPOA) or Advance Health Directive (AHD) or as a guardian under a Queensland Civil and Administration Tribunal (QCAT) Decision
- ✓ A Statutory Health Attorney is a person who has authority to make health decisions in the absence of formally appointed decision-makers and acts as SDM only when the need arises (see SoC Glossary of Terms for full criteria)

## Page 2

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

My name: \_\_\_\_\_

**My personal values and considerations**  
Describe what you value or enjoy most in your life.  
Think about what interests you or gives your life meaning.

My current medical conditions include:  
You may wish to discuss this with your doctor.

Consider how your health conditions might affect your life in the future.  
Describe the health outcomes that you would find acceptable or unacceptable.  
Think about what you would or would not want in your day-to-day life, including your well-being now and into the future.

When I am nearing death, the following would be important and would comfort me:  
Think about your spiritual, religious and cultural practices, and any other wishes that you want noted.

Indicate the place where you would prefer to die: (e.g. home, hospital, aged care facility, on Country)

Consider how you would want to be cared for after you die.  
Think about your spiritual, religious and cultural practices, and any other wishes that you want noted e.g. funeral plan, Will, organ/tissue donation.

please turn over...

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

Name of the person for whom this form applies: \_\_\_\_\_

**My understanding of the person's values and considerations**  
Describe what the person values and enjoys in life.  
Think about what interests them or gives their life meaning.

The person's medical conditions include:  
You may wish to discuss this with the person's doctor.

Consider how the person's health conditions might affect their life in the future.  
Describe the health outcomes the person might find acceptable or unacceptable.  
Think about what they may or may not want in their day-to-day life, including their well-being now and into the future.

When nearing death, the following might be important to the person and comfort them:  
Think about their personal preferences, such as place of care, special traditions or spiritual support.

The place where the person might prefer to die: (e.g. home, hospital, aged care facility, on Country)

Consider how the person might want to be cared for after they die.  
Think about their spiritual, religious and cultural practices, and any other wishes that you want noted e.g. funeral plan, Will, organ/tissue donation.

please turn over...

## Personal values and considerations:

- ✓ Try to include SDMs/family members in the discussion. This is important information for them to have
- ✓ Build a rich description of the person's life, **what they value, what brings them joy and gives their life meaning**. This might include their past work; personal stories; preferred surroundings, rituals, enjoyable activities; what they value most regardless of declining health; past hospital or health experiences; what puts a smile on their face now
- ✓ All **major health conditions** should be recorded such as chronic illnesses, disease states, previous major surgery, a pacemaker. This list is particularly important when using Form B as diagnoses listed can help to indicate to other health professionals why the person did not have sufficient capacity at the time to complete a Form A
- ✓ Confirm that the person completing the form understands the likely impacts/outcomes of the medical conditions listed. If not, encourage them to discuss further with their doctor who can assist them to understand.
- ✓ Include other information to help guide medical decision making such as being pain free, not suffering, to be treated with dignity, hold honest discussions with SDMs and what would be important as death is approaching
- ✓ Encourage people to consider health outcomes **they would find acceptable**. Avoid ambiguous phrases when recording health outcomes, **they would find unacceptable**, such as "being a vegetable". Expand on the thoughts behind their words; situations they want to avoid such as "unable to feed myself or go to the toilet", "be a burden to the family", "be alone"
- ✓ Expand on the person's preferred environment as they come to **the end of their life** so that others know how to comfort them, e.g. place of care, special traditions, spiritual needs or rituals, family being present, type of music, TV use, pets nearby
- ✓ Record the **preferred place of death**. This may change if unexpected conditions or circumstances arise e.g. home, hospital, aged care facility, on Country
- ✓ Record special preferences for **care after they die**. Record any spiritual, religious, or cultural practices; and other wishes the person wants noted e.g. funeral plan, Will, organ/tissue donation



## Page 3

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

My name: \_\_\_\_\_

**My preferences for medical care and treatment**  
I want my preferences to be considered and respected by doctors looking after me and those making health care decisions for me.  
I understand that my preferences are not legally binding and do not provide consent for treatment. If no longer have decision-making capacity, doctors need to speak with my substitute decision-maker(s) when consent is required for health care. I understand I will only be offered treatment that is good medical practice (see glossary).

It is my preference that I receive care that aims to: (tick appropriate box)

Keep me alive as long as possible, no matter the impact to my quality of life OR  
 Preserve my quality of life in line with my personal values (on page 2) OR  
 Keep me comfortable, allow me to die naturally, with pain and symptoms well managed, and be cared for with dignity OR  
 Other: \_\_\_\_\_

**My preferences for life-sustaining measures**  
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 OR  
 Other: \_\_\_\_\_

**Other life-sustaining measures** (tick appropriate box)  
 e.g. Assisted ventilation (a machine which assists your breathing through a face mask or a breathing tube), artificial nutrition (feeding tube through the nose or stomach), kidney machine (dialysis)  
 I would wish for other life-sustaining measures, if it is consistent with good medical practice OR  
 I would NOT wish for other life-sustaining measures OR  
 Other: \_\_\_\_\_

**My preferences for other medical treatments**  
 If considered to be good medical practice, I would wish for: I would NOT wish for: undecided/ no preference:

A major operation (e.g. under general anaesthetic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intravenous (IV) fluids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intravenous (IV) antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral intravenous (IV) drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A blood transfusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other: \_\_\_\_\_

proceed to next page...

## Preferences for medical care and treatment:

- ✓ Encourage the person to consider the medical care, treatment preferences and goals of care they would want considered and respected by doctors and those making health care decisions on their behalf
- ✓ Explain to the person these preferences are not legally binding and do not provide consent for treatment. Remind that doctors should only offer/provide treatment that is consistent with good medical practice

## Life-sustaining measures and medical treatments:

- ✓ Be prepared, **within your scope of practice**, to answer questions, provide information or explain in general terms the likely outcomes of treatments in relation to their health conditions and values
- ✓ Encourage the person to make an appointment with their usual doctor to discuss their preferences for treatments
- ✓ Use the **"Other"** boxes in the medical treatments section, if required, to qualify the "would wish" or "would not wish" choices. For example, "please discuss benefits and limitations of other treatments fully with my family"; "I don't wish to die in an ICU"

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

Name of the person for whom this form applies: \_\_\_\_\_

**My understanding of the person's medical care and treatment preferences**  
The person would want these preferences to be considered and respected by doctors and those making health care decisions on their behalf. These preferences are not legally binding and do not provide consent for treatment. If no longer have decision-making capacity, doctors need to speak with the person's relevant substitute decision-maker(s) when consent is required for health care. It is understood that this person will only be offered treatment that is good medical practice (see glossary). It is my understanding, the person's preference is for care that aims to: (tick appropriate box)

Keep them alive as long as possible, no matter the impact to their quality of life OR  
 Preserve their quality of life in line with their personal values (on page 2) OR  
 Keep them comfortable, allow them to die naturally, with pain and symptoms well managed, and be cared for with dignity OR  
 Other: \_\_\_\_\_

**My understanding of the person's preferences for life-sustaining measures**  
Cardiopulmonary Resuscitation (CPR) (tick appropriate box)  
 The person would wish CPR attempted OR  
 The person would NOT wish CPR attempted OR  
 Other: \_\_\_\_\_

**Other life-sustaining measures** (tick appropriate box)  
 e.g. Assisted ventilation (a machine which assists your breathing through a face mask or a breathing tube), artificial nutrition (feeding tube through the nose or stomach), kidney machine (dialysis)  
 If considered to be good medical practice:  
 The person would wish for other life-sustaining measures OR  
 The person would NOT wish for other life-sustaining measures OR  
 Other: \_\_\_\_\_

**My understanding of the person's preferences for other medical treatments**  
 If considered to be good medical practice, the person might wish for: NOT wish for: unaware of/ no preference:

A major operation (e.g. under general anaesthetic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intravenous (IV) fluids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intravenous (IV) antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral intravenous (IV) drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A blood transfusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other: \_\_\_\_\_

proceed to next page...

## Page 4

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

My name: \_\_\_\_\_

**My understanding of the document**  
By signing below, I confirm I have had this document explained to me and I understand its purpose. I understand that:  
 • This document represents my views, wishes and preferences for my health care and may be used as a guide by my substitute decision-maker(s) and/or doctors in providing appropriate care for me when I do not have capacity to make decisions about my health care. It is not legally binding and does not form consent for treatment.  
 • It may be important to discuss my wishes and the content of this document with my substitute decision-maker(s), significant others and my treating doctor(s).  
 • Doctors should only provide treatment that is consistent with good medical practice.  
 • Regardless of my preferences expressed here, I will continue to be offered all other relevant care, including care to relieve pain and alleviate suffering.  
 • This document remains current until it is replaced or withdrawn.  
 I consent to share the information on this form with personal services relevant to my health and to non-identifiable information being used for quality improvement research purposes as per the privacy policy and information sheet available at: [www.mycarechoices.com.au](http://www.mycarechoices.com.au)

Signature: \_\_\_\_\_ Date: / /

**Usual Doctor/Nurse Practitioner's Statement**  
As a registered medical/nurse practitioner, I have discussed the contents of this document with the person completing the form. At the time of making this Statement of Choices, I believe the person has decision-making capacity to understand the nature and effect of this document and has completed it freely and voluntarily.

Name of Doctor/ Nurse Practitioner: \_\_\_\_\_  
 Signature of Doctor/ Nurse Practitioner: \_\_\_\_\_  
 Date: / /

This form was completed with the help of a qualified interpreter or cultural/religious liaison person:  Yes  No

Details of other people (if any) who provided assistance with the ACP process:  
 Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**IMPORTANT:** You can have your AHD, EPA, resuscitation documents, QCAT Decisions and Statement of Choices uploaded to your Queensland Health electronic hospital record, for easy access by authorised clinicians. Send a copy of all pages to the Statewide Office of Advance Care Planning  
 Email: [acp@health.qld.gov.au](mailto:acp@health.qld.gov.au) Fax: 1300 008 227 Post: PO Box 2274, Runnymede QLD 4113  
 For more information phone: 1300 007 227

## My understanding (Form A) / Understanding of the document (Form B):

- ✓ The person completing the SoC must sign and date the declaration
- ✓ Consent to "sharing information" allows alerts and a copy of the SoC to be filed in the person's medical records, a copy to be uploaded to The Viewer, and for de-identified data to be used for service improvements. Note: The Viewer is a Queensland Health state-wide electronic application

## Usual Doctor/Nurse Practitioner's statement:

- ✓ Ensure a doctor or nurse practitioner signs and dates the document
- ✓ The signature indicates to all health professionals that the person has been able to ask questions and adequately discuss their preferences. The doctor/nurse practitioner indicates they believe the person has capacity to make the SoC for themselves (Form A) or that (Form B) has been completed by an appropriate SDM freely and voluntarily
- ✓ The doctor/nurse practitioner may not necessarily agree with the person's choices
- ✓ If applicable, add details of other people who provided assistance with the ACP process

**Note:** Unless signed by the person completing the SoC and a doctor or nurse practitioner the document cannot be uploaded to The Viewer.

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

Name of the person for whom this form applies: \_\_\_\_\_

**My understanding of the document**  
By signing below, I confirm that this document has been explained to me/us and its purpose is understood. I/we understand that:  
 • This person for whom this form applies has been assessed by a registered medical/nurse practitioner as not having capacity to make their own health care decisions.  
 • The person has participated to the greatest extent possible to express their views, wishes and preferences. This document represents my/our (substitute decision-maker(s)) and/or doctors (if providing appropriate care for the person) their legally binding and does not form consent for treatment.  
 • It may be important to discuss the content of this document with the person's substitute decision-maker(s), significant others and their treating doctor(s).  
 • Doctors should only provide treatment that is consistent with good medical practice.  
 • Regardless of the preferences expressed here, the person will continue to be offered all other relevant care, including care to relieve pain and alleviate suffering.  
 • This document remains current until it is replaced or withdrawn.  
 Queensland Health may collect, use or disclose information on this form and will do so in accordance with the National Privacy Principles set out in schedule 4 of the Information Privacy Act 2009 (Qld). For more information see the privacy policy and information sheet available at: [www.mycarechoices.com.au](http://www.mycarechoices.com.au)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: / /  
 Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: / /

**Usual Doctor/Nurse Practitioner's Statement**  
As a registered medical/nurse practitioner, having an assessment of the person for whom this form applies, I believe that the person currently does not have the decision-making capacity necessary to complete a Statement of Choices Form A. I am satisfied that the person(s) completing this form understands the nature and effect, has made it freely and voluntarily and is an appropriate person(s) to complete this form.

Name of Doctor/ Nurse Practitioner: \_\_\_\_\_  
 Signature of Doctor/ Nurse Practitioner: \_\_\_\_\_  
 Date: / /

This form was completed with the help of a qualified interpreter or cultural/religious liaison person:  Yes  No

Details of other people (if any) who provided assistance with the ACP process:  
 Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**IMPORTANT:** AHD, EPA, resuscitation documents, QCAT Decisions and Statement of Choices can be uploaded to the person's Queensland Health electronic hospital record, for easy access by authorised clinicians. Send a copy of each of all pages to the Statewide Office of Advance Care Planning  
 Email: [acp@health.qld.gov.au](mailto:acp@health.qld.gov.au) Fax: 1300 008 227 Post: PO Box 2274, Runnymede QLD 4113  
 For more information phone: 1300 007 227

### What to do when you receive a completed SoC:

- ✓ Check through the document to ensure minimum criteria are completed (see Checklist for SoC to be uploaded to The Viewer)
- ✓ The original document should remain with the person named in the SoC, at the person's home or RACF
- ✓ Copies should be made available for the GP, SDMs, family members, private hospital (if applicable)
- ✓ Send a copy of the SoC by email, fax or post to the Statewide Office of ACP (see below) for upload the person's Queensland Health electronic hospital record (The Viewer) and easy access by authorised clinicians

**It is important to remember ACP is not a static event. People can change their minds over time or as their health changes. A new SoC may need to be completed at the time of review or at another preferred time.**

### Review of SoC:

- ✓ Encourage the person to review their health care preferences with their doctor, especially if there is a change in health status
- ✓ Encourage a short review period if the person has very advanced disease. Over time evidence of further functional decline may alter the individual's perceptions about their treatment choices
- ✓ On review of a SoC, if a person wishes they can:
  - void their SoC (by putting two lines through it, signing and dating)
  - make a new SoC, or
  - make changes to their SoC—and initial and date thesea copy of voided, new, updated SoCs can be sent to the Statewide Office of ACP for uploading to the person's Queensland Health electronic hospital record. It will replace any earlier versions uploaded documenting in medical records re: review/discussions/changes would also be relevant

**IMPORTANT: AHD, EPOA, revocation documents, QCAT Decisions and Statement of Choices can be uploaded to a person's Queensland Health electronic hospital record, for easy access by authorised clinicians. Send / scan a copy of all pages to the:**

#### Statewide Office of Advance Care Planning



Email: [acp@health.qld.gov.au](mailto:acp@health.qld.gov.au)

Fax: 1300 008 227

Post: PO Box 2274, Runcorn QLD 4113



For more information phone: 1300 007 227

**OACP**

Statewide Office of Advance Care Planning

Statewide Office of Advance Care Planning

Phone 1300 007 227 Fax 1300 008 227

Email [acp@health.qld.gov.au](mailto:acp@health.qld.gov.au)



**Queensland  
Government**

## Doctors/Nurse Practitioners guide to signing the Statement of Choices

This guide is to help you assist your patients to complete a Statement of Choices document as part of an advance care planning (ACP) process.

### What is the Statement of Choices?

- The Statement of Choices is a values-based ACP document used in all care environments throughout Queensland.
- While it is not legally binding, it allows a person to record their personal values, wishes and preferences for future health care and is used by Substitute Decision-Maker/s (SDM/s) and treating clinicians to inform medical treatment decisions at a time when the person does not have decision-making capacity.
- It can be reviewed and updated as often as required to ensure it reflects the person's current wishes.

### Why are you being asked to sign the Statement of Choices?

- A signed and dated Doctor's/Nurse Practitioner's review provides confidence to all health care professionals that, on the date signed, the person had the capacity necessary to complete the Statement of Choices (Form A); or that the person did not have capacity and the SDM/s understood the importance and implications of the Statement of Choices and in your opinion are acting in the best interests of the person (Form B). You are not signing that you agree with your patient's choices.
- It is preferable that a doctor/nurse practitioner who knows the person well signs the Statement of Choices, but any doctor/nurse practitioner may sign.
- The Statement of Choices requires a doctor's/nurse practitioner's signature in order to be eligible for uploading to the person's electronic Queensland Health hospital record (The Viewer\*) to be available for authorised clinicians when needed.

### What are your responsibilities?

- Discuss the content of the form with your patient and/or their SDM if the person lacks decision-making capacity.
- If you believe the person has capacity to complete the Statement of Choices for themselves (Form A) or that (Form B) has been completed by an appropriate SDM then record your signature and date of completion in the 'Usual Doctor's/Nurse Practitioner's' section.
- Take a copy of the completed form for your records. Encourage the person/assist them to share the document with the Statewide Office of ACP who will review and upload it to their Queensland Health electronic hospital record. The person may also upload their document to their My Health Record.
- Review the Statement of Choices with your patient or their SDM periodically e.g. changes in health status or following a recent hospital admission.

### Where can you go for more information?

To find out more information about the Statement of Choices or ACP in Queensland, you can check out the website [www.mycaremychoices.com.au](http://www.mycaremychoices.com.au) or call the Statewide Office of ACP on 1300 007 227.

\*Queensland eligible Health Practitioners including General Practitioners (GPs), Specialists, Nurses, Midwives, Paramedics and Pharmacists can apply for access to The Viewer via the Health Provider Portal: <https://www.health.qld.gov.au/clinical-practice/database-tools/health-provider-portal>. [portal/gps-resources](https://www.health.qld.gov.au/clinical-practice/database-tools/health-provider-portal)

March 2023

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## Decision-making hierarchy in Queensland

### For adults who lack decision-making capacity<sup>1</sup>

**All adults are presumed to have capacity unless clinically assessed to be otherwise.**

The *Guardianship and Administration Act 2000* provides for people to act as a decision-maker for an adult with impaired capacity. Under the *Powers of Attorney Act 1998*, an adult with capacity may appoint another adult(s) to make decisions on their behalf if they were to lose capacity. An Enduring Power of Attorney (EPOA) and/or an Advance Health Directive (AHD) are legally-binding documents used to appoint decision-maker(s) and direct health care decisions to be implemented in the future.

Gaining consent for health care, including life-sustaining measures, to be provided, withheld or withdrawn is required under Queensland legislation. If an adult does not have capacity to give consent, their substitute decision-makers must make decisions in accordance with the General principles<sup>2</sup> and the Health care principles<sup>2</sup>.

For an adult who lacks decision-making capacity, **consent for health care must be obtained<sup>3</sup> through the first of the following that applies, in order:**

1. **Advance Health Directive**, if none  
a substitute decision-maker (SDM) from the following
2. **Guardian(s) appointed by the Queensland Civil Administration Tribunal (QCAT)**, if none
3. **Attorney(s) appointed under an Enduring Power of Attorney**, if none
4. **A statutory health attorney (SHA)**
  - This is the first available, culturally appropriate and willing adult (18+ years old) from the following, in order:
    - A spouse or de facto partner (as long as the relationship is close and continuing)
    - A person who is responsible for the adult's primary care (not a paid carer). Note: the person may receive a carer's pension/similar government benefit
    - A close friend or relative who is not a paid carer, if none
5. **The Public Guardian – the statutory health attorney of last resort**

Decisions to withhold or withdraw life-sustaining measures should reflect the standards of good medical practice; medical officers are under no obligation to offer treatments that would provide no benefit to the patient. Decisions should be based on thorough clinical assessment. The person's values and wishes are used to inform doctors and substitute decision-maker(s) when consent is required. The **Statement of Choices** Form A (used by people who can make health care decisions for themselves) or Form B (used for people who cannot make health care decisions for themselves) is a values-based ACP document that records a person's wishes and preferences for their health care into the future.

**Note:** If there is disagreement between SDMs about health care decisions, the Public Guardian may mediate to resolve disagreements. The Public Guardian is empowered to make the decision when acting as SHA of last resort.

<sup>1</sup> Ability to understand the nature and effect of a decision, can freely and voluntarily make a decision and are able to communicate that decision in some way.

<sup>2</sup> The General principles Chapter 2A, 11B; The Health care principles Chapter 2A, 11C; Guardianship and Administration Act 2000.

<sup>3</sup> Refer to Guardianship and Administration Act 2000 sections 63, 63A and 64 for details of providing healthcare that is minor/uncontroversial or urgent without consent or withholding or withdrawing life-sustaining measures in an acute emergency without consent.

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# Statement of Choices

## What is the Statement of Choices?

The Statement of Choices is a values-based advance care planning document used in all care environments throughout Queensland. It allows you to record your personal values and wishes for future health care. It can be used to guide medical decision-making only in the event you lose the ability to communicate your wishes. It can be reviewed and updated as often as required to ensure it reflects your current wishes.

## Why would I prepare a Statement of Choices?

In the future, you may be too sick or injured to make or communicate what is important in your life and your choices about medical treatments. The Statement of Choices allows you to write your values, beliefs and wishes before there is any change in your health. Writing down these wishes can help your family and your doctors know what health care you would, or would not, want. You may be able to also tell them what outcome would be okay for you.

## Who can complete a Statement of Choices?

You can complete a Statement of Choices Form A for yourself if you have the ability to make your own decisions.

A Statement of Choices Form B is completed on behalf of, or with, a person who requires supported decision-making. The person who completes the form is preferably a nominated decision-maker or someone who has a close personal relationship with the person and knows what they value in life. They may be asked to speak up about the person's values, wishes and beliefs and what quality of life they would want in any future health situation.

## How does it work?

Completing a Statement of Choices allows you to record your future health care wishes so that others can make decisions on your behalf in line with your wishes.

You can list the details of your legally appointed decision-maker (from the Enduring Power of Attorney or Advance Health Directive) or other people you would want to be involved in decision-making on your behalf, if you became unable to communicate your own choices.

You can use a Statement of Choices to share what gives your life meaning, brings you joy, and makes you unique; how you would like to be cared for at the end of your life, and where you would like to die. You can also list funeral arrangements and what you would like to happen to your body after you die. You may wish to include any cultural or spiritual preferences you would like others to know.

## What type of decisions can I make about medical treatments in the future?

The Statement of Choices provides a place for you to write down your medical conditions so that doctors in the future know what medical conditions you were dealing with at the time the form was completed. You can indicate if you would, or would not, want cardio-pulmonary resuscitation (CPR), and whether or not you would want other treatments such as a breathing or feeding tube that could prolong your life. If you say you want these treatments provided, doctors, at the time, still need to decide if it would be good medical practice to provide these treatments. You can decide if you would want other medical treatments like antibiotics and fluids through a drip into your veins.

Alternatively, you may want your chosen decision-makers to decide at the time what treatments are wanted, depending on the situation.

It is advisable to talk with your doctor about the likely outcome of any particular medical treatment you are considering and if the result would agree with your wishes for quality of life.

August 2021

## What does the Statement of Choices “My declaration” mean?

When you sign and date the Statement of Choices you are stating that you understand the document will only be used if you lose the ability to make your own decisions. At that time, the doctor will be discussing options for treatment with your chosen decision-maker, considering all your recorded values, beliefs and wishes for treatment outcomes and care at end of life. You acknowledge that your Statement of Choices will be shared amongst the health care team and your chosen decision-maker and that your privacy will be protected.

If you are signing a Statement of Choices Form B for another person, you are signing that the person does not have the ability to make their own decisions or requires support with decision-making and that you have filled out the form with their best interests in mind.

## Who else needs to sign?

Once you have signed and dated your Statement of Choices, you will need your doctor to read, sign and date your document, so that all future doctors will know you understood the document at the time. The doctor does not have to agree with your choices, only that you have the understanding and ability to complete the Statement of Choices (Form A), or that you are an appropriate person to complete the Form B (for someone else requiring support with decision-making).

## How do I let doctors know about my choices?

When you have completed the Statement of Choices and your doctor has signed it, you keep the original in a safe place, and give copies to your chosen decision-makers. You are advised to send a copy to the Statewide Office of Advance Care Planning by email, fax or post so that it can be uploaded to your secure Queensland Health electronic medical record. If you have completed an Enduring Power of Attorney or Advance Health Directive you may also send a copy of these to the Statewide Office of Advance Care Planning. At no cost to you, the clinical nurse in the Statewide Office of Advance Care Planning will check the document/s to make sure they are complete and will be understood and useful if needed in the future. It will then be available so that doctors in the emergency department, ambulance staff, and your GP can see what is important to you.

## Where can I find support or I need to know more?

To find out more information about advance care planning, you can check out the website [www.mycaremychoices.com.au](http://www.mycaremychoices.com.au) or call the Statewide Office of Advance Care Planning on **1300 007 227** to ask for support in documenting and sharing your future health care choices.

## Statewide Office of Advance Care Planning

Phone: 1300 007 227  
Fax: 1300 008 227  
Post: PO Box 2274, Runcorn QLD 4113  
Email: [acp@health.qld.gov.au](mailto:acp@health.qld.gov.au)  
Web: [www.mycaremychoices.com.au](http://www.mycaremychoices.com.au)





# Statement of Choices

## ADVANCE CARE PLAN

*The Statement of Choices can be used to record views, wishes and preferences for health care.*

*Its purpose is to guide or inform those who need to make health care decisions for a person who is unable to make those decisions for themselves.*

*This document is not legally binding and does not provide consent to health care in advance.*

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

# Statement of Choices

**Advance Care Planning (ACP)** is a voluntary process of planning for future health care that is relevant to all adults regardless of their health or age. Ideally ACP involves completion of a recognised ACP document. In Queensland the Statement of Choices is one of these.

The **Statement of Choices** (Form A/Form B) is a values-based ACP document that records a person's wishes and preferences for their health care into the future.

- The content provides guidance to substitute decision-makers (see glossary of terms) and clinicians about a person's views, wishes and preferences for care in the event the person is unable to make health care decisions for themselves.
- It helps decision-makers to consider what decisions the person might have made in the circumstances if they had capacity to do so.
- It is not a legally binding document. It does not provide consent to, or refusal of, treatment.

## Which form should you use?

Only **Form A OR Form B** should be completed based on current circumstances.

### 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 for themselves.\*

*\*Form B should be completed by the person's legally appointed substitute decision-maker(s) or, if not applicable, person(s) in a close and continuing relationship with the individual. A person's healthcare providers should not complete the Statement of Choices on a person's behalf.*

- Form A is completed by a person to record their views about what is important to them, their wishes for care, and the outcomes they might find acceptable/unacceptable. These wishes could include cultural, religious or spiritual beliefs and practices that they want respected.
- Form B should reflect the best understanding of the person's views about what's important to them, their wishes for care, and the outcomes they might find acceptable/unacceptable. It should take into account what the person has said or done in the past, their personal, cultural, religious or spiritual beliefs and practices that they might want respected.

## Recommended steps to complete a Statement of Choices

### Step 1



**Discuss** current health conditions and care options (now and into the future) with usual doctor. Discuss values, beliefs and quality of life choices with substitute decision-makers and significant others.

### Step 2



**Record** in Form A or Form B views, wishes and preferences for care and contact details of formal substitute decision-makers, if appointed.

### Step 3



**Share** copies of the completed document with family, decision-makers, GP and important others. Also send copies to the Statewide Office of Advance Care Planning (see below).

### Step 4



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

**What to do with completed ACP documents:** It's important that ACP documents are easily available to authorised clinicians involved in a person's care if they are needed. Advance Health Directives, Enduring Power of Attorneys, revocation documents, QCAT Decisions\* and Statement of Choices, can be uploaded to a person's Queensland Health electronic hospital record. Keep the original(s) in a safe place.

Send a copy/scan of completed ACP document(s) to the **Statewide Office of Advance Care Planning:**

Email: [acp@health.qld.gov.au](mailto:acp@health.qld.gov.au)

Fax: 1300 008 227

Post: PO Box 2274, Runcorn QLD 4113

You can also upload document(s) to your **My Health Record\*\***.

Think now. Plan sooner. Peace of mind later.

# Advance Care Planning

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

**Advance Care Planning (ACP)** provides an opportunity to think about, discuss and ideally document your preferences for the type of care you would like to receive in the future and the outcomes you would consider acceptable or unacceptable. ACP helps to ensure that your views, wishes and preferences for care are known and can be respected. It often relates to care you wish to receive at the end of your life.

A person may complete whichever ACP document(s) they consider meet their needs. ACP documents cannot be used to make requests for Voluntary Assisted Dying.

## Queensland ACP documents include:

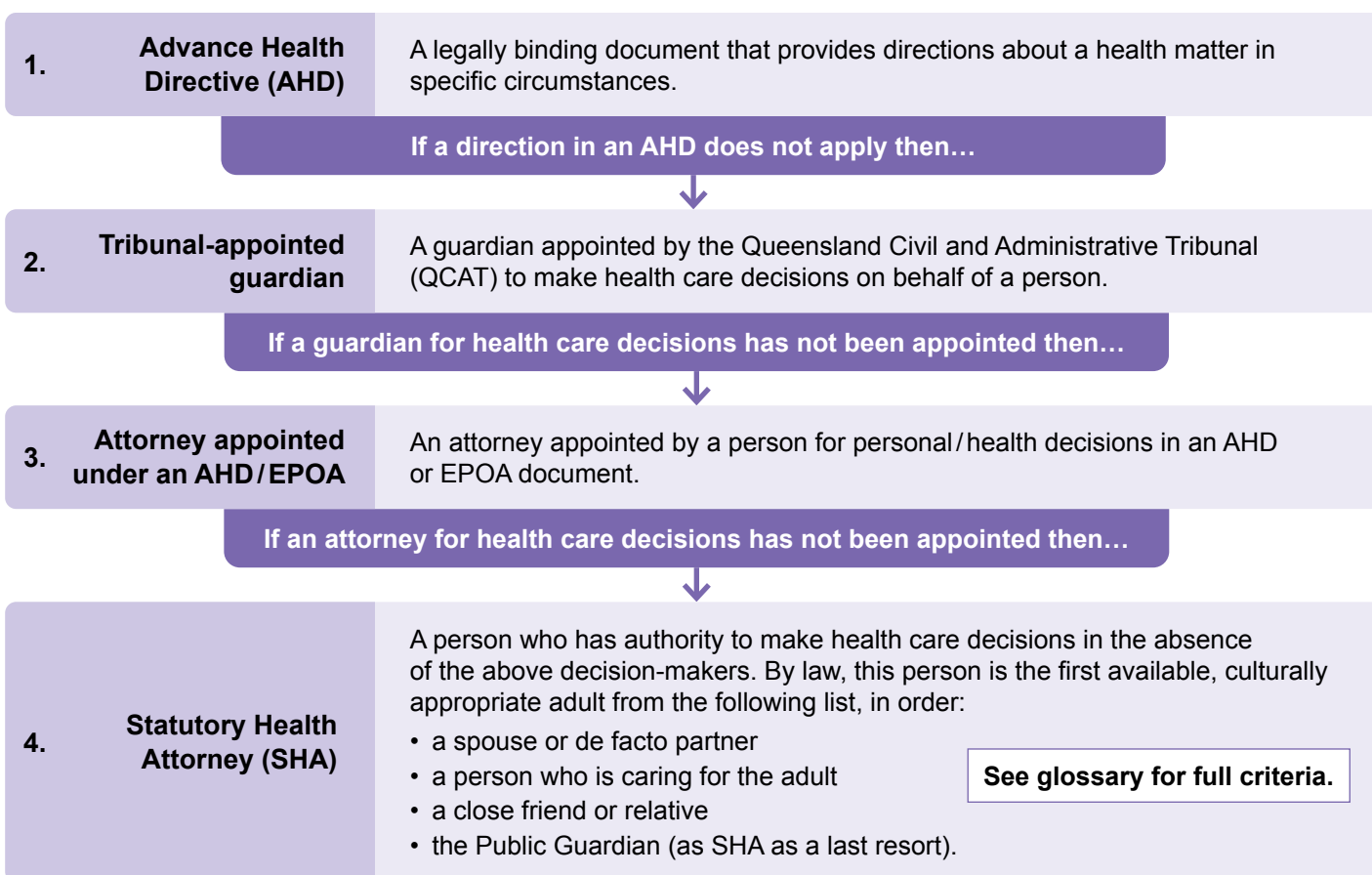
- **Advance Health Directive (AHD):** This is a legally binding document that can be used in certain circumstances to provide directions about future health care and to appoint an attorney for health matters. A Doctor or Nurse Practitioner is required to complete the certificate stating the person has capacity to make the document. To be complete, an AHD must also be witnessed by an eligible witness.
- **Enduring Power of Attorney (EPOA) Short and Long:** These documents allow a person to legally appoint attorney(s) and set out terms for how the power operates. These documents must be witnessed by an eligible witness.
- **Statement of Choices (SoC):** This is a values-based document that records a person's wishes and preferences for their health care into the future. It is not legally binding and does not provide consent to health care in advance. A Doctor or Nurse Practitioner signs and dates the form, but it does not require witnessing.

## How are ACP documents used?

Once completed, ACP documents for health care only become active when a person does not have capacity to make decisions for themselves.

## How are health care decisions made in Queensland?

When a person is unable to make or communicate their own health care decisions and consent for health care is required, the order of priority in decision-making for a health matter in Queensland is:



A Statement of Choices document may help guide these decision-maker(s)

# GLOSSARY OF TERMS

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<b>Capacity</b>	<p>This legal term refers to a person's ability to make a specific decision in a particular area of their life such as the health care they receive, support services they may need, where they live and how they manage their finances. It is presumed that every adult has capacity to make all decisions until proven otherwise. A person has capacity for health care decisions when they are capable of (i) understanding the nature and effect of decisions about the matter; and (ii) freely and voluntarily making decisions about the matter; and (iii) communicating the decisions in some way. Capacity can change or fluctuate and can be influenced by the complexity of the decision, support available to the person and when the decision is made. For more information visit: <a href="https://www.publications.qld.gov.au/dataset/capacity-assessment-guidelines">https://www.publications.qld.gov.au/dataset/capacity-assessment-guidelines</a></p>
<b>Cardiopulmonary Resuscitation (CPR)</b>	<p>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.</p>
<b>Good Medical Practice</b>	<p>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 recognised ethical standards of the medical profession in Australia. Good medical practice requires respecting an adults' wishes to the greatest extent possible.</p>
<b>Life-sustaining Measure</b>	<p>The <i>Guardianship and Administration Act 2000</i> defines a life-sustaining measure as health care intended to sustain or prolong life and that supplants or maintains the operation of vital bodily functions that are temporarily or permanently incapable of independent operation. Each of the following is a life-sustaining measure – cardiopulmonary resuscitation, assisted ventilation, artificial nutrition and hydration. A blood transfusion is not considered a life-sustaining measure.</p>
<b>Office of the Public Guardian</b>	<p>This independent statutory body protects the rights and interests of vulnerable Queenslanders, including adults with impaired capacity to make their own decisions.</p>
<b>Organ or Tissue Donation</b>	<p>For information about donation and to register your wishes visit: <a href="http://www.donatelife.gov.au">www.donatelife.gov.au</a></p>
<b>Statutory Health Attorney (SHA)</b>	<p>This term refers to someone with automatic authority to make health care decisions on behalf of an adult whose capacity to make health care decisions is permanently or temporarily impaired. A person acts in the role of SHA because of their relationship with the impaired adult. By law, this attorney is the first available, culturally appropriate adult from the following:</p> <ul style="list-style-type: none"><li>• A spouse or de facto partner (as long as the relationship is close and continuing)</li><li>• A person who is responsible for the adult's care*</li><li>• A friend or relative in a close personal relationship with the adult.* Relation can also include a person who under Aboriginal tradition or Torres Strait Islander custom is regarded as a relation</li><li>• If there is no one suitable or available, the Public Guardian acts as the SHA as a last resort.</li></ul> <p><i>Note* = This person cannot be the adult's health provider, a service provider for a residential service where the adult is a resident, or a paid carer (although they can be receiving a carer's pension).</i></p>
<b>Substitute Decision-maker</b>	<p>This term describes 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 document, a tribunal-appointed guardian or a statutory health attorney.</p>
<b>Tribunal</b>	<p>Each State and Territory have an independent, accessible Tribunal that makes decisions on applications about adults who may have impaired decision-making capacity. Their role can include appointment of a guardian for personal/health matters. In Queensland this Tribunal is called the Queensland Civil and Administrative Tribunal (QCAT).</p>

Statement of Choices FORM A

URN:
Family Name:
Given Names:
Address:
Date of Birth: Sex: [ ] M [ ] F [ ] X

My Statement of Choices FORM A

A record of values and preferences, for persons with decision-making capacity.

My details (If using a patient label please write "as above")

Given Names:
Family Name:
Preferred Name:
Phone:
Address:
DOB: Sex: Male Female X Medicare No.

I have the following:

- 1. Advance Health Directive (AHD) document Yes No
2. Tribunal-appointed guardian Yes No
3. Enduring Power of Attorney document Yes No

Legal substitute decision-maker(s) can only be appointed using these documents or by a Tribunal.

If you have any of these documents please send a copy to the Statewide Office of ACP (see p.4).

My contacts

Name:
Phone: Relationship:
This person has been legally appointed as a decision-maker in an AHD, EPOA or by tribunal: Yes No
Name:
Phone: Relationship:
This person has been legally appointed as a decision-maker in an AHD, EPOA or by tribunal: Yes No
Name:
Phone: Relationship:
This person has been legally appointed as a decision-maker in an AHD, EPOA or by tribunal: Yes No
If there are more than 3 contacts please attach details on a separate sheet and tick this box:

proceed to next page...

DO NOT WRITE IN THIS BINDING MARGIN

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## Statement of Choices FORM A

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex:  M  F  X

My name:

### My personal values and considerations

Describe what you value or enjoy most in your life:

*Think about what interests you or gives your life meaning.*

My current medical conditions include:

*You may wish to discuss this with your doctor.*

Consider how your health conditions might affect your life in the future.

Describe the health outcomes that you would find acceptable or unacceptable:

*Think about what you would or would not want in your day-to-day life, including your well-being now and into the future.*

When I am nearing death, the following would be important and would comfort me:

*Think about your personal preferences, such as place of care, special traditions or spiritual support.*

Indicate the place where you would prefer to die: (e.g. home, hospital, aged care facility, on Country)

Consider how you would want to be cared for after you die:

*Think about your spiritual, religious and cultural practices; and any other wishes that you want noted e.g. funeral plan, Will, organ/tissue donation.*

please turn over...

## Statement of Choices FORM A

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex:  M  F  X

My name:

### My preferences for medical care and treatment

**I want my preferences to be considered and respected by doctors looking after me and those making health care decisions for me.**

**I understand that my preferences are not legally binding and do not provide consent for treatment.**

**If I no longer have decision-making capacity, doctors need to speak with my substitute decision-maker(s) when consent is required for health care. I understand I will only be offered treatment that is good medical practice (see glossary).**

**It is my preference that I receive care that aims to:** *(tick appropriate box)*

Keep me alive as long as possible, no matter the impact to my quality of life **OR**

Preserve my quality of life in line with my personal values (on page 2) **OR**

Keep me comfortable, allow me to die naturally, with pain and symptoms well managed, and be cared for with dignity **OR**

Other:

### My preferences for life-sustaining measures

**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 **OR**

Other:

**Other life-sustaining measures** *(tick appropriate box)*

*e.g. assisted ventilation (a machine which assists your breathing through a face mask or a breathing tube), artificial nutrition and hydration (a feeding tube through the nose or stomach), kidney machine (dialysis)*

**I would wish** for other life-sustaining measures, if it is consistent with good medical practice **OR**

**I would NOT wish** for other life-sustaining measures **OR**

Other:

### My preferences for other medical treatments

If considered to be good medical practice,

**I would wish for:**

**I would NOT wish for:**

**undecided/  
no preference:**

A major operation *(e.g. under general anaesthetic)*

Intravenous (IV) fluids

Intravenous (IV) antibiotics

Other intravenous (IV) drugs

A blood transfusion

Other:

**proceed to next page...**

## Statement of Choices FORM A

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex:  M  F  X

My name:

### My understanding of the document

By signing below, I confirm I have had this document explained to me and I understand its purpose. I understand that:

- This document represents my views, wishes and preferences for my health care and may be used as a guide by my substitute decision-maker(s) and/or doctors in providing appropriate care for me when I do not have capacity to make decisions about my health care. It is not legally binding and does not form consent for treatment.
- It may be important to discuss my wishes and the content of this document with my substitute decision-maker(s), significant others and my treating doctor(s).
- Doctors should only provide treatment that is consistent with good medical practice.
- Regardless of my preferences expressed here, I will continue to be offered all other relevant care, including care to relieve pain and alleviate suffering.
- This document remains current until it is replaced or withdrawn.

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

Signature:

Date:

### Usual Doctor's/Nurse Practitioner's statement

As a registered medical/nurse practitioner, I have discussed the contents of this document with the person completing the form. At the time of making this Statement of Choices, I believe the person has decision-making capacity to understand the nature and effect of this document and has completed it freely and voluntarily.

**Name** of Doctor/  
Nurse Practitioner:

**Signature** of Doctor/  
Nurse Practitioner:

**Date:**

Hospital or  
Practice Stamp or  
Provider number

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

### Details of other people (if any) who provided assistance with the ACP process:

Name:

Phone:

Relationship:

**IMPORTANT: You can have your AHD, EPOA, revocation documents, QCAT Decisions and Statement of Choices uploaded to your Queensland Health electronic hospital record, for easy access by authorised clinicians. Send/scan a copy of all pages to the:**

**Statewide Office of Advance Care Planning**

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

For more information phone: 1300 007 227



## Statement of Choices FORM B

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex:  M  F  X

# Statement of Choices FORM B

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

### Person's details

Details of the **person for whom this form applies:** (If using a patient label please write "as above")

Given Names:

Family Name:

Preferred Name:

Address:

DOB:

Sex: Male Female X Medicare No.

#### The person has the following:

- |  | Yes | No |
|--|-----|----|
| 1. Advance Health Directive (AHD) document | Yes | No |
| 2. Tribunal-appointed guardian             | Yes | No |
| 3. Enduring Power of Attorney document     | Yes | No |

If decision-maker(s) for personal/health matters have been legally appointed as per 1, 2 or 3, they should be completing this document. If no legal decision-maker has been appointed, you can still record your understanding of the person's values and wishes that may help guide future health care decisions.

Please send a copy of above document(s) to the Statewide Office of ACP (see p.4).

### Details of person completing

Your details, as the **person completing this form:** (Note: The person's healthcare providers should not complete this Form)

Name:

Address:

Phone:

Relationship:

I have been legally appointed as a decision-maker in an AHD, EPOA or by tribunal: Yes No

### Other contacts

Name:

Phone:

Relationship:

This person has been legally appointed as a decision-maker in an AHD, EPOA or by tribunal: Yes No

Name:

Phone:

Relationship:

This person has been legally appointed as a decision-maker in an AHD, EPOA or by tribunal: Yes No

If there are more than 3 contacts please attach details on a separate sheet and tick this box:

proceed to next page...



## Statement of Choices FORM B

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex:  M  F  X

Name of the person for whom this form applies:

### My understanding of the person's values and considerations

Describe what the person values and enjoys in life.

*Think about what interests them or gives their life meaning.*

The person's medical conditions include:

*You may wish to discuss this with the person's doctor.*

Consider how the person's health conditions might affect their life in the future.

Describe the health outcomes the person might find acceptable or unacceptable:

*Think about what they may or may not want in their day-to-day life, including their well-being now and into the future.*

When nearing death, the following might be important to the person and comfort them:

*Think about their personal preferences, such as place of care, special traditions or spiritual support.*

The place where the person might prefer to die: *(e.g. home, hospital, aged care facility, on Country)*

Consider how the person might want to be cared for after they die:

*Think about their spiritual, religious and cultural practices; and any other wishes that you want noted. e.g. funeral plan, Will, organ/tissue donation.*

please turn over...

## Statement of Choices FORM B

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex:  M  F  X

Name of the person for whom this form applies:

### My understanding of the person's medical care and treatment preferences

The person would want these preferences to be considered and respected by doctors and those making health care decisions on their behalf. These preferences are not legally binding and do not provide consent for treatment. If a person no longer has decision-making capacity, doctors need to speak with the person's relevant substitute decision-maker(s) when consent is required for health care. It is understood that this person will only be offered treatment that is good medical practice (see glossary).

In my understanding, the person's preference is for care that aims to: *(tick appropriate box)*

Keep them alive as long as possible, no matter the impact to their quality of life **OR**

Preserve their quality of life in line with their personal values (on page 2) **OR**

Keep them comfortable, allow them to die naturally, with pain and symptoms well managed, and be cared for with dignity **OR**

Other:

### My understanding of the person's preferences for life-sustaining measures

**Cardiopulmonary Resuscitation (CPR)** *(tick appropriate box)*

If considered to be good medical practice:

The person **would wish** CPR attempted **OR**

The person **would NOT wish** CPR attempted **OR**

Other:

**Other life-sustaining measures** *(tick appropriate box)*

*e.g.. Assisted ventilation (a machine which assists your breathing through a face mask or a breathing tube), artificial nutrition and hydration (a feeding tube through the nose or stomach), kidney machine (dialysis)*

If considered to be good medical practice:

The person **would wish** for other life-sustaining measures **OR**

The person **would NOT wish** for other life-sustaining measures **OR**

Other:

### My understanding of the person's preferences for other medical treatments

If considered to be good medical practice,

**the person  
might wish for:**

**the person might  
NOT wish for:**

**unaware of/  
no preference:**

A major operation *(e.g. under general anaesthetic)*

Intravenous (IV) fluids

Intravenous (IV) antibiotics

Other intravenous (IV) drugs

A blood transfusion

Other:

proceed to next page...

## Statement of Choices FORM B

(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex:  M  F  X

Name of the person for whom this form applies:

### Understanding of the document

By signing below, I/we confirm that this document has been explained to me/us and its purpose is understood. I/we understand that:

- The person for whom this form applies has been assessed by a registered medical/nurse practitioner as not having capacity to make their own health care decisions.
- The person has participated to the greatest extent possible to express their views, wishes and preferences. This document represents my/our best understanding of the person's views, wishes and preferences for health care and may be used as a guide by substitute decision-maker(s) and/or doctors in providing appropriate care for this person. It is not legally binding and does not form consent for treatment.
- It may be important to discuss the content of this document with the person's substitute decision-maker(s), significant others and their treating doctor(s).
- Doctors should only provide treatment that is consistent with good medical practice.
- Regardless of the preferences expressed here, the person will continue to be offered all other relevant care, including care to relieve pain and alleviate suffering.
- This document remains current until it is replaced or withdrawn.

Queensland Health may collect, use or disclose information on this form and will do so in accordance with the National Privacy Principles set out in schedule 4 of the *Information Privacy Act 2009 (Qld)*. For more information see the privacy policy and information sheet available at [www.mycaremychoices.com.au](http://www.mycaremychoices.com.au)

Name:

Signature:

Date:

Name:

Signature:

Date:

### Usual Doctor's/Nurse Practitioner's statement

As a registered medical/nurse practitioner, following an assessment of the person for whom this form applies, I believe that the person currently does not have the decision-making capacity necessary to complete a Statement of Choices Form A. I am satisfied that the person(s) completing this form understands its nature and effect, has made it freely and voluntarily and is an appropriate person(s) to complete this form.

**Name** of Doctor/  
Nurse Practitioner:

**Signature** of Doctor/  
Nurse Practitioner:

**Date:**

Hospital or  
Practice Stamp or  
Provider number

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

### Details of other people (if any) who provided assistance with the ACP process:

Name:

Phone:

Relationship:

**IMPORTANT: AHD, EPOA, revocation documents, QCAT Decisions and Statement of Choices can be uploaded to the person's Queensland Health electronic hospital record, for easy access by authorised clinicians. Send a copy/scan of all pages to the:**

**Statewide Office of Advance Care Planning**

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

For more information phone: 1300 007 227

DO NOT WRITE IN THIS BINDING MARGIN

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

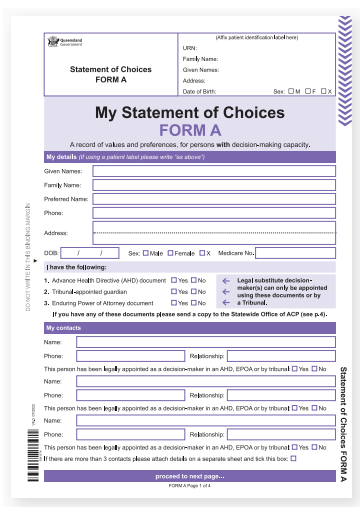
# Tips for completing a Statement of Choices Form A: for people who can make health care decisions for themselves

This guide is intended to help you complete a Statement of Choices for yourself. It provides some words other people have used that may help you to get started. The examples here are **not intended to limit or direct your responses**.

To begin completing your Statement of Choices, select Form A and start on page 1.

*Note: Only Form A **OR** Form B should be completed. The decision on which form to use should be based on current circumstances.*

## Page 1



The screenshot shows the top portion of the 'Statement of Choices FORM A'. It includes a header with the Queensland Government logo and the title 'Statement of Choices FORM A'. Below this is a section for 'My details' with fields for Given Name, Family Name, Preferred Name, Phone, and Address. There are also checkboxes for 'I share the following:' with options for Advance Health Directive (AHD), Tribunal-appointed guardian, and Enduring Power of Attorney. A 'My contacts' section follows, with fields for Name, Phone, and Relationship for multiple contacts. The form is marked with a barcode on the left and right sides.

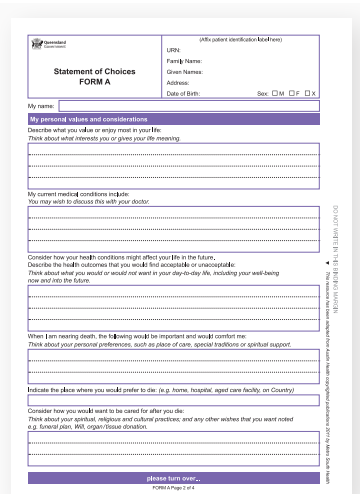
### My details: Fill in all blank spaces.

- ✓ “Preferred name” is the name you like to be called.
- ✓ If you live in an aged care facility, please include the name of the facility in the address.
- ✓ Tick the boxes if you have already completed the listed documents.

### My contacts:

- ✓ Write names and telephone numbers for each person you have appointed in your Enduring Power of Attorney (EPOA) or Advance Health Directive (AHD) documents or if you have a Tribunal appointed guardian or administrator. Add how they are related to you e.g., husband, daughter, friend.
- ✓ If you don’t have an EPOA or AHD, add details of people you would want included in discussions about your health.

## Page 2



The screenshot shows the bottom portion of the 'Statement of Choices FORM A'. It includes a section for 'My personal values and considerations' with a prompt to 'Describe what you value or enjoy most in your life.' Below this is a section for 'My current medical conditions include' with a prompt to 'You may wish to discuss this with your doctor.' The final section is 'When I am nearing death, the following would be important and would comfort me', with a prompt to 'Think about your personal preferences, such as place of care, special traditions or spiritual support.' The form is marked with a barcode on the left and right sides.

### My personal values and considerations:

- ✓ Record what is most important to you and your quality of life.
- ✓ Write as much as possible about the person you are and what your wishes are including any special traditions or spiritual care important to you.
- ✓ Record your medical conditions. It is good to talk to your doctor about your current health conditions and how they might affect your life in the future.
- ✓ Write down the things you want doctors and your substitute decision-maker(s) to know when health care decisions are being made.

### Examples of other people’s words:

- “I love spending time with my grandkids”
- “I would like my priest called to comfort my family”
- “I love spending time in the garden and listening to music”
- “I don’t want to be kept alive by machines, just let me die naturally”
- “I value being alive more than anything else even if I will be bedbound”
- “If I cannot wash, feed or look after myself or talk to my family I do not want to be kept alive”

**Statement of Choices FORM A**

My name: \_\_\_\_\_

**My preferences for medical care and treatment**

I want my preferences to be considered and respected by doctors looking after me and those making health care decisions for me.

I understand that my preferences are not legally binding and do not provide consent for treatment. If I no longer have decision-making capacity, doctors need to speak with my substitute decision-maker(s) when consent is required for health care. I understand I will only be offered treatment that is good medical practice (see glossary).

It is my preference that I receive care that aims to: (tick appropriate box)

Keep me alive as long as possible, no matter the impact to my quality of life OR

Preserve my quality of life as long as possible (see page 2) OR

Keep me comfortable. Allow me to die naturally, with pain and symptoms well managed, and be cared for wherever I OR

Other: \_\_\_\_\_

**My preferences for life-sustaining measures**

**Cardiopulmonary Resuscitation (CPR)** (see glossary box)

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

I would NOT wish CPR attempted OR

Other: \_\_\_\_\_

**Other life-sustaining measures** (see glossary box)

I would wish to receive when using your breathing through a face mask or a breathing tube, artificial nutrition and hydration (see glossary box) or any other life-sustaining measure (see glossary box) OR

I would NOT wish to receive life-sustaining measures, if it is consistent with good medical practice OR

Other: \_\_\_\_\_

**My preferences for other medical treatments**

I would wish for:	I would NOT wish for:	undecided/ no preference:
Considered to be good medical practice	<input type="checkbox"/>	<input type="checkbox"/>
Intravenous (IV) fluids	<input type="checkbox"/>	<input type="checkbox"/>
Intravenous (IV) antibiotics	<input type="checkbox"/>	<input type="checkbox"/>
Other intravenous (IV) drugs	<input type="checkbox"/>	<input type="checkbox"/>
Other treatments	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____		

proceed to next page...

**My preferences for medical care and treatment:**

- ✓ Think about the medical care, treatment and goals of care preferences that you would want considered and respected by doctors and those making health care decisions on your behalf.
- ✓ Life-sustaining measures: You may find it helpful to ask your doctor to assist you with this section. Discussing likely treatment outcomes for your current medical conditions may help you to make your preferences known.
- ✓ Medical Treatments: Tick the boxes that indicate your preferences. You may have different preferences for each of the treatment options.
- ✓ For any of the medical treatments, you may choose to write the outcome(s) you would find acceptable in the "Other" box.

Regardless of the preferences expressed on the Statement of Choices you will continue to be offered all other relevant care, including care to relieve pain and alleviate suffering. Doctors should only provide treatment that is consistent with good medical practice.

**Examples of other people's words:**

- "Don't keep going if I am not responding"
- "I prefer these treatments only if my quality of life will be improved"
- "Please start treatment but discuss with my daughters when it may be time to stop"

**Statement of Choices FORM A**

My name: \_\_\_\_\_

**My understanding of this document**

By signing below I confirm I have read this document to me and I understand its purpose. I understand that:

- The document represents my views, wishes and preferences for my health care and may be used as a guide by my substitute decision-maker(s) and/or doctors in providing appropriate care for me when I am not here capable to make decisions about my health care. It is not legal, binding and does not form consent for treatment.
- If it may be important to discuss my wishes and the content of this document with my substitute decision-maker(s), significant others and my treating doctor(s).
- Doctors should only provide treatment that is consistent with good medical practice.
- Regardless of my preferences expressed here, I will continue to be offered all other relevant care, including care to relieve pain and alleviate suffering.
- This document remains current until it is replaced or withdrawn.

I consent to share the information on this form with persons lawfully relevant to my health and to identifiable information being used for quality improvement research purposes as per the privacy policy and information sheet available at: [www.health.qld.gov.au](http://www.health.qld.gov.au)

Signature: \_\_\_\_\_ Date: / /

**Usual Doctor/Nurse Practitioner's statement**

As a registered medical/nurse practitioner, I have discussed the contents of this document with the person completing the form, at the time of making the Statement of Choices. I believe the person has decision-making capacity to understand the nature and effect of this document and has completed it freely and voluntarily.

Name of Doctor/Nurse Practitioner: \_\_\_\_\_

Signature of Doctor/Nurse Practitioner: \_\_\_\_\_ Date: / /

This form was completed with the help of a qualified interpreter or cultural liaison person:  Yes  No

**Details of other people (if any) who provided assistance with the ACP process:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**IMPORTANT:** You can have your AHD, BPOA, resuscitation documents, QCAT Decisions and Statement of Choices uploaded to your Queensland public electronic hospital record, for easy access by authorised clinicians. Send scan a copy of all pages to the

Statewide Office of Advance Care Planning  
 Email: [acp@health.qld.gov.au](mailto:acp@health.qld.gov.au) Fax: 1300 007 227 Post: PO Box 2276, Brisbane QLD 4111  
 For more information phone: 1300 007 227

**My understanding of the document:**

- ✓ Read through the declaration. Sign and date here to show you understand the document and the information it contains.

**Usual Doctor/Nurse Practitioner's statement:**

- ✓ When you have filled out the document and have discussed it with others who are important to you, ask your doctor or nurse practitioner to sign it. This will make sure they know what your wishes are. The doctor/nurse practitioner can also keep a copy.
- ✓ If you received assistance from someone else to complete this form, list their details here. For example, this could be an advance care planning facilitator or Aboriginal and Torres Strait islander health worker.

**When your document is complete:**

- ✓ Keep your original document. Give **copies** to your substitute decision-maker(s), doctor and health providers.
- ✓ **send a copy/scan** of all pages to the Statewide Office of Advance Care Planning by email, fax or post (see bottom of p.4), for upload to your Queensland Health electronic hospital record, and easy access by authorised clinicians.
- ✓ You may wish to upload your Statement of Choices to My Health Record.

**Review your document:**

- ✓ It is good to review all your documents from time to time, especially if your health changes.
- ✓ If you want to change your whole document, fill in a new Form A or for minor changes initial and date them on the form and send the updated one to the Statewide Office of Advance Care Planning for uploading to your medical record.

If, after reading this tip sheet, you would like more information about the Statement of Choices or help to fill it in, please call the Statewide Office of Advance Care Planning on 1300 007 227 for help or to put you in contact with someone in your local area.

An interpreter service is available during office hours to provide information and resources about advance care planning in Queensland.

Call 13 14 50



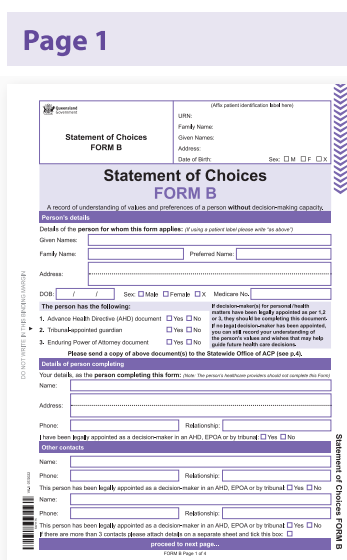
- State the language spoke
- Ask to be connected to the Statewide Office of Advance Care Planning on 1300 007 227

# Tips for completing a Statement of Choices Form B: for people who cannot make health care decisions for themselves

This guide is intended to help you complete a Statement of Choices on behalf of someone without decision-making capacity.

To begin completing the Statement of Choices, select Form B and start on page 1.

*Note: Only Form A OR Form B should be completed. The decision on which form to use should be based on current circumstances. If the person has already completed a Form A, a Form B is not needed.*



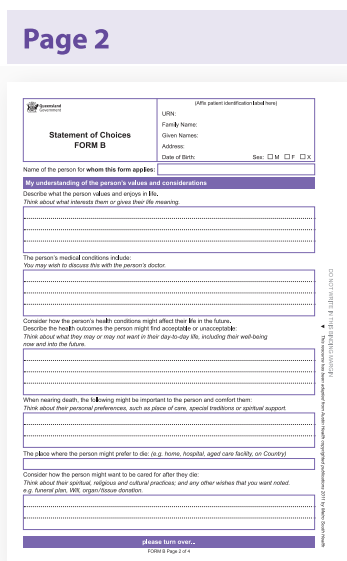
### Person's details: Fill in all blank spaces.

- ✓ The person's "Preferred name" is the name they like to be called.
- ✓ If they live in an aged care facility, please include the name of the facility in the address.
- ✓ Tick the boxes for other documents they may already have.

### Details of person completing: Fill in this section with your details as the person completing the form.

- ✓ Form B should be completed by the person's legally appointed substitute-decision-maker(s) or, if not applicable, person(s) in a close and continuing relationship with the individual. A person's healthcare providers should not complete the Statement of Choices on a person's behalf.
- ✓ Tick the box if you are legally appointed as a decision-maker on the Enduring Power of Attorney (EPOA), Advance Health Directive (AHD) or by a Tribunal.

**Other contacts:** If other people have also been legally appointed as decision-makers, add their contact details and their relationship to the person e.g. husband, son, friend. If there is no EPOA or AHD, you may add the details of other people the person would like to be involved in decision-making for them.



### My understanding of the person's values and considerations:

- ✓ Wherever possible, involve the person as much as they are able to be involved.
- ✓ Try to 'stand in the shoes' of the person and think about what you know about them.
- ✓ Record your understanding of what is most important to the person, what they value in life, and what gives them most meaning and pleasure. You may know this from past conversations, from your close relationship with them and from talking to other people who know them well.
- ✓ Record the person's health conditions. It is good to talk to the person's doctor about their current health conditions and how they might affect their life in the future.
- ✓ Write down your understanding of the things they have said in the past that they would want known to guide their health care.
- ✓ Write down any special traditions or spiritual care important to them.
- ✓ Describe your understanding of the health outcomes they might find acceptable or unacceptable.

### Examples of other people's words:

- "Being with her family is vital for her"
- "She loves spending time in the garden"
- "He was always very independent and dignified"
- "She's afraid of being alone in hospital"
- "He wants to be buried on the family farm"
- "He has told everyone to keep him out of pain and let him die peacefully"
- "He would like his priest at his bedside"
- "She hates being limited to bed all the time"

## Page 3

### My understanding of the person's medical care and treatment preferences

- ✓ Think about the medical care, treatment and goals of care that you understand the person would want considered and respected by doctors and those making health care decisions on their behalf.
- ✓ Life-sustaining measures: You may find it helpful to ask their doctor to assist you with this section. Discussing likely treatment outcomes for them may be helpful. The Glossary of Terms (back cover) can also help.
- ✓ Medical treatments: Tick the boxes that apply from your understanding of the person's opinions about certain treatment options. This section is a guide for doctors to consider and talk through these choices with you and other significant people when decisions need to be made.

Regardless of the preferences expressed on the Statement of Choices, the person will continue to be offered all other relevant care, including care to relieve pain and alleviate suffering. Doctors should only provide treatment that is consistent with good medical practice.

### Examples of other people's words:

"He would want to know we gave him a chance, but if he wasn't responding, just let him go"

"He always said he wouldn't want any treatment that wasn't going to put him back on his feet"

"She would say already that this is no life; if she deteriorates further, just keep her comfortable and treat her with respect"

## Page 4

### Understanding of the Document:

- ✓ It is important that you read through the text. You should sign and date to show you understand the document and the information it contains.

### Usual Doctor/Nurse Practitioner's statement:

- ✓ After discussing the completed document with the person's significant others, consult with their doctor/nurse practitioner so they can sign it. This will make sure they are informed and can place a copy on their file.
- ✓ If you received assistance from someone else to complete this form, list their details here. For example, this could be an advance care planning facilitator or Aboriginal and Torres Strait Islander health worker.

### When the document is complete:

- ✓ Keep the original document with the person's other important papers. If they live in an aged care facility be sure to have a copy filed there.
- ✓ Keep a **copy for yourself** and other substitute decision-maker(s).
- ✓ Give copies to their doctors and health providers.
- ✓ **Send a copy/scan of all pages** to the Statewide Office of Advance Care Planning by email, fax or post (see bottom of p.4), for upload to the person's Queensland Health electronic hospital record, and easy access by authorised clinicians.

### Review the document:

- ✓ It is good to review the document from time to time with the person's doctor, and other substitute decision-makers especially if the person's health changes.
- ✓ If you want to change the whole document, you should fill in a new Form depending on the current circumstances. For minor changes to the Form B, initial and date them on the form. Send any updated Forms to the Statewide Office of Advance Care Planning for uploading to the person's medical record.

If, after reading this tip sheet, you would like more information about the Statement of Choices or help to fill it in, please call the Statewide Office of Advance Care Planning on 1300 007 227 for help or to put you in contact with someone in your local area.

An interpreter service is available during office hours to provide information and resources about advance care planning in Queensland.

Call 13 14 50



- State the language spoke
- Ask to be connected to the Statewide Office of Advance Care Planning on 1300 007 227

# OACP

Statewide Office of Advance Care Planning



## Advance care planning documents commonly used in Queensland

### Advance Health Directive



This is a legal document that states your decisions and directs your future health care in specific situations at a time when you may be unable to make decisions and communicate. It must be signed by your doctor/nurse practitioner and witnessed. Forms are available at [justice.qld.gov.au](http://justice.qld.gov.au).

### Enduring Power of Attorney



This is a legal document that appoints a person or people of your choice to make important decisions for you when you are unable to do so yourself. It must be witnessed as well as signed by the person/s you appoint. Forms are available at [justice.qld.gov.au](http://justice.qld.gov.au) or speak to your solicitor or the Public Trustee.

### Statement of Choices



This document focuses on your wishes, values and beliefs. It can help those close to you make health care decisions on your behalf, if needed. It provides comfort for you and your loved ones. It must be signed by your doctor/nurse practitioner. Forms are available at [mycaremychoices.com.au](http://mycaremychoices.com.au), or contact the Statewide Office of Advance Care Planning.

### The Statewide Office of Advance Care Planning

The Statewide Office of Advance Care Planning, Queensland Health, is a free and confidential service for all Queenslanders to assist with the process of advance care planning, including:

- Providing advance care planning information packs and forms
- Advising you who to speak to about advance care planning in your local area
- Adding copies of your advance care planning documents to your Queensland Health medical record
- Answering your advance care planning questions.

### Contact us or send copies of documents to:

📞 1300 007 227

📠 1300 008 227

✉️ PO Box 2274, Runcorn QLD 4113

📧 [acp@health.qld.gov.au](mailto:acp@health.qld.gov.au)

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

An interpreter service is available during office hours to provide information and resources about advance care planning in Queensland:

**Call 13 14 50**



State the language spoken

Ask to be connected to the Statewide Office of Advance Care Planning on **1300 007 227**.

# My Care, My Choices

If you were suddenly injured or became seriously ill, how would the medical staff know what your health care wishes are?



*Empower yourself to plan for your future health care*

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

**OACP**

Statewide Office of Advance Care Planning



## What is advance care planning?



Advance care planning is the process of thinking about and communicating your preferences for future health care.

Advance care plans are used in situations where you are unable to speak for yourself.

Advance care planning is voluntary and can involve:

- Thinking about and discussing your values, health care options and quality-of-life choices with those who you trust
- Appointing one, or more, substitute decision-makers to speak on your behalf, if needed
- Writing down your health care preferences in a document.

Just like making a Will, advance care planning is simply a part of planning for the future.

## Why plan ahead?



Advance care planning can ensure:

- The treatment and care you receive reflects your wishes
- Your loved ones know what you want if they have to make decisions on your behalf
- Health care decisions aren't made only when a crisis occurs.

## Ready to start planning?

### Step 1 – Discuss



It can be hard to speak about what you might want if you become seriously unwell, but it can give you, and those you love, peace of mind if they know your wishes.

After thinking about your future health care preferences:

- Discuss your medical conditions with your doctor and how they may affect you in the future
- Talk about your health care preferences with your family and those close to you
- Ask a person/people you trust to become your substitute decision-maker/s, to make decisions on your behalf, if needed.

### Step 2 – Record



Record your preferences and decisions by completing one or more of the following documents:

- Advance Health Directive
- Enduring Power of Attorney
- Statement of Choices.

Download these documents for free from: [mycaremychoices.com.au](http://mycaremychoices.com.au)

### Step 3 – Share



Make sure your documented health care wishes are known and available to those who care for you.

To share your choices:

- Give copies of your documents to those you trust (e.g. family members, close friends, your substitute decision-maker/s) and your health care providers (e.g. GP)

#### AND

- Provide copies of your documents to the Statewide Office of Advance Care Planning to be added to your Queensland Health medical record (**see over for options**).

You may also upload your documents to your My Health Record (if you have one) at [myhealthrecord.gov.au](http://myhealthrecord.gov.au).

### Step 4 – Review



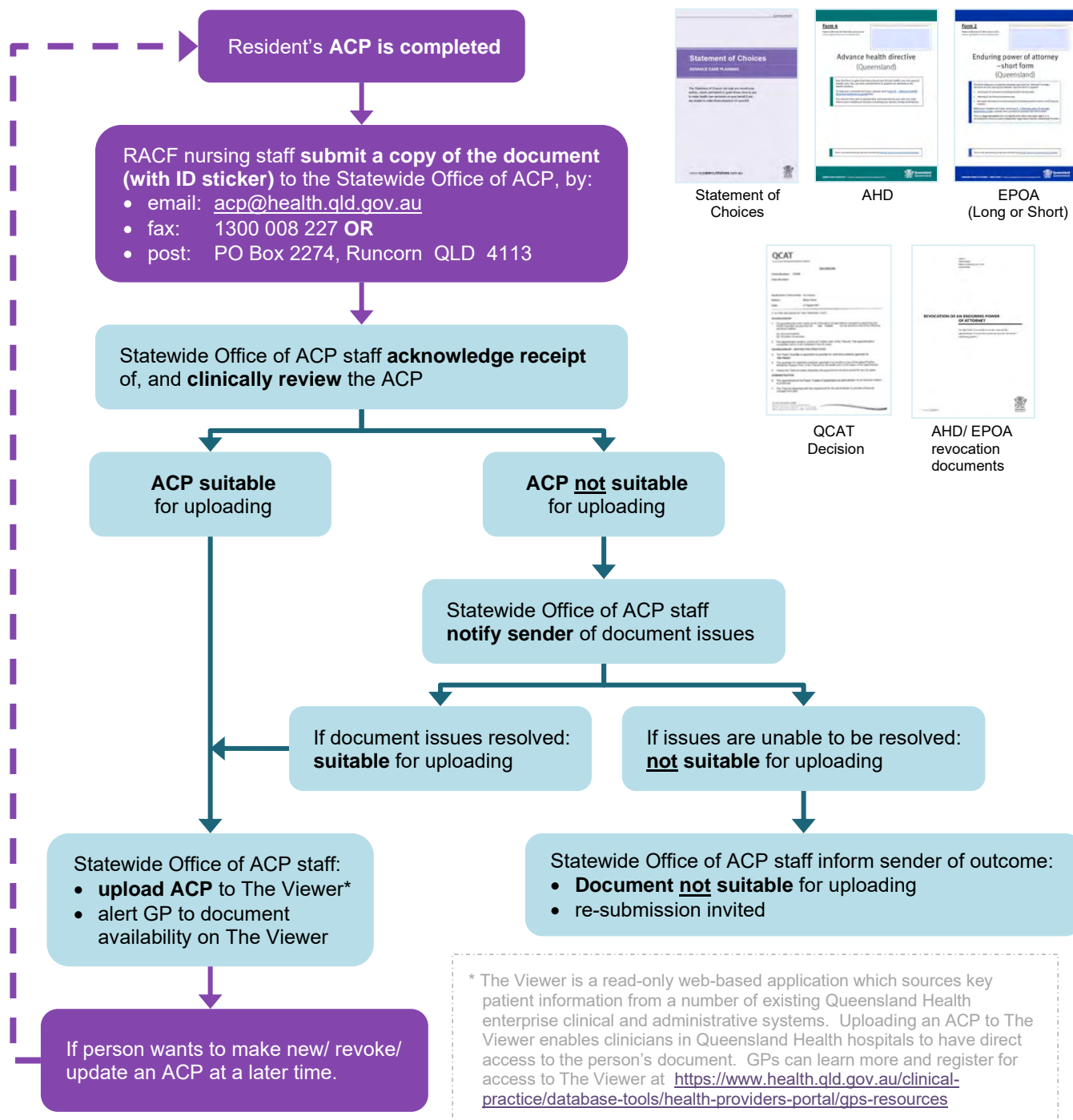
It is important to review your advance care planning documents on a regular basis, especially if your health status changes or if you change your health care preferences.



## Steps for completed advance care planning documents to be uploaded to The Viewer

The flow chart below shows how residential aged care facilities can ensure their residents' documented advance care plans can be uploaded to The Viewer\* and made accessible across health sectors.

If you have any queries about this process or would like help with advance care planning, Statement of Choices or resource support for health professionals and consumers, please call the Statewide Office of Advance Care Planning (ACP) on **1300 007 227**.



### Contact information

If you have additional questions about this process, please contact

#### Statewide Office of Advance Care Planning

Ph: 1300 007 227 • Fax: 1300 008 227 • Email: [acp@health.qld.gov.au](mailto:acp@health.qld.gov.au) • [www.mycaremychoices.com.au](http://www.mycaremychoices.com.au)

August 2021

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# Understanding the role of a Statutory Health Attorney

If an adult lacks the capacity to make a health care decision for themselves and has not completed an Enduring Power of Attorney or Advance Health Directive, they will need someone to make this decision for them.

However, in many cases it isn't necessary to have a formal decision maker appointed by the Queensland Civil and Administrative Tribunal (QCAT) for health decisions, as medical professionals can contact the adult's Statutory Health Attorney when a health care decision is required.

This is a much less restrictive option for the adult as the decision-making power of a Statutory Health Attorney only lasts as long as the health care decision needs making.

## How is a Statutory Health Attorney appointed?

A Statutory Health Attorney does not need to be formally appointed – they automatically act in this role when the need arises, as outlined in s62 of the *Powers of Attorney Act 1998*.

## Who can act as a Statutory Health Attorney?

By law, a Statutory Health Attorney is the first available and culturally appropriate person (over the age of 18) from the following:

- a spouse or de facto partner (as long as the relationship is close and continuing)
- a person who is responsible for the adult's primary care but is not the adult's health provider, a service provider for a residential service where the adult is a resident, or a paid carer (although they can be receiving a carer's pension), or
- a friend or relation in a close personal relationship with the adult. Relation can also include a person who under Aboriginal tradition or Torres Strait Islander custom is regarded as a relation

If the medical professional has tried to contact a Statutory Health Attorney and is unsuccessful, or there is no one suitable, then the Public Guardian can act in this role as a last resort.

## When would a Statutory Health Attorney start making decisions?

If the adult has impaired decision-making capacity and needs a decision made about their health care, a Statutory Health Attorney will start acting in this role when a need for a decision is identified. As soon as a decision no longer needs making, or if the adult regains capacity, the Statutory Health Attorney no longer act in the role.

## What are the responsibilities of a Statutory Health Attorney?

All decisions made by the Statutory Health Attorney must maintain and promote the health and wellbeing of the adult with impaired capacity and be in their best interests, as outlined in the General and Health care Principles of the *Powers of Attorney Act 1998*. This means the Statutory Health Attorney should:

- choose the least intrusive treatment if available
- take the person's views and wishes into account as much as possible
- consider a doctor's opinion.

## When is a Statutory Health Attorney not needed?

If someone has completed an Enduring Power of Attorney appointing an attorney for health matters, then their attorney will make any health care decisions that need making. Additionally, if the adult has completed an Advance Health Directive, medical professionals should look to this document in the first instance for directions on treatment.

It's important to note that under the *Guardianship and Administration Act 2000*, medical professionals can administer urgent health care where the treatment is needed to prevent immediate harm or suffering to the person. In these situations, if the person has impaired capacity and there is no known objection to the health care a decision maker, including a Statutory Health Attorney, does not need to be consulted. Similarly, consent is not needed for minor or uncontroversial health care, such as first aid, taking blood pressure or giving medications normally obtained without a prescription.

**For more information**

To find out more information about the role of a Statutory Health Attorney, go to our website or call 1300 653 187.

If you need to contact our health care consent phone line call 1300 753 624 Monday-Friday 7am-7pm and Saturday, Sunday and public holidays 9am-5pm.

A decorative horizontal line in a light green color with several small circles of varying sizes along its path. On the left side, there is a larger circular graphic containing a stylized flower or sunburst design in blue and green.

**Contact us**

t. 1300 653 187

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# Statutory Health Attorney

## What is a statutory health attorney?

A statutory health attorney (SHA) is someone with automatic authority to make health care decisions for you if you become unable to make them because of illness or incapacity.

## Why is a statutory health attorney needed?

We all have the legal right to choose the medical treatment we want, or do not want, to receive.

But if we became seriously ill, unconscious or unable to communicate, we wouldn't be able to make and express our own decisions.

Although health professionals are legally able to carry out urgent life-saving treatments for us, if we suddenly become ill, they do need to gain consent before proceeding with other medical care treatments.

A statutory health attorney becomes a substitute decision maker in these matters.

## How is a statutory health attorney appointed?

You do not need to formally appoint a statutory health attorney – this person automatically acts in this role when the need arises because of their relationship with you.

In fact, a statutory health attorney is only necessary:

- if the Queensland Civil and Administrative Tribunal has not appointed you a guardian for health care matters or
- if you have not appointed an enduring power of attorney or
- if you have not provided direction about your medical treatment in an Advance Health Directive.

## Who would be my statutory health attorney?

There is no special expertise needed to be a statutory health attorney – by law, it's the first available and culturally appropriate adult from the following:

- a spouse or de facto partner (as long as the relationship is close and continuing)
- a person who is responsible for your primary care (but is not a paid carer, although they may receive a carer's pension)
- a close friend or relative (over the age of 18).

## When would my statutory health attorney start making decisions for me?

Before someone acts as your statutory health attorney, a health professional would assess your capacity to make health care decisions.



### Contact Us

Office of the Public Guardian

t. 3234 0870 or 1300 653 187

e. [adult@publicguardian.qld.gov.au](mailto:adult@publicguardian.qld.gov.au)

[www.publicguardian.qld.gov.au](http://www.publicguardian.qld.gov.au)

### **This involves considering whether you would be able to:**

- understand the nature and effect of your decision (including the consequences of refusing treatment)
- freely and voluntarily make the decision
- communicate the decision in some way.

They will also determine the type and complexity of the decision that needs to be made. For instance, someone with an illness may be able to consent to the use of antibiotics, but not to surgery.

### **How long can a statutory health attorney act for me?**

The authority of your statutory health attorney lasts only for as long as it is needed.

If you have a temporary condition, once you recover and can make informed decisions about your treatment, you are again able to give consent for your health care.

If your condition is ongoing, your statutory health attorney will continue to make decisions for you as long as it's necessary.

### **What are the responsibilities of a statutory health attorney?**

Under the principles of Queensland law, all health care decisions made for you must maintain or promote your health or wellbeing and be in your best interests.

#### **This means that when making a decision, your statutory health attorney should:**

- choose the least intrusive treatment if options are available
- take your views and wishes into account as much as possible
- consider a doctor's opinion.

### **What if there are disagreements about my treatment?**

If there is ever any conflict over a health care decision that your statutory health attorney has made, the Public Guardian may be able to help. If this fails to resolve the dispute, the Public Guardian may become your statutory health attorney and make health care decisions for you.

Similarly, if your attorney cannot make a decision about your care, then the Public Guardian will act in this role.



# Advance Health Directive

An Advance Health Directive (AHD) is a formal set of instructions for your future health care. Sometimes called a 'living will,' it's used if you become unable to make decisions due to illness or incapacity.

## Why make one?

There could come a time when you are seriously ill, unconscious or unable to communicate and critical decisions about your health care need to be made. An AHD allows your wishes to be known, and gives health professionals direction about the treatment you want.

## What does it cover?

You can use your AHD to express your wishes in a general way, such as stating that you would want to receive all available treatment. You can include relevant information about yourself that health professionals should know, such as:

- special health conditions
- allergies to medications
- religious, spiritual or cultural beliefs that could affect your care.

You can give specific instructions about certain medical treatments. For example, you might feel strongly about whether or not you want to receive life-sustaining measures to prolong your life. These include:

- cardio-pulmonary resuscitation, to keep your heart beating
- assisted ventilation, to keep you breathing if your lungs stop working
- artificial nutrition and hydration

## What about my views and wishes?

You can use your AHD to outline your views about the quality of life that would be acceptable to you. For example, you might decide to specify that you would like life-sustaining measures withheld or withdrawn in certain situations, such as if you were to have:

- a terminal illness for which there is no known cure nor chance of you recovering
- severe and irreversible brain damage so that you are unable to communicate
- an illness or injury so severe that there is no reasonable prospect that you will recover

It is your legal right to refuse any medical treatment. However, any request for measures that might accelerate your death will not be followed, as euthanasia is illegal.

## What about my personal decisions?

Your AHD includes a section where you can appoint an attorney for health/personal matters. An attorney is someone who will make decisions for you, and can be a family member, friend or someone else you trust to act in your best interests. You can choose more than one person if you like, and set special terms for their decisions, such as they must all agree or that a majority view is enough.

Your attorney will be able to give instructions on health matters that your AHD might not cover, and also make personal decisions, such as where you might live. You can set limits to the powers of your attorney—for example, restricting them from consenting to certain procedures—or give them detailed information about your personal wishes that you would like them to follow.

### How do I make an AHD?

An AHD form can be downloaded for free from the Queensland Government Publications [website](#), or you can buy one from a newsagency or some bookshops and stationers for a fee.

Before completing the form, first take the time to carefully reflect on the decisions you have to make. Remember, you are putting in place a plan that will determine your future health care. Consider what is important to you, such as being able to communicate with loved ones, or receiving maximum pain relief. Would you be prepared to donate your organs or tissue? Discuss these matters with your family or close friends.

Part of the form needs to be completed by a doctor, so get them to explain your options and give you more information if you need it.

You will also need a witness, who is responsible for making sure that your signature is genuine, and that you understand the decisions you are making. Your witness must be a Justice of the Peace, Commissioner for Declarations, lawyer or Notary Public. They cannot be:

- your attorney for personal matters
- your relative or a relative of your attorney
- a current health provider
- a current paid carer (this doesn't include a person on a carer's pension)
- a beneficiary under your will

### When should I make an AHD?

The best time to make one is now, before anything happens. You can make an AHD if you are able to understand the nature and consequences of your health care decisions. But it's particularly important to have an AHD if you are about to go into hospital, or if you have a medical condition that could affect your ability to make decisions or cause serious complications.

### What happens if I don't have an AHD?

Without an AHD, your statutory health attorney makes decisions for you. This is a person close to you, such as your spouse or a family member, or it could be the Public Guardian as a last resort if there is no one else suitable or available. You do not have to appoint someone to do this as they automatically act in this role when the need arises. Otherwise, if you have already appointed a personal attorney under an Enduring Power of Attorney, this person can make medical decisions on your behalf. For more information, read our [Statutory Health Attorney](#) and [Enduring Power of Attorney](#) factsheets.

### Can I change my AHD?

Yes, you can make changes to your AHD at any time, provided you still have the decision-making capacity to do so. It's a good idea to review your directive every two years, or if your health changes significantly. You can also revoke your directive, which means you cancel your instructions. You need to make any changes in writing and have your signature witnessed.

### What do I do with my completed AHD?

You don't need to lodge your AHD with any authorities. Keep the original document in a safe place and give a copy to your doctor, a family member or friend, and your attorney for personal matters if you have one. You might also want to carry a card stating that you have made an AHD and where it can be found.

A decorative horizontal line in a light green color with several small circles of varying sizes along its path, extending across the width of the page.

### Contact us

t. 1300 653 187

e. [publicguardian@publicguardian.qld.gov.au](mailto:publicguardian@publicguardian.qld.gov.au)

w. [www.publicguardian.qld.gov.au](http://www.publicguardian.qld.gov.au)

# Enduring Power of Attorney

Choosing who should speak for you in the future if you are not able to.

An Enduring Power of Attorney is an important legal document you prepare to allow someone else to make personal and/or financial decisions on your behalf.

## Why would I prepare one?

You may not always be able to make decisions when you need to. For example, you may become seriously ill, have an accident or get dementia. You may not be able to make your own decisions or communicate what you want or need – about your money, your personal affairs or your health.

The advantage of an Enduring Power of Attorney is that you have chosen who will be able to make decisions on your behalf.

## How does it work?

You appoint an 'attorney'. This person does not need to be legally trained. They must make decisions that are in keeping with what you would have wanted. You may choose a relative, friend, a professional such as your accountant, or someone else you trust and believe to have the necessary abilities to carry out your wishes and manage your affairs. Your attorney's decisions will have the same legal power as if you had made them yourself.

## What types of decisions can my attorney make for me?

You can give your attorney responsibility for your –

- personal matters, such as where you live and who you have contact with
- health care, including choosing medical and dental treatments
- financial matters, like collecting your income, paying your bills and taxes or selling your home.

You can also include detailed instructions for your attorney to follow or to limit their power.

If you have specific or complex requirements about future health treatments, you may also wish to complete an Advance Health Directive – go to [publicguardian.qld.gov.au/planahead](http://publicguardian.qld.gov.au/planahead) for more information.

## Can I have more than one attorney?

You can name more than one person to be your attorney, and choose what powers you give them. To avoid any conflict you should appoint people who you know will work well together for your best interests. Also consider if you want your attorneys to make each decision together, whether just one attorney can act, or if you want one attorney to act only when any others are no longer able.

## When does the power begin?

For personal and health care matters, your attorney's power begins only if and when you lose capacity to make those decisions. For financial matters, your attorney's power begins whenever you want it to and you nominate the start date in your Enduring Power of Attorney form.

You can still continue to make any of your own decisions while you are capable of doing so.

## Who should I appoint?

You should be very careful about who you choose as your attorney. You are potentially giving another person total control over your assets, plus the ability to make personal decisions regarding your health care and accommodation when you are unable to do so. Choose people who you trust and those who would be willing and able to carry out the role. It can be a big responsibility. For personal matters, consider someone who understands your personal and health care needs and wishes. For a financial attorney, consider someone who is responsible with their own money and understands financial matters.

Whoever you choose to be your attorney must be over 18 years, and not be your paid carer. A person receiving a carer's pension is not regarded as a paid carer.

If you don't feel confident that you have suitable people in your life to undertake this responsibility, you are able to nominate the Public Guardian as your attorney for **personal and health care decisions only (not financial)**. To find out more about this option

contact us. Please note the Public Guardian does not make decisions about financial matters. If you don't have anyone suitable to manage your financial matters, you may wish to get legal or financial advice about the options.

### **Can I cancel or change my Enduring Power of Attorney?**

You can cancel (revoke) or change your Enduring Power of Attorney at any time as long as you still have the decision making capacity to do so. You should fill out the [Revocation of Enduring Power of Attorney form](#) and give a certified copy of it to your original attorney, bank, doctor and anyone else who would have known about your existing documents. You can also appoint a replacement attorney, but you must inform your original attorney of these decisions. Certain life circumstances will also bring your Enduring Power of Attorney to an end, such as if you were to get married or divorced, or if your attorney becomes bankrupt or dies.

### **What do I do with the form once I have completed it?**

Keep the original form in a safe place. Keep a certified copy for yourself and give certified copies to anyone else who needs to know its contents – for example, your attorney, family, solicitor, doctor or accountant.

There is no central register for Powers of Attorney in Queensland, but you must register the completed form with the [Titles Registry](#) if your attorney buys or sells land on your behalf.

### **What if my attorney does not act in my best interests?**

If you can still make decisions for yourself, fill out the [Revocation of Enduring Power of Attorney form](#) so the person can no longer act for you. You may also wish to get some legal advice, depending on what the attorney has done.

If you do not have decision-making capacity, the Public Guardian may [investigate](#) the attorney's actions and take measures to protect your interests. If necessary, the

attorney's power can be suspended, and an application made to the [Queensland Civil and Administrative Tribunal](#) for an order appointing someone else as your guardian and/or administrator.

### **What would happen if I did not have an attorney to speak on my behalf?**

For financial and personal matters, your family or a friend may be able to make some decisions informally, to assist in your daily living. However, if formal authority is needed or if disagreements arise, someone from your support network may apply to the Queensland Civil and Administrative Tribunal to have a person appointed to act on your behalf. A guardian could be appointed for personal and health matters if needed, and an administrator could be appointed for financial issues.

In the case of health care decisions, your statutory health attorney will be able to make decisions for you. This is a person close to you, such as your partner, a family member or friend, or it could be the Public Guardian if there is no one else available. You do not have to appoint someone to do this as they automatically act in this role when the need arises.

### **How do I go about arranging an Enduring Power of Attorney?**

You can complete the form yourself which has [explanatory notes to guide you](#). You will also need it formally witnessed. Alternatively, you may wish to get professional help with completing the form instead of doing it yourself. Qualified solicitors (generally those specialising in elder law and/or estate planning) and the Public Trustee of Queensland both provide this service for a fee.

### **Find out more**

For more information on Enduring Powers of Attorney, Advance Health Directives and planning for the future, go to [publicguardian.qld.gov.au/planahead](http://publicguardian.qld.gov.au/planahead)

A decorative horizontal line in a light green color, featuring several small white circles of varying sizes along its path.

## **Contact us**

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# Prompts for End-of-Life Planning (PELP) Framework

Quality care in the last 12 months of life

**TRIGGER:** Would you be surprised if this person were to die in the next 12 months?

Applicable to ALL care settings to encourage culturally safe and person-centred care

CLINICAL PROCESSES

PROGNOSIS

PROMPTS

## Advance care planning (ACP) and person-centred care based on need

At risk of dying  
<12 months; timing uncertain

- Acknowledge importance of individual needs, including lifestyle factors, and prognostic uncertainty
- If not already commenced, begin ACP
  - » Discuss end-of-life options and limitations of treatments
  - » Suggest completion of ACP documents including noting substitute decision-maker
- Consider ongoing disease-modifying treatments and a palliative approach
- Consider mentioning voluntary assisted dying for eligible patients, if jurisdictionally appropriate\* and within scope of practice
- Review medicines and deprescribe if appropriate
- Monitor for indicators of deteriorating health
- Explore availability of carers
- Coordinate care across all services including respite care

## Transition focus of care needs from restorative to palliative

Likely to die soon  
medium term; timing uncertain

- Review ACP and person-centred goal setting
- Prepare **person-centred medical goals of treatment plan** and document
  - » Include ceilings of medical treatments if acute deterioration
- Coordinate care across all services
  - » Establish GP as team leader, if available
  - » Include palliative care team members, as required
  - » Consider respite care
- Review medicines, consider
  - » Deprescribing
  - » Anticipatory prescribing
- Provide a palliative approach
- Explore bereavement needs of person and carers

## Terminal care needs

Dying  
short term, likely hours, days, or week; timing uncertain

- Review ACP and person-centred medical goals of treatment documents
- Prepare **terminal care management plan** for preferred place of death
  - » Provide interventions for symptom control including non-pharmacological strategies
  - » Consider anticipatory prescribing and deprescribing
  - » Ensure culturally appropriate care and spiritual, individual and carer needs are met
- Document the **plan** and share with carers and after-hours providers
- Provide checklist for immediate after-death care
- Consider bereavement care for all

## After-death care

### Bereavement

- If required
  - » Arrange bereavement care for all significant others
  - » Refer to support services
  - » Ensure team members have access to peer support, debriefing and counselling



**SCAN CODE FOR LINKS TO OTHER RESOURCES**

caringathomeproject.com.au

CLINICAL DETERIORATION

CLINICAL IMPROVEMENT

\*Specific requirements for voluntary assisted dying vary between each state and territory. Healthcare services should familiarise themselves with the [legislation in their jurisdiction](#) and ensure patients and their families have access to appropriate information.

Adapted from: 1. Australian Commission on Safety and Quality in Health Care. National Consensus Statement: Essential elements for safe and high-quality end of life care. Sydney (AU): ACSQHC; 2023.

2. Alfred Health. End of Life Care Management Guideline. Melbourne (AU): Alfred Health; 2015. Prompt Doc No: AHG0068908 v10.1.

3. Reymond L, Cooper K, Parker D, Chapman M. End-of-life care: Proactive clinical management of older Australians in the community. AFP. 2016 Jan-Feb; 45(1): 76-8.

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# Definitions



<b>Advance care planning</b>	The process of preparing for likely scenarios near the end of life that usually includes assessment of, and discussion about, a person's understanding of their medical condition and prognosis, values, preferences and personal and family resources. Advance care planning supports a person in communicating their wishes about their end of life. <sup>1</sup>
<b>Carer</b>	A person who provides personal care, support and assistance to another individual who needs it because they have a disability, medical condition (including a terminal or chronic illness) or mental illness, or they are frail and aged. An individual is not a carer merely because they are a spouse, de facto partner, parent, child, other relative or guardian of an individual, or live with an individual who requires care. A person is not considered a carer if they are paid, a volunteer for an organisation or caring as part of a training or education program. <sup>1</sup>
<b>Family</b>	The family is defined as the people identified by the person as family. This may include people who are biologically related, however it may not. People who joined the family through marriage or other relationships, such as kinship, as well as the chosen family, street family for those experiencing homelessness, and friends (including pets) may be identified by the person as family. <sup>1</sup>
<b>Goals of care</b>	Goals of care are what a patient wants to achieve during an episode of care, within the context of their clinical situation. Goals may be clinical and personal and are determined in the context of a shared decision-making process. Identifying goals of care helps to organise and prioritise care activities and contributes to improved satisfaction, quality-of-life and self-efficacy for patients. <sup>2</sup>
<b>Palliative approach</b>	An approach to treatment that improves the quality of life of patients and their families facing life-limiting illness, through the prevention and relief of suffering. It involves early identification, and impeccable assessment and treatment of pain and other problems (physical, psychosocial and spiritual). <sup>3</sup>
<b>Substitute decision-maker</b>	Substitute decision-maker(s) are people appointed or identified by law to make substitute decisions on behalf of a person whose decision-making capacity is impaired. Substitute decision-maker(s) have legal authority to make decisions about health, medical, residential and other personal matters (but not financial or legal decisions); the relevant legislation varies between jurisdictions (states and territories). More than one substitute decision-maker may be appointed. <sup>1</sup>
<b>Voluntary assisted dying</b>	<p>Voluntary assisted dying (VAD) refers to the assistance provided to a person by a health practitioner to end their life. It includes:</p> <ul style="list-style-type: none"> <li>• 'self-administration', where the person takes the VAD medication themselves and</li> <li>• 'practitioner administration', where the person is given the medication by a doctor (or in some Australian States, a nurse practitioner or registered nurse).</li> </ul> <p>'Voluntary' indicates that the practice is a voluntary choice of the person, and that they are competent (have capacity) to decide to access VAD.<sup>4</sup></p>

Sources: 1. Palliative Care Australia. National Palliative Care Standards for Specialist Palliative Care Providers. 5.1 ed. Canberra (AU) PCA; 2024.  
 2. Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. 2nd ed. Sydney (AU) ACSQHC; 2021.  
 3. Australian Commission on Safety and Quality in Health Care. National Consensus Statement: Essential elements for safe and high-quality end of life care. Sydney (AU) ACSQHC; 2023.  
 4. End of Life Law in Australia: Voluntary Assisted Dying (Internet). Queensland: QUT; 2023 (Cited 2024 June 7). Available from: <https://end-of-life.qut.edu.au/assisteddying>.