

# Advanced Care Planning in the ACT

Respecting Patient Choices (RPC) facilitators, or your GP, can help you think and talk about the healthcare treatment that you would and would not want. This gives you the opportunity to plan your care in advance and is called advance care planning (ACP). Once you have thought about these things and talked to your family about them, RPC facilitators, if needed, can assist you to write down what is important to you. This document is called an Advance Care Plan.

In the ACT the components of an advance care plan are:

- **Enduring Power of Attorney (EPA)** – to legally appoint a substitute decision maker
- **Statement of Choices** – to provide specific information relating to your wishes and values
- **Health Direction** – to legally refuse medical treatment generally, or of a particular kind, to be withheld or withdrawn.

The Enduring Power of Attorney and Health Direction are legal documents that comply with the Medical Treatment (Health Directions) Act 2006.

Once completed, signed and witnessed, the original documents remain with you, and copies of the documents can be sent to:

- Your nominated attorney(s)
- Your local GP
- Canberra Hospital- Send a copy of your documents with a covering explanatory letter/note to Medical Records Unit, Canberra Hospital, Attention CRIS Manager, PO Box 11, Woden, 2601
- Calvary Public Hospital - Send a copy of your documents with a covering explanatory letter/note to Director, Medical Records Department, Calvary Public Hospital, Cnr Belconnen Way and Haydon Drive, Bruce 2617.
- Other private hospitals/clinics you normally attend
- You may also wish to give extra copies to your next of kin, your minister or your solicitor.

## ACP Assistance

For assistance with advance care planning see your local GP, or contact the Respecting Patient Choices Program:

**Respecting Patient Choices<sup>®</sup> program,**  
HealthCARE Improvement, ACT Health,  
PH: 02 6244 3344  
Email: [rpc@act.gov.au](mailto:rpc@act.gov.au)

## Following forms

[Enduring Power of Attorney](#) – for appointing an enduring power of attorney, including for health care matters.

[Health Direction](#) – to legally refuse treatment generally or of a particular kind.

[Advance Care Plan - Statement of Choices for competent person](#) – to provide information relating to your wishes and values

[Advance Care plan – Statement of choices for incompetent person](#) – statement of choices that can be completed by Enduring Power of Attorney on behalf of an incompetent person. includes information sheet.