

ADVANCE CARE PLANNING (COMPETENT PERSON) **INFORMATION SHEET**

Advance care planning is a process for making and writing down future health care wishes in advance. What you write down in your Advance Care Plan only comes into effect if and when you become unwell and are unable to make or communicate those wishes for yourself. It is important to know that medical treatment, including surgery, should only be given with your fully informed consent and that you have the right to refuse any treatment. If you become seriously ill, information in your Advance Care Plan will guide your family and doctor when making medical treatment decisions on your behalf. The Respecting Patient Choices® Program staff can assist you with advance care planning.

Advance care planning can include:

1. Appointing a Medical Enduring Power of Attorney (MEPOA)

This is a legal document that allows you to appoint another person (**your agent**) to make medical treatment decisions on your behalf, but only if you are not able to make or communicate decisions for yourself. Your **MEPOA** is not authorised to make non-medical (e.g. financial) decisions for you. (Other Powers of Attorney, such as a General or a Financial Power of Attorney, are not authorised to make medical decisions).

When selecting someone to be your agent, it is important to choose someone 18 years or older, whom you trust, who knows you well, who is willing to respect your views and values, who will be a good advocate for you and who is able to make decisions under circumstances that may be difficult or stressful. Often a family member is a good choice as an agent, but not always. It is important that the person you select agrees to act as your agent and that you tell them your preferences regarding future medical treatment.

Please note: your agent cannot be a witness on your **MEPOA** form. One of the witnesses must be a person who can sign statutory declarations (e.g. doctor, dentist, pharmacist, a minister of religion, a lawyer, a justice of the peace).

2. Completing a Refusal of Treatment Certificate (RTC)

In Victoria, if you have a current medical condition, you may give legally binding directions about medical treatment that you do NOT want by completing a **RTC**. This document records your instructions for limiting the treatment of your current illness and doctors must comply with it when treating you. However, a **RTC** does not apply to new medical conditions that may arise later. A **RTC** enables you to refuse some or all current and future treatments for your current condition, except palliative care (relief of pain and suffering). If you become unable to make your own decisions and you have a **MEPOA**, then this person (your agent) may also complete a **RTC** on your behalf.

3. Writing down other wishes for future medical care

You may choose to record your wishes regarding future medical treatments on a **Advance Care Directive**. This document also enables you to document your health care values. It is still most important to discuss your wishes with your agent (if appointed), family and doctor. Ideally your agent should witness your **Advance Care Directive**. The **Advance Care Directive** is designed to inform your agent, your family and your doctors of your medical treatment wishes in order to assist them in making decisions if you can no longer do so for yourself.

Changing or cancelling advance care planning document(s)

You might want to change or cancel your advance care planning document(s) in the future if there is a change in your personal or medical circumstances. For example, the person that you appointed may no longer be the best person for that role, or your goals for medical treatment may have changed. You can change or cancel these documents by drawing a line across the document, writing void on it and signing and dating it. These documents can also be revoked by the completion of new document(s). The most recent dated document overrides the older document. To revoke the Refusal of Treatment Certificate, it is advisable to also fill in the cancellation section of the existing certificate. It is also important to inform your agent, family and your doctors of the changes and provide them with copies of your new documents.

Your Advance Care Plan may include any/all of the following:

- **Medical Enduring Power of Attorney**
- **Refusal of Treatment Certificate**
- **Advance Care Plan/Directive**
- **Any other written document (signed and dated) outlining your treatment wishes and/ or your values.**

How to do advance care planning

1. Think about your beliefs, values and your goals for what is important in your life.
2. Talk to your family and friends about your wishes for health care in the future.
3. Talk to your GP, hospital doctor or other health professionals and find out more about your illness and what may occur in the future. Discuss with them your health care wishes.
4. If you wish, choose a person to be your agent, and discuss your beliefs, values, goals, and your wishes regarding medical treatment with them. Ensure that they understand your viewpoint.
5. Write down your choices / wishes in an Advance Care Plan.
6. You need your documents witnessed. **One witness needs to be your doctor.**
7. If possible, give copies of your documents to the relevant people (in case they need them in the future); this may include your agent, family or friends, your doctor or hospital.

Need further information?

Detailed information and help is available for all aspects of advance care planning.

Ask to speak to the Respecting Patient Choices® Consultant at the hospital.

Phone Respecting Patient Choices® Program at _____ on: _____

More information is also available from:

www.advancereplanning.org.au

www.publicadvocate.vic.gov.au

www.health.vic.gov.au

Or call the Office of the Public Advocate on 1300 309 337

ADVANCE CARE DIRECTIVE

COMPETENT PERSON (Victoria)

A record of my future health care wishes

I, _____ of _____ declare that:

- 1) My current health problems* include: _____
- 2) This document has been explained to me and I understand its importance and purpose. I may complete all or part of this document. It is a guide for my future medical treatment*. It will only be used if I am unable to make decisions for myself, and will be taken into account when determining my treatment.
- 3) I understand that it is important to discuss my wishes with my doctor, and my family, including the 'Person Responsible' or my Medical Enduring Power of Attorney (if appointed).
- 4) I request that my wishes, and the beliefs and values on which they are based, are respected. I have written on page 2 of this form the things that I value most in life, and other things that may help my doctors and other decision makers.
- 5) I understand that doctors will only provide treatment that might be medically beneficial. I also understand that irrespective of any decisions by the doctor about CPR and life prolonging treatment, I will continue to be cared for, including care to relieve pain and alleviate any suffering.

A

CPR (Cardiopulmonary Resuscitation) *Initial appropriate box*

It has been explained to me by Dr _____ that I would not benefit from attempted CPR and I understand and accept this.

OR

I would like CPR attempted if it might be medically beneficial.

OR

I do NOT want CPR, even if the doctors think it could be beneficial.

AND

B

Life Prolonging Treatments *Initial appropriate box*

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

I would like life prolonging treatment in order to prolong my life as long as possible.

OR

I would like life prolonging treatments only if the doctors expect a reasonable outcome. To me, a reasonable out come means: _____

OR

I do NOT want life prolonging treatments at all. If life prolonging treatment has been commenced I request that it be discontinued and that I receive palliative care.

OR

C

I choose to delegate decisions regarding CPR and life prolonging treatments to my Medical Enduring Power of Attorney or the following person:

(insert name of MEPOA and contact number)

OR

(insert name and relationship)

* If you have specific health problems you may choose to complete a Refusal of Treatment Certificate. Refer to Advance Care Plan Information Sheet.

The things I most value in my life are: (eg. independence, enjoyable activities, talking to family and friends):

Future situations that I would find unacceptable in relation to my health:

Specific treatments that I would NOT want considered for me :

Other things that I would like known which may help in making decisions about my future medical treatment:

I ask that, if possible, my Medical Enduring Power of Attorney and / or family include the following people in discussions and decisions about my health care: _____

If I am nearing death I would like the following: (eg, music, spiritual care, customs, cultural beliefs met, family members present):

This is a true record of my wishes on this date.

My Signature _____ Date _____

Witness' signature _____ Witness name (Print) _____
(preferably Medical Enduring Power of Attorney)

I, Dr _____ believe that _____
(Registered Medical Practitioner) (your name)

is competent and understands the importance and implications of this document.

Doctor's signature _____ Date _____

The contents of this Advance Care Plan/Directive have also been discussed with:

Name: _____
Relationship: _____
Signature: _____
Date: _____

Name: _____
Relationship: _____
Signature: _____
Date: _____